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Please Note:

- The Rehab Center is closed the following days: Monday, Jan 19, MLK Day
- Want to review food, weight management, and nutrition-related questions or concerns with a dietician? Call our office and ask for a **diet consult** with some of the best dieticians in the region.
- Has it been awhile since your last heart health review? Call our office and ask for a **Heart Check** with your rehab clinician. They will review your exercise and prevention program and give you fresh advice on how to stay healthy!

Please notify our office at 608.263.7420 if you have had a change of address, or if you no longer want newsletters or other information from Preventive Cardiology mailed to you.

## Home blood pressures: Better than the MDs?

By Mark Vitcenda, MS

Jane Smith (not her real name) goes to her doctor's office for a routine physical. She has a history of high blood pressure and is taking a blood pressure medication to control it. A medical assistant takes her blood pressure and gets 140/90. Her doctor rechecks her pressure and gets 168/80. Jane is surprised. She reports that her blood pressures taken at home with a recently purchased home blood pressure monitor are usually around 120/70 range. Which measurement is most reflective of Jane's "true" blood pressure and her overall health risk: A) the medical assistant's; B) the doctor's, or C) the values Jane gets on her home BP monitor?

It may surprise readers to hear that the answer to our scenario is C. Many recent studies suggest that blood pressures taken at home may be more reliable and closer to the true average daily blood pressure than blood pressures taken in a doctor's office. This is due to several factors, but the main reason may be that patients are more relaxed and comfortable in their home environment. Many patients feel "stressed" when at the doctor's office and this can cause the blood

**These HBPMs have been tested by various groups and found to be highly accurate, reliable and user-friendly:**

- Omron HEM-790IT (estim. cost \$75)
- Omron HEM-711AC (\$55)
- Omron HEM-712C (\$45),
- A&D Medical LifeSource UA-787EJ (\$75)
- LifeSource UA-767 Plus (\$60)
- LifeSource UA-767 (\$55).

**Several Omron and Lifesource models can be found at Walgreens and Walmart stores.**

pressure to be unusually elevated. This phenomenon is known as "white-coat" or "clinic hypertension". (Besides being more reliable, one can get many more readings at home than can be measured in a clinic visit, and with more readings there's a greater chance of getting a more accurate picture.)

(See Home BP, page 2)

## UWHC repeats in Top 100 in Heart Care

Excellent patient outcomes at a reasonable cost – success at that equation has once again propelled University of Wisconsin Hospital and Clinics to the list of the nation's 100 top cardiovascular hospitals as measured by Thomson Reuters Healthcare® (formerly Solucient).

The annual Thomson Reuters award for cardiovascular services objectively measures performance on key criteria at 1,000 of the nation's top performing acute-care hospitals. UW Hospital and Clinics is the only listed hospital in the Madison area.

"It's great to be recognized once," says Dr. Matthew Wolff, head of cardiovascular medicine at UW Hospital and Clinics. "But UW has made this competitive list five times now, and that confirms that outstanding

heart care is part of our culture."

Thomson scored facilities in key performance areas, including such important areas as medical and surgical mortality, complication rates, severity-adjusted average length of stay, and severity-adjusted average cost.

The benchmarks are based on publicly available data from 2006 and 2007. The key findings in this year's benchmarks focus not just on quality patient care, but also on efficiency and cost of care. If all hospitals provided the same level of cardiovascular care as those on the list, more than 6,000 patients per year would survive.

Preventive Cardiology is proud to be a part of the top-notch cardiovascular care here at University of Wisconsin Hospital and Clinics! &

### Straight to the Heart

The UW Health-Heart and Vascular Care Preventive Cardiology Program is dedicated to assisting people with cardiovascular disease achieve optimal physiological and psychological function leading to an improved quality of life, and to preventing the disease process in healthy people. *Straight To The Heart* is published semiannually to provide current and former participants information about heart disease and current events at the Center. Please call or write us if you have comments, questions or suggestions for articles. We welcome your ideas.

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(Home BP—Continued from page 1)

The American Heart Association, the American Society of Hypertension, and the Preventive Cardiology Nurses Association recently joined together and sounded a “call to action” to health care professionals to recommend greater use and reimbursement for home blood pressure monitors (HBPMs). The authors note that in a 2005 poll, 55% of hypertensive patients monitor their BP at home and 64% own a HBPM. They made several recommendations regarding the use of HBPMs, among them:

1. Patients should be advised to purchase a HBPM and shown how to use them correctly.
2. Two to 3 measurements should be taken in the morning before any medications are taken, and again in the evening before bedtime, for a total of at least 12 readings over a 1 week period.
3. HBPM is recommended for evaluating the response to any treatment and may improve adherence to therapy.
4. The target HBPM goal for treatment is less than 135/85 for most patients and less than 130/80 in high-risk patients (those with chronic kidney disease or diabetes).

The report also made specific recommendations with regards to HBPMs. Monitors that automatically inflate and measure the BP at the arm are the most reliable; monitors that take the pressure at the wrist or in the finger are not recommended. Only monitors that have been tested for accuracy using standardized international protocols should be used. (A list of HBPMs that have passed these rigorous tests can be found at the DABL Educational Trust web site (<http://www.dableducational.org>) or the British Hypertension Society’s site (<http://www.bhsoc.org/default.stm>). See sidebar on Page 1 for some recommended models.) The monitor should have a memory function for storing values; this helps both the patient and the health care provider when reviewing blood pressure readings. If you have a chronically irregular heart rhythm, such as atrial fibrillation, look for monitors that compensate for this. An

important caveat is that the cuff should be the right size for the arm. Before purchasing a monitor, see if you can purchase or trade in for a larger or smaller cuff. Lastly, it has been observed that most automated monitors that use the oscillometric technique (fancy words for “reads blood pressure by measuring changes in the pressure of the cuff”) are very accurate over time and do not need to be calibrated or checked more than once per year.

It is also important to use proper techniques when measuring your BP at home. First, sit quietly for at least 5 minutes, preferably in a straight-backed chair, arm resting comfortably on a flat surface with the upper arm at the level of the heart. The legs should be uncrossed and feet flat on the floor. Take measurements in your non-dominant arm unless you have been advised to take it in on a specific side. Do not smoke, drink coffee or exercise within 30 minutes of taking your pressure. Take 2-3 measurements at a sitting or whatever number is advised by your doctor. Record the values in a log if the monitor does not have a memory function and bring the log to your next appointment. You should also have your monitor and technique checked at your doctor’s office or by trained health care providers.

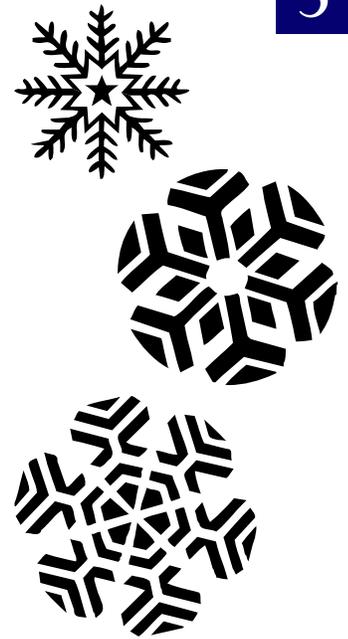
Consider purchasing a HBPM and monitoring your blood pressures at home if you have high blood pressure or if you have been told that your blood pressure is in the “pre-hypertension” range. The values you get will help your health care providers get a better picture of what is “normal” for you. ☺



## Skills for a Happy Heart group

This six-week group will be offered in the spring of 2009 and will teach mind-body skills helpful in the management of cardiovascular disease. Participants will learn ways to make healthy adjustments to reduce risk for further cardiac disease and enhance the quality of their lives. A variety of skills will be taught, including understanding psychological and social risk factors that contribute to heart disease; learning how

to better manage stress; developing ways to deal with difficult emotions, and addressing strategies to strengthen social support. This group is covered by many health insurance plans. For more information about this class, the class schedule, and to schedule a prescreening interview, please contact Pat Maguire at (608) 265-1257. ☞



## New number for monitoring diabetes control

By Mark Vitcenda, MS

The American Diabetes Association recently unveiled a new method for determining how well patients with diabetes are controlling their blood sugars. This new measure, called the *estimated Average Glucose*, or eAG, uses the more familiar A1C (a measure of the average blood glucose control over a 3-4 month period) and converts it into glucose units that are similar to what is measured on blood glucose meters or in lab reports. For example, an A1C of 7%, which is the goal for most people with diabetes, is equal to an eAG of 154 mg/dl. Knowing the average blood glucose value should help people with diabetes understand how their daily glucose checks relate to their long-term control.

Patients may find that their eAG is higher than the average calculated on their meters. This is because patients are most likely to check a blood glucose when the value might be low, for instance, when they are having symptoms or before eating. Therefore, the average displayed by the meter will be less than the actual eAG.

The next time you get your A1C checked, ask to have the eAG calculated. Or better yet, you can go to the ADA web site—<http://professional.diabetes.org/GlucoseCalculator.aspx>—and calculate it yourself. Use this important new tool to monitor your diabetes control and stay on track. ☞

## PC welcomes newest staff member

Preventive Cardiology welcomes our newest staff member, **Laura Pady-Porter, MS**. Laura is an exercise physiologist with a graduate degree in Exercise Physiology from the University of WI-La Crosse. She has prior work experience in programs in Tulsa, OK, Onaga, KS and most recently in Wisconsin Rapids. She also has experience in managing weight management programs and fitness centers.

Laura has an extensive background in running. She was a runner on her track team at Ottawa University in Kansas and has run many marathons over the years, including her last one in Dublin, Ireland.

Her most treasured possession is her torch from the 2002 Winter Olympics Torch Relay. “I was informed by the Relay Committee that I had been nominated ‘because of your dedication to your patients, by someone that wishes to forever remain unknown to you.’”

Laura is looking forward to meeting and working with our participants. “I am excited to be a member of the UW Health Preventive Cardiology team and am in absolute awe of all that this program has to offer patients!”

We are excited to have Laura on our PC team. Please welcome her and introduce yourself when you get the chance. ☞

Nutrition Corner with Gail Underbakke and Carol Sargent

## Color your world this winter

**I**t's harder to be excited about vegetables in the winter, but different preparation methods or flavorings can change that. Roasting vegetables preserves and intensifies the flavor and color of the vegetable, without making it tough or stringy. The recipe below is from the American Institute of Cancer Research (AICR), but it is also great for heart disease prevention. This recipe would work with a variety of vegetables, including zucchini, onions, peppers, eggplant, or green beans. Visit the AICR website for more creative ideas: <http://www.aicr.org/site/DocServer/E7B-VEGW.pdf?docID=1544>

### **Roasted Asparagus with Garlic**

*1 lb. fresh asparagus (medium width)*  
*2 tsp. olive oil*  
*2 garlic cloves, minced*  
*Salt and freshly ground black pepper,*  
*to taste*  
*Lemon wedges, as garnish*

Preheat oven to 500 degrees. Rinse asparagus and break off tough ends. Place asparagus in shallow roasting pan and coat with oil. Sprinkle with garlic and salt and pepper, to taste. Roast uncovered for 6-8 minutes (depending on width of spears), shaking pan occasionally. Serve with lemon wedges. Makes 4 servings.

### **Nutritional Information per serving:**

47 calories  
3 g total fat (<1 g saturated fat)  
5 g carbohydrates  
4 g protein  
1 g dietary fiber  
3 mg sodium

