RE-THINKING
THE PHA ADVOCACY
Saturnino P. Javier, MD
61st PHA President

Special Feature:
DEKADA
Going back to PHA history through the icons in the cardiology realm
Time to re-think our advocacy strategy

Primary and secondary prevention efforts as core components of Healthy Lifestyle campaign strategies to combat the cardiovascular disease (CVD) menace in the country do not seem to be enough. Such efforts have been the thrusts of the Philippine Heart Association (PHA), along with many other medical societies, the Department of Health (DOH) and the Food and Nutrition Research Institute (FNRI), when they banded together via a National Coalition for the Prevention of Non-Communicable Diseases. Formed more than a decade ago, the Coalition aimed to stem the tide of the CVD scourge.

As a key strategy of these efforts, the campaign has relied heavily on media awareness. A number of PHA leaders and committed members have moved along this track to ensure a wider appreciation of the ills of heart disease and to spread the simple dogma and basic realization that this health affliction is a preventable condition.

Lamentably, the rising prevalence of CVD in the country has not been arrested. Thus, aside from intensifying all ongoing efforts on the primary and secondary prevention realms, there is a need to go more basic, more fundamental — targeting the earliest phase even before the predisposition to heart disease (or acquisition of risk factors) develops. This is the essence of a primordial strategy to counter-attack the onslaught of heart disease.

Advocacy information campaigns and other related media activities do serve their own purpose and certainly put many efforts to gainful appreciation. Simple activities that the public can relate to are worthwhile endeavours that serve to sustain the awareness of the health issues on hand. But there may be a need to explore additional avenues towards the effective prevention of CVD.

A primordial strategy embodies efforts towards legislation, education, as well as improvement of economic status. Government and legislators ought to recognize and realize the importance of crafting laws that will impact on the long-term cardiovascular healthcare status of the community. Equally vital is the implementation of such laws to ensure that the community benefits from the underlying goals and targets behind such. Healthcare strategies should target children — long before they develop any fascination with cigarettes, chicharon and sedentary lifestyles.

Simply put, a Healthy Lifestyle campaign that targets high school students is a delayed strategy. Anti-smoking campaigns are futile when teenagers have already embraced the social acceptability of an iconic figure, celebrity or public persona, nonchalantly inhaling and exhaling smoke from a lit cigarette. Anti-obesity efforts may be late when grade school children have already

See Page 13
## June - August 2012

### Contents

**Editor’s note**

Another year is unfolding for the PHA under the leadership of Dr. Saturnino “Bong” Javier. This year will be an exciting one for the PHA Newsbriefs (PHAN) staff and a treat for the PHA membership and lay readers for what could be the best year for the PHA Newsbriefs. Dr. Bong in his meeting with the PHAN early in his term challenged each staffer to make this a banner year for the PHAN.

Tradition dictates that the July-August edition of the PHAN is usually dubbed as the PHA President’s issue hence Dr. Bong is on the cover to signify the start of his term. PHAN attempts to bring you highlights of the life and work of Javier, PHA’s 61st president but yet we cannot give justice to all that is to be said about him. The same can be said of the hardworking PHA Board and we hope that through the succeeding issues for this year, the PHA membership and readers will appreciate how busy cardiologists find the time to share their lives just to pursue PHA’s Vision and live its Mission.

This being PHA’s sixth decade, PHAN wants to bring the readers back into time through the lives and stories of cardiology pillars. A glimpse of the 6 decades of PHA’s existence will be shown through the lives and recollections of PHA members. We have divided the 6 issues for this year into decades which pertain to the age bracket of our members. For this issue we start with **DEKADA 80**. It is the intent to feature icons who are still actively contributing to PHA in their blessed 80th decade in life. We hope that through their lives we can glean priceless insights and gain wisdom as they share their memories of the early years of the PHA. Dekada 70, 60, 50, 40, 30 will follow. You may suggest and contribute stories of PHA members whom you think have made an impact in PHA history in their respective dekada.

Recognizing that the different Heart Alumni associations of the various PHA accredited training institutions are vital to PHA’s work and mission, and as these organizations grow and bloom, PHAN hopes to aid in keeping the young and old alumni abreast with each other and hence for this year we bring you the Heart Alumni page.

With the approval of Dr. Bong we will continue with the mainstay columns that are open for free contributions from the membership namely, **Cardio viewpoints**, a venue for sharing ideas or insights on common topics by experts in their respective subspecialties; **Perspectives**, a column for those who love to write on anything under the sun outside of cardiology. This is a column for free form and thought that members can contribute to. **Opinion** is open to anyone with a desire to share his or her views or advocacy.

Stand alone columns like **Dysrhythmic Tales** by Dr. Ed Timbol and **Cardiology and the Law** by cardiologist-lawyer Dr. Angeles Yap will also remain. The former has received positive reviews as a good resource for the clinical cardiologist. The latter column was last seen in this issue.

### Think-tank works on strengths, updates PHA Mission-Vision

### Heart docs: We go for the Sin Tax Bill

<table>
<thead>
<tr>
<th>DEKADA 80</th>
<th>Feature: A Glimpse into Dr. Ramboyong’s World</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHAN opens PHA history through the lives of cardiology icons who helped shape Philippine cardiology.</td>
<td>42</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Perspectives</th>
<th>Dysrhythmic Tales</th>
<th>Cardio &amp; the Law</th>
<th>Opinion</th>
<th>Cardio Viewpoints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ant tale: Survival instincts &amp; saving up</td>
<td>Pro-arrhythmic antibiotic</td>
<td>BIR violations and penalties</td>
<td>Shaping the environment</td>
<td>STEMI Care in the Philippines: Quo Vadis</td>
</tr>
<tr>
<td>By Amelita Brillantes, MD</td>
<td>By Edgardo S. Timbol, MD</td>
<td>By Angeles A. Yap, MD</td>
<td>By Anthony C. Leachon, MD</td>
<td></td>
</tr>
</tbody>
</table>

---

See Page 29
D

r. Saturnino Javier talks the way he writes. His Inaugural Address is a chronicle of his journey as a PHA member and officer. On a more profound standpoint, this journalistic piece bares and betrays the soul of the author.

I have a confession to make. This may surprise some of you, but I never aspired to be a president of this association. My first exposure to PHA came during the time of Drs. Raul Jara and Noe Babilonia as PHA top officials in 2000. I was then invited by a colleague Dr. Rosario Chao Sevilla to be a writer for the PHA NEWSBRIEFS, the official newsletter of the Association. As a writer-columnist, and eventually editor-in-chief, I necessarily became more aware of and more exposed to the activities of the association — not by choice but by force of circumstance, since I naturally had to read each and every item that came out for publication in the Newsbriefs.

Even then, the PHA presidency was farthest from my mind. I had heard of stories — nightmarish stories of board squabbles, heated discussions and long protracted meetings that extended to the early hours of the morning. I had always wondered what drove a busy practicing cardiologist to become a member of the PHA Board, to campaign endlessly before elections, to strive to be elected to that list of winning candidates. For a while, I honestly thought that PHA was for people who had so much time to spare for other activities. I also thought that it was for people who needed validation and affirmation of their capabilities and talents.

As I reached the third year of my term as editor of the PHA Newsbriefs, I was nominated by well-meaning friends to be a director of the association. So here lies the confession. You know why I gave my conforme to the nomination? My conforme to this nomination was not driven by any altruistic motivation to serve the membership and the association. I was driven by one and only one thing -- one huge ego trip.

The first hint of realization of my false and misplaced sense of conviction came during the Presidents’ Night on the 2nd night of the Annual Convention that year when I entered the Board. This traditional reception was hosted by the incumbent president for all past presidents of the association. One can consider it the Academy Awards Night of Philippine Cardiology where all the superstars of the cardiovascular galaxy gather to boost the morale and provide a sense of support and direction to the current officers. One deals with policies, guidelines, recommendations, initiatives. One wields power, but also accountability, one has clout but also responsibility. From the seemingly inane or trivial matters like themes of social events like fellowship nights, or layouts of exhibition booths during annual conventions, one deals with policies, guidelines, recommendations, initiatives. One gets
to have a share of the burden on vital issues like flagship projects, accreditation guidelines, training standards, membership benefits, research thrusts, ethical concerns and advocacy platforms.

Allow me now to present to you where PHA shall be headed to this year

1. Chapter engagement/activities synchronization

There is a greater need to involve the nine chapters in the major activities of the Society to be able to cascade the platform and the thrusts of the association to the millions of stakeholders in the various strategically located units of the country. These peripheral or satellite units of the Association need to work together with the central organization in a focused and synchronized fashion where goals are aligned and the objectives are uniformly structured. The notion of an imperial Manila-based PHA central has to be debunked. This will certainly pave the way for a more efficient coordination of programs of activities during the entire year.

2. Proactive Councils & Committees

Our councils and committees constitute the backbone of the society. We will strive to ensure that the councils become more proactive and responsive units of the Association. Our councils need to guide and provide enlightenment on issues that affect the public or society at large. I am hoping our councils will regularly issue bulletins, advisories, statements, positions, policies — all within the confines of evidence, science, legalities and driven mainly by the emphasis on the common good of the community stakeholders.

3. Membership expansion

We shall now constitute a strong lay membership sector. This is, in fact, provided for in the constitution. A strong lay and paramedical sector will further enable the Association to achieve its goals. We shall lay the groundwork for a strong and active lay and paramedical sector which can work hand in hand with the medical professionals to further streamline the advocacy platform of PHA.

4. Legislation/Revisiting & Restructuring Thrusts

As shown in the last National Health and Nutrition Survey (NNHeS), cardiovascular disease risk factors still remain at an all time high. Our advocacy efforts have put much weight on awareness campaigns and information dissemination through quad-media avenues – TV, radio, print and Internet. While these are useful strategies, we need to revisit and possibly even restructure our advocacy thrusts. We need to move from primary prevention to primordial prevention. We now need to consider measures that will work beyond simply making people aware.

Legislation is one area where we can muster enough muscle to post considerable gain in our advocacy campaign. It is high time we constitute a stronger legislative arm to partner with other associations having similar thrusts to further those causes, policies and ordinances which should be vital in reshaping perceptions and practices long before risk factors develop, long before manifestations arise, long before active disease takes its toll.

5. Greater ASEAN collaboration

There is a growing sense of agreement among our counterparts in the ASEAN region that the only way we can truly advance in our field is to link up with other regional units — the other cardiology associations in the region. From individual discussions and exchanges with other society officers of Malaysia, Singapore, Thailand, Indonesia, there is much to be gained by sharing resources, manpower and knowledge. Even in the realm of Medicine and Cardiology, the world is fast losing its borders, and globalization is a process the PHA must also keep up with if it wishes to stay progressively relevant.

6. Impetus on research, registries & database

We need to strengthen the databases of our major diseases through the initiative of our councils. The only way we will be able to effectively combat an enemy like cardiovascular diseases is to know and learn about the enemy. We have started with the ACS registry this year and this should be immediately followed by similar databases for other cardiovascular diseases in the country.

All these plans do not in any way mean we shall ignore other important platforms that my predecessors have struggled to maintain and uphold the last few years — financial stewardship, multisectoral partnerships and collaborations, membership support programs, among others.

I believe in serendipity. I would like to believe in the essence of destiny, in the inevitability of things falling into place whatever the odds are for as long as they are meant to be. I got into the Board many years ago with one vote less than the other director who was elected. Because of that one vote, I now stand before you as president of the PHA on the 60th year of the Association, which is also the Mission and Vision Year 2012 of the PHA.

Through all these years in the Board,
Heart leaders convene to boost health strategies

By Gynna P. Gagelonia

TAGAYTAY CITY, Aug. 4, 2012 -- The PHA may have more strengths and opportunities but this quantity is far outweighed by the impact and relevance of the identified weaknesses and threats.

SWOT is the acronym for strengths, weaknesses, opportunities and threats. Some 40 key officers of the PHA, led by the Board of Directors, chair of the Councils and presidents of the 13 Chapters, assessed and confronted the performance of the PHA vis-à-vis its role and impact in the growth of Philippine cardiology, during the PHA Revisiting Mission and Vision 2012 and Strategic Planning for 2012-2013 held at the Summit Ridge in this city down south of Manila. In general, the Philippine healthcare scenario is unwholesome. Acknowledged as threats were the inadequate public health insurance system; Meager government budget and lack of support from local and national government; Low level of education status and lack of cardiovascular awareness in the general population; Unhealthy political situation; Poor economics in general (diet, medicines); proliferation of herbal supplement companies (e.g. circulan, heartvit) and other alternative therapies (chelation therapies).

Identified as strengths were: Commitment/participation of members: a highly motivated group; increasing members: 16 councils on various fields of cardiology; increasing number of PHA chapters; good leadership-integrity of officers; strong advocacy on heart care; spread of cardiology training; education; prestigious

PHA Mission: The PHA is an organization of cardiovascular specialists and lay members that ensures accessible, affordable, relevant and quality cardiovascular education and care for everyone.

PHA Vision: The PHA shall be recognized as the leading organization in the prevention, management and reduction of the burden of heart and blood vessel diseases.
New Broad Objectives:

1. Ensure accessible, affordable and quality cardiovascular education and care for everyone

2. Be recognized as a leading organization in the (reduction of the burden of heart and blood vessel diseases) prevention and management of cardiovascular diseases.

3. Develop a proactive organization effectively servicing needs of its specialists, lay members and other stakeholders.

4. Promote quality research.

We say...

Dr. Ramon Abarquez, Jr.: It is just a matter of semantics. The same thing, different terms. Changing is a very big issue.

Dr. Jonas del Rosario: Why are we zeroing on adults? This is too restrictive. Childhood obesity is a CVD.

Dr. Avenilo Aventura: Dr. Jose Rizal wrote about the indolence of the Filipinos... Let us walk the talk. We have to realize our Vision.

Dr. Joel Abanilla: “Before we decide to make deletions, don’t forget the basic guiding principle. The Vision is not time bound.”

Dr. Liberty Yaneza: The phrase should go “The PHA shall be one of the leading organizations of cardiovascular specialties in the Asia Pacific… because we are in competition with our Asian neighbors.”

Dr. Alex Junia: Let’s have a 10-year timeframe for each Chapter to have a training institution or a total of 10 to 13 training institutions in 2022. So far, the only chapters with training institutions are: Cebu which has two, and Central Luzon which has one. The continuing education of members is being done.

Dr. Eugene Reyes: The Vision should have a timeline because it sets the direction of the organization.

Dr. Elmer Linao: The American Heart Association and American College of Cardiology are well-established that is why they can have a timeless Vision. The PHA is not, so it has to have a time-bound Vision.

Dr. Ma. Adeilaida Iboleon-Dy: “...to ensure accessible, relevant and ethical CV education and care for everyone…affordable may only connotate economics. If we are ethical, we can curb high expense. We will not prescribe tests and meds that are not needed, only specific.”

See Page 8
We say... from Page 7

Dr. Maribeth delos Santos:  
It should be time bound. You have to identify the present status and goal. Identify the gap and the time frame you’d like to achieve.

Dr. Bernadeth Azcuenta:  
We have to bring in the lay... for instance a lay is interested in CV and she goes to a seminar, she becomes a specialist. Being a specialist does not always follow that you are a doctor.

Dr. Raul Jara:  Are we ready to make a stand and come up with a position paper?

Dr. Dante Morales:  PHA Mission/Vision is monopolistic. What about the lay? That is why we have to be mass based and start by making the Vision-Mission lay-friendly.  
Sixty years has passed yet, the masses don’t know the PHA and its reason for existence.

Dr. Orlando Bugarin:  
We need to harness quad media and the academe, beef up the training centers and come up with more research…

Dr. Mariano Lopez:  
I think we still have to go to the mission to find out whether to adopt or modify a little of what we had before.

Dr. Aquileo Rico:  
In RP, it seems that a lot of congenital heart diseases reach the adult stage. In other countries, they don’t reach adulthood anymore.

Ricky Alegre:  It is now our time to change the game for the next decade. The leading organization that aspires global reach. You have to go beyond the shores of the Asia Pacific. The barangay health workers are at the forefront... these factors come into play…

Heart leaders ... from Page 7

being known in our country. It is about branding. It is high time that we examine our logo. Coming from a non-cardio, our logo looks like a rock, a stone or something.”

Meanwhile, after hours of mulling over the merits of two dissenting opinions –to go for a timeless or a time-bound Mission/Vision, the unanimous decision was that the 60-year-old PHA will have a revised time-bound Vision and a modified Mission.

“This is an offshoot of many master planning and strategic reviews in 2005, 2008 in 2010 and 2011. Vision 2005 was the Vision year. We moved it to 2012. So we will move to 2022. It becomes a moving target. Why don’t we keep it as the highest goal? It becomes the society’s guiding inspiration in all the years to come,” said Javier. The reasons cited by the group for the amendment of the Mission were:

Filipino cardiologists have been attending to both Filipino and foreign patients. The Vision needed some modification. Putting a timeline will set the direction of the organization. An elite organization that has constantly evolved over the years, and being in competition with its developed Asian neighbours. More Filipino patients have confidence in Filipino doctors. Adding the line “reduction of the burden of heart and blood vessel diseases” is essential for easy grasp of the lay, a great majority of whom have yet to know the difference between a heart attack and stroke or what encompasses the heart, brain and blood vessel diseases.

Identified as key stakeholders are the patients/community; members/physicians; Government/NGOs; Academe; Healthcare providers.
PHA lobbies for Sin Tax

First of a two-part series

Currently there are 430 million smokers in the West Pacific Region. Smoking is on the rise in the region, notably among the youth -- 15.1% of boys and 6.8% of girls, aged 13 to 15 years old.

By Gynna P. Gagelonia

QUEZON CITY, June 30, 2012 – The Philippine Heart Association is strongly lobbying for the passage of the Sin Tax bill and is currently drafting a position paper that will see print as an advertorial in two major boardsheets.

Represented by its Board of Directors and the Council on Preventive Cardiology, the PHA will participate in Congress and Senate hearings on tobacco bills and law amendments.

This is part of the accord reached at the one-day meeting of Multi-Country Networking Meeting of Heart Associations on Heart Health and Tobacco Control that was initiated by the World Heart Organization (WHO) Manila and organized by the PHA.

The Multi-Country Network is composed of the Philippines, Singapore, Thailand, Malaysia, Vietnam, and Indonesia.

In attendance were 40 heart and public health specialists — heads of regional heart associations, the WHO, Department of Health and PHA Council chairs and representatives.

The PHA has been a staunch advocate of a smoke-free environment. Smoking is a risk for cardiovascular disease.

Dr. Susan Mercado, team leader of the Tobacco-Free Initiative of the WHO Western Pacific Region and former Health Undersecretary divulged that “In the Western Pacific Region, there are currently 430 million smokers, the greatest number of smokers in any region. Smoking is on the rise in the region, notably among the youth -- 15.1% of boys and 6.8% of girls, aged 13 to 15 years old.

She stressed that “cardiologists can play an important role in fighting tobacco because of the impact of tobacco on cardiovascular diseases (CVD) and the community and their patients look up to them as authorities”.

Tobacco smoking, the culprit in lifestyle diseases, is a global problem. Mercado stressed that tobacco currently kills more than six million people every year. Lifestyle diseases like ischemia, cerebrovascular disease, lower respiratory infections, chronic obstructive pulmonary disease (COPD), tuberculosis, and cancers of the trachea, bronchus, and lung, among other cancers are strongly linked to smoking.

Even non-smokers are placed at second hand smokers (SHS) risk. It kills 600,000 people globally, 28% of which are children. SHS causes sudden infant death syndrome (SIDS) and triggers fatal respiratory ailments. It is estimated that half of all women and children are regularly exposed to SHS at home and in public places in the Western Pacific.

In unanimity, the group also agreed to embark on programs that will further boost the battle against tobacco use. They are: Sustain the multi-country (Philippines, Singapore, Thailand, Malaysia, Vietnam, Indonesia) networking. Harness the power of electronic media (e.g., the PHA will include smoking cessation content into its website); An Anti-smoking drive (targeting patients, the community, local and national...
Increasing the price of cigarettes may also help lower smoking prevalence, especially among the poor and the youth. However, the cost of a pack is less than US$ 1.00 in the Philippines, Vietnam, Cambodia, Mongolia, and Lao, in contrast to US$ 18.6 in Australia and US$ 9.00 in Singapore.

governments and fellow cardiologists) have to use a new peg: inhaling second-hand-smoke (SHS) exposure is as dangerous as smoking, as a new slant and anchor point. Encourage non-smokers to assert their right to be protected from SHS and highlight the social dimension of SHS.

A smoking cessation module (to train cardiologists to become counsellors and smoking-cessation experts) will be developed through the Councils and Chapters. This will be cascaded to its members. An educational module for school age children will also be developed to engage the community and local officials through the local chapters. Physicians may give examples of other patients who suffered from a heart attack or stroke to reinforce the message of the hazards of smoking:

National insurance reimbursement options related to smoking-related diseases and smoking cessation will be explored;

Target: The youth

Half of youth attempting to purchase cigarettes are not refused in the region. The tobacco industry uses mouth-watering media promotion in many forms to entice the youth.

Mercado said that in Vietnam, cigarettes are sold in ice cream stores. In Papua New Guinea, point-of-sale ads are prominent for children to see. Cigarette gum smoking is available in Thailand while similar candies, as well as fruit-flavored candies are sold in the Philippines. Even toys bearing cigarette brands are offered. Some animated movies viewed by children also show character smoking cigarette.

The youth are noted to have poor impulse control to resist smoking.

She cited Melaka, Malaysia’s successful 100%-smoke free environment throughout the entire province. The Melaka example also shows that initiatives from the local government may be more effective in some situations.

Graphic health warnings are also important components to curb smoking. Malaysia, Singapore, Brunei and Thailand have all begun enforcing graphic health warnings in cigarette packs, but the Philippines, has so far, been unsuccessful in implementing this. In Australia and New Zealand, plain packaging of cigarettes will be implemented.

Increasing the price of cigarettes may also help lower smoking prevalence, especially among the poor and the youth. However, the cost of a pack is less than US$ 1.00 in the Philippines, Vietnam, Cambodia, Mongolia, and Lao, in contrast to US$ 18.6 in Australia and US$ 9.00 in Singapore.

Global gaps in awareness is as worse as the disease

Large gaps exist in knowledge among smokers of the CVD risks of tobacco use, particularly in China, Vietnam and India. Across all countries surveyed, smokers are more aware of the risks of lung cancer than they are about the risks of CVD. People’s knowledge that SHS exposure causes CVD is alarmingly low compared to their knowledge that SHS causes lung cancer.

This situation report was presented by Dr. Eugene Reyes, PHA secretary. He lifted his report from the Cardiovascular Harms from Tobacco Use and Second-hand Smoke: Global Gaps in Awareness and Implications for Action (Hitchman SC, et al, 2012).

Reyes said the rest of the findings and recommendations include:

- So far, only 10% (Netherlands) to 52% (United States) of smokers report receiving advice to quit from a health professional.
- Over 70% of medical students did not receive formal training in smoking cessation. At least 85% of medical students believe that health professionals should advise smokers to quit. A high proportion of medical students report that they currently smoke. Over 30% of students in the Russian Federation, Uruguay, and Mexico smoke. Enforce pictorial warning labels, but few countries have implemented this measure, and no country has used pictorial warnings to inform smokers that SHS causes CVD.

To address the gaps in awareness amongst the general public, education on the risks of smoking and SHS should start at the primary level, especially within public schools. In Laguna province, Philippines, elementary school children are given lectures about health topics, including the harmful effects of smoking. This activity is conducted through the support of the local chapter of the Philippine Pediatric Society, which is under the PHA.

WHF supports WHO-FCTC policies

The World Heart Federation (W HF) fully supports the WHO Framework Convention on Tobacco Control’s (FCTC) smoke-free policies. In the Philippines, CVD is the number one cause of death, that is why cardiologists should be at the front lines in advancing a tobacco-free world, a pillar of the WHF 2010-2015 strategy, said Dr. Saturnino Javier, PHA President.

The WHF stand: cost-effective, evidence-based measures need to be implemented as part of a comprehensive tobacco control strategy including ad bans, tobacco taxes, smoking bans, warning labels and other measures outlined by the FCTC. Effective smoke-free laws should have no exemptions (100% smoke-free places), mandatory (not
According to the FCTC Article 5.3 guiding principle: “There is a fundamental and irreconcilable conflict between the tobacco industry’s interests and public health policy.”

Incidence in Thailand steadily dwindling

The prevalence of smoking in Thailand is progressively decreasing, and is very low among women. According to the National Health Examination Survey (2008-2009), the prevalence of smoking among men decreases with advancing age; interestingly, the inverse is true among women. Almost half of smokers (47.9%) have tried to quit smoking. Among boys aged 13 to 15 years old, less than 20% smoke.

This was the statement of Dr. Eugene Reyes who reported in behalf of Dr. Somkiat Sangwanarajroj from Thailand. His report was entitled: “Country Heart Network Presentations: Country Burden of Smoking and the Role of Heart Associations and Cardiologists on Tobacco Control”.

Thailand has high compliance with FCTC, especially in terms of: Smoke-free health care facilities, government facilities, public transport, educational institutes; national law requiring fines for smoking; and fines levied on the establishments; availability of quit lines; Graphic and textual health warnings; Bans on advertising on TV, radio, point-of-sale, billboards, and outdoor advertising; and, Taxation rate on cigarettes (69% taxation rate).

More male smokers in Malaysia

Dr. Azmee Mohd Ghazi, cardiologist at the Institut Jantung Negara - National Heart Institute, Malaysia, reported that majority of Malaysian smokers are male, and smoking is more prevalent among those living in rural areas (26% vs 19% urban), and among Malays (24% vs 16% among those of Chinese descent, and 14% in Indian descendants). According to the National Heart Institute report (2009), 51% of patients requiring percutaneous coronary intervention (PCI) were current or former smokers. Post-PCI patients who continue to smoke have a 44% greater risk of mortality than those who quit smoking; hence, it is important for these patients to quit smoking.

At the National Heart Institute, admitted smokers need to agree to undergo a rehabilitation program. Also, because of the high risk of these patients, drug therapy may be considered during smoking cessation.

Smoking is one of the CVD risk factors that is toughest to change. The most important way to deter smoking is from the government itself through legislation. Laws in Malaysia force tobacco price to USD 2.44, but is still one of the cheapest in the Western Pacific.

Malaysia has instituted government regulations to combat tobacco:

- 100% smoke-free areas in healthcare facilities, educational institutions, cultural institutions, indoor stadiums, prison public areas, taxis and aircraft. However, only some restrictions are instituted for workplaces, shops, restaurants, hotels, trains, buses, watercraft, and other transport facilities. There are no restrictions in casinos, bars and clubs.
- Graphic health warnings, and textual warnings in the local dialect
- Bans in tobacco ads, promotions and sponsorship. There is a comprehensive ban on tobacco advertising, promotion and sponsorship. However, due to the lack of definition of “tobacco promotion” in the law, some forms of tobacco promotion, such as retailer incentive programs, may not be covered under the ban. Tobacco sponsorship is prohibited if a sponsorship or support is publicized, but the law does not prohibit financial or other support if that support is not publicized to promote a tobacco product.
- Melaka province has instituted the whole province as a 100% smoke-free area.
- Non-government linked organizations cooperate to combat tobacco. The “Tak Nak” Anti-smoking campaign is a collaboration of the National Heart Association of Malaysia, the Women’s Heart Association, and the Malaysia Heart Foundation.

According to the FCTC Article 5.3 guiding principle: “There is a fundamental and irreconcilable conflict between the tobacco industry’s interests and public health policy.”

The prevalence of smoking in Thailand is progressively decreasing, and is very low among women. According to the National Health Examination Survey (2008-2009), the prevalence of smoking among men decreases with advancing age; interestingly, the inverse is true among women.
PHASE finds new ally in Net 25

This year, the Philippine Heart Association (PHA) stand to strengthen as well as establish new media allies.

The ABS-CBN-owned DZMM Tele-Radyo (630 kHz and Channel 26 on SkyCable) and the Philippine Daily Inquirer-run DZIQ (990 kHz with live streaming), have pledged anew to support the Philippine Heart Association’s Healthy Lifestyle Advocacy campaigns. The PHA was given two guestings every month by DZMM’s MGD and Bantay OCW.

The Iglesia ni Cristo-regulated Net 25 reached out to PHA. Aprub!: Gawin Natin ’To, its public service TV show, took the lead and opened a door of opportunities for PHA, after featuring PHA President Saturnino Javier on July 9, 2012, 5:30 to 6:30 pm. Hosted by Ellaine Fuentes, the show airs every Tuesday and Thursday.

Net 25 News and Current Affairs Director Arlyn dela Cruz, DZEC anchor persons Nelson Lubao and Linda Bohol signified their interest in forging an alliance with PHA.

A tie-up with DWIZ (1530AM), a sister company of Business Mirror and Graphic, Magazine is also in the offing courtesy of PHA VP for External Affairs Ricky Alegre. Alegre is one of the top honchos of DWIZ, Business Mirror and Graphic.

Denizens of the so-called global village, all these media entities have penetrated the international scene focusing on the thriving Filipinos communities.

So far, from June 24 to Sept. 7, 2012, the PHA, represented by its officers and active members, did co-hosting tasks, free consultations and lecture on the air, thru the boob tube and Net live streaming.

MEDIA GUESTINGS:

June 2, 2012 – GMA AHA, Every Sunday, 9am-10 pm, Host: Drew Arellano, Guest: Dr. SP Javier underscored that laughter is therapeutic. It is a good stress buster.

July 6, 2012 – DZIQ Bantay OCW, Host: Susan K, Guest: Dr. Glenda Tubianosa said that pedia-cardio patients are getting younger. The handy IT tools that have become must-haves in every household, pushed aside the games children used to play like jump rope, sipa and patintero. She announced that the World Heart Day 2012 celebration on Sept. 29, 2012 will zero in on mother and child.

July 10, 2012 – NET 25 Aprub!, 5:30 to 6:30 pm, Host: Ellaine Fuentes, Guest: Dr. SP Javier stressed that Healthy Lifestyle should be part of every set of parents’ house rules and the family should walk the talk… He announced the expansion of the PHA lay membership network.

July 20, 2012 – DZIQ Bantay OCW, 1:45pm, Host:Susan K, Guest: Dr. Jonas del Rosario said that most congenital heart diseases are passed on by the mother that is why pre-natal consultations are very important. CVD education is very important to prevent Rheumatic Fever/Rheumatic Heart Disease.

August 13, 2012 – DZMM Magandang Gabi, Dok, Host: Nina Corpuz, Guest: Dr. J. Del Rosario: Not all chest pains mimic a heart attack… The best thing to do is see your doctor.

August 20, 2012 – DZMM Magandang Gabi, Dok, Host: Sol Aragones; Guest: Dr. Helen Ong Garcia: Cardiac rehab is crucial, it ensures fast recovery of the patient who suffered from a heart attack. Based on experience, heart attack patients undergoing rehab have a more sunny disposition.

August 31, 2012 – DZMM Magandang Gabi, Dok, Host: Jasmin Romero Guest: Dr. Ma. Ronella Francisco: Teach your kids to eat wisely, emphasis is on quality, not quantity. There are some obese kids who become obese adults. Obese kids are prone to heart problems.
Top TV hosts talk heart health

All of them have carved a niche in the broadcast and TV media and are multi-awarded journalists. The PHA Advocacy Committee and Sub-Committee on External Affairs take pride in having the special privilege to share the limelight with very talented broadcast/television industry’s celebrities. They are gifted with the flair for writing and speaking, and clearly, a degree of magnetism to hold their captive and new audience.

Nina Corpuz – The host of Magandang Gabi, Dok’s is an anchor and reporter. Her article on “Filipino Domestic Workers: The Struggle For Justice and Survival” was named 2010 Media for Labour Rights Prize Winner by the International Labour Organization’s International Training Centre in Turin, Italy. Corpuz earned her diploma in AB Broadcast Communication from the University of the Philippines-Diliman. She pursued international broadcast journalism at the Cardiff University in Wales, UK and trained in communicating labor rights at the International Training Centre in Turin, Italy.

Sol Aragones – The Developmental Communication UP-Los Banos graduate is one of ABS-CBN’s most gifted and enterprising reporters. Her coverage of news and investigative stories has earned rave reviews and citations.

Susan K. Andes – Her show, “Bantay OCW”, her brainchild, is a multi-awarded-sector public affairs program. She has consistently reaped awards for her distinct approach in handling the show. She also writes a Sunday column about overseas contract workers in the Philippine Daily Inquirer.

Jasmin Romero – A holder of BA degree in Legal Management from the University of Santo Tomas, she was an active student leader and a member of the university’s varsity debate organization - Thomasian Debater’s Council. One of ABS-CBN’s most versatile field reporters and anchors, was named 2007 KBP Golden Dove Awards Best Radio Newscaster and 2008 KBP Golden Dove Awards for Best Radio Newscast for “RMN News Nationwide”.

Ellaine Fuentes – A veteran broadcaster, she is an executive producer, a news anchor and senior correspondent at Net 25. She also used to write for Delle Magazine and was managing editor of Hoops magazine.

Andrew Arellano – A Fil-Am, who was born and raised in San Jose, California, is a commercial model, actor and TV host. He has earned two PMPC Star Awards as Best Morning Show Host (Unang Hirit) and Travel Host (Balikbayan) for GMA7.

Makati is PHA’s WHD 2012 partner city

Makati Mayor Erwin “Junjun” Binay instantly accepted the Philippine Heart Association’s proposal to be its partner city for the World Heart Day 2012 celebration on Sept. 29, 2012, after Dr. Joel Abanilla, PHA secretary and World Heart Day 2012 chair gave a brief presentation.

In photo are: Binay (extreme r) exchange pleasantries with PHA officers (l-r) Drs. Raul Lapitan, Joel Abanilla, Jorge Sison, Saturnino Javier, Jonas Del Rosario and Irma Macalinao, Health consultant to the Mayor.

Time to re-think … from Page 2

packed enough adipose tissues on their torsos even before entering high school. Physical activity proponents will not achieve maximum gain when teenagers have already succumbed to and fully embraced the comforts of modern urban living defined by internet stalls, gaming gadgets, remote controls, junk foods.

Early indoctrination of the youth on the ills of pivotal risk factors should translate to positive long-term results. By making children realize that second-hand smoke in the household courtesy of their fathers, uncles and grandfathers, can harm the rest of the family, they certainly become a persuasive force to curtail nicotine use around them. Educating children on the importance of a health paradigm that prefers healthier eating choices certainly become a persuasive force to curtail nicotine use around them. Educating children on the importance of a health paradigm that prefers healthier eating choices will not achieve maximum gain when teenagers have already succumbed to and fully embraced the comforts of modern urban living defined by internet stalls, gaming gadgets, remote controls, junk foods.

Time to re-think … from Page 2

Early indoctrination of the youth on the ills of pivotal risk factors should translate to positive long-term results. By making children realize that second-hand smoke in the household courtesy of their fathers, uncles and grandfathers, can harm the rest of the family, they certainly become a persuasive force to curtail nicotine use around them. Educating children on the importance of a health paradigm that prefers healthier eating choices very early on should divert children away from the greasy, the salty and the excessively saccharine.

There are specific efforts that should help translate these seemingly motherhood statements into realizable expectations. Like mandating fast-food chains to declare how much lean meat their burgers contain or reveal the calorie count of meals and drinks. Like urging food establishments to offer healthier options on their menu. Like admonishing legislators to require concerned agencies and sectors to incorporate vital aspects of disease prevention in the curricula of public and private schools. Like strictly enforcing the prohibition of sale of cigarettes to minors. Like allowing graphic picture-based warnings on cigarettes to deter potential use and avert further abuse. And like imposing sin taxes even.
PHAN is a growing, close-knit brood. Dr. Erlyn Demerre, the lady at the rudder of the paper who holds the record of being the longest-serving editor in chief of the association’s publication, is PHAN editor in chief (EIC) under the presidency of Dr. Saturnino Javier.

Demerre is exhilarated at the thought of churning out 36 PHAN and 12 NewsBeats issues as well as a few mini publications in six years, and is pleased to stay on as PHAN editor, upon Javier’s invitation. In 2006, Javier, the outgoing PHAN EIC recommended Demerre for the editorship to Dr. Cesar Recto II, PHA president.

The regular writers – Drs. Marcellus Francis Ramirez, Don Robespierre Reyes, Myla Gloria Supe, Jean Alcover, Anna Beatriz Medrano, Dr. Ma. Ina Bunyi, have enthusiastically renewed their commitment to write for PHAN anew.

Dr. Eugene Ramos has been a dutiful Editorial consultant. He says it is a privilege to interview Javier for the traditional Q & A with the new PHA honcho. Both Ramos and Javier had steered the UST Varsitarian and have proven their mettle and journalistic forte.

The three staff members – Gynna Gagelonia, managing editor/writer; Joey dela Cruz, layout artist and Irene Alejo, editorial assistant, who all used to work for a national broadsheet, are honoured to work with a rare species of multi-talented cardiologist-writers.

PHAN welcomes Dr. Ma. Lourdes Bunyi as a regular staff writer and Dr. Rei Salangsang as PHAN fun contributor.

M. L. Bunyi: A hesitant writer
“I never cast my sights on journalism. Having the time to paint, pen poems and do interior design, have always been my desire,” says Bunyi. But the hesitant writer rises to the occasion.

At the Quezon City Science High School, she lorded it over in their elective journalism class. In college and in medical school, she was in her best element when writing a term paper. She would inject soul into a dull term paper and occasionally, she would scribble snippets ala diary.

She confessed that each time she is asked to dish an article, “I pray hard for a word pool.”

A poignant scene stimulates her writing mode. Her panache in packaging words is splendid. Her body of work is proof that she is an intrinsic artist with literary prowess.

Malou, as she is fondly called is an active consultant of the SLMC Heart Institute and immediate past president of St. Luke’s Heart Institute Alumni Association, Inc.

R. Salangsang: Its Fun doing it for PHAN
His multifaceted nature prevails on him, thus even in the midst of a hectic pace, he manages to cultivate his interests outside of the cardiology domain. They include doing general trivia and puzzles which are quite taxing but since it is something that he loves doing, he is both pleased and feels fortunate to do it for PHAN.

Salangsang earned his MD diploma from the Dela Salle University College of Medicine, Internal Medicine Residency at the DLSU Medical Center and cardiology training at the Cardinal Santos Medical Center (CSMC). Fascinated by the complexities of the heart, he is currently pursuing Clinical Research Fellowship in Echocardiography also at CSMC.
Southern Tagalog Chapter to hold benefit concert

By Amelita Brillantes, MD

ALABANG, Muntinlupa City, Aug. 15, 2012 – Buoyed by the rave praises and reviews they have been reaping in the yearly PHA Chapters’ Night, PHA Southern Tagalog’s homegrown singers and dancers thought of producing a benefit concert titled “ShowStoppers Straight to Your Heart”.

The proceeds of which will be used to finance the chapter’s Primary Prevention projects, including the anti-smoking campaign joint advocacy of the Philippine Heart Association, Department of Health, World Health Organization and World Heart Federation.

Slated for September 8, at 6 pm at the Sylvia P. Lina Center for Performing Arts, DeLa Salle-Zobel, Ayala Alabang, it will be topbilled by the PHA STC cardios and friends, including PHA Secretary Dr. Joel Abanilla and Dr. Maria Ronella Francisco, chair of the PHA Council on RF/RHD. Giving their support are some talents from pharmaceutical companies. Veteran stage actor Pinky Marquez who is also part of the cast directs the concert.

Showstoppers is a club which is celebrating its 50th anniversary, thus the performers are dressed in ‘50s finery – from the live band, emcee, singers, waiters/waitresses, bartender, dancers and guests. As the evening unfolds, it’s going to be a night of dance and acting and acting in a roaring ‘50s setting.

What a blast! Thanks to the whole day of Sunday rehearsals. This group of heart doctors have learned theater jargons like upstage, center stage, downstage, fourth wall, blocking...etc., have proved anew how good they are at time management. They are expected to rehearse and memorize song lyrics, and perfecting dance steps with a short lead time.

Some weekday rehearsals have stretched deep into the night. Needless to say, it meant giving up some clinic and family time and a lot of sacrifice in terms of travelling -- some come from as far as Lucena, Quezon! Nevertheless it has afforded everyone precious bonding time and the priceless experience of being stage performers before a paying audience.

Some consider it as a welcome and exciting change from the usual monotony of their clinic-rounds-home routine.

![Wacky STC](image)

STC Medical Mission: 23 specialists attend to 311 px

By Lilibeth Maravilla, MD

TANUAN CITY, Aug. 30, 2012 – Some 311 adult patients, aged 30 years old and above, were attended to by 11 multi-disciplinary doctors from Southern Tagalog Region, two Cardiology Fellows and 10 internal medicine residents from the Manila Doctor’s Hospital, Daniel Mercado Medical Center and Mary Mediatrix Medical Center.

The STR-based multi-disciplinary consultants consisted of six cardiologists, two endocrinologists, one each nephrologist, ob-gynecologist and general internist.

Leading the medical mission that was held at the Tanauan City Gym was PHA Director Dr. Jorge Sison and chair, Community Sub-Committee on Community Service. The PHA- Southern Tagalog Chapter, Philippine College of Physicians-Southern Tagalog, Tanauan Medical Society, Mayor Sonia Aquino’s office and the Tanauan Barangay Health Workers’ Association were in full force.

They underwent fasting blood sugar determination and risk factor screenings through history and physical examination. The doctor accomplished a questionnaire/assessment form of the patient’s risk factors. Ankle brachial index testing and electrocardiogram were done on patients who were categorized as moderate and high risk. A series of lay lectures were delivered to patients. Topics discussed were hypertension, diabetes, peripheral arterial disease and osteoporosis. The medical mission lasted from 7 am to 6 pm. The sole sponsor of this project was Corbridge.