



Vascular Disease
Foundation
10 YEARS • 1998-2008

Keeping In Circulation

WINTER 2008 • VOL. 8 No. 1

THE OFFICIAL PUBLICATION OF THE VASCULAR DISEASE FOUNDATION



VDF "Ask the Doctor" LIVE CHAT

VDF is proud to offer live, online chats with medical professionals about different areas of vascular disease. Chats take place at 1 pm ET/ 12 pm CST/ 11 am MT. Join us on the following dates to chat live with a medical professional:

- February 20 - Dr. Kenneth Cherry answers your questions about aortic disease.
- March 26 - Dr. Suresh Vedantham answers your questions about vein disorders.
- April 16 - Dr. John F. Angle answers your questions about PAD.

Please visit www.vdf.org and click the "Interactive Resources" tab for more information.

FIND OUT ABOUT...

- **Herbal Supplements: Are They All Safe?**
- **Restless Legs Syndrome**
- **Carotid Artery Disease**
- **LDL Cholesterol**

Enjoy *Keeping In Circulation's*
new look!

VDF Celebrates Its Tenth Anniversary!

The Vascular Disease Foundation (VDF) celebrates its tenth anniversary in 2008! VDF was founded by Dennis Newman as a result of a life-changing experience after a cousin passed away from complications from peripheral arterial disease (PAD). She was middle-aged, had diabetes, and had recently undergone a second leg amputation. After his cousin lost her first leg, Dennis did what anyone would do to help a family member: He began to search for information about vascular disease. It didn't take long for him to realize that few resources were available for people suffering from this often silent and debilitating disease.

The death of his cousin and the lack of public information and awareness about the devastating effects of PAD left a lasting impression on Dennis, who, as a pioneer in ultrasound technology, was already very familiar with the industry. Schooled as an electrical engineer, he started what became a very successful company that produced Doppler devices for detecting, among other medical conditions, vascular disease. His company, IMEX Medical Systems, became one of the largest manufacturers of medical ultrasound

Continued on Page 2

VDF Celebrates Its Tenth Anniversary!

Continued from Page 1

Dopplers in the world. He eventually sold IMEX to Nicolet Biomedical. Dennis knew that the general public and most medical professionals were unaware of many diagnostic and treatment options for vascular disease. Using his own money, he formed the Vascular Disease Foundation in 1998. From its inception, Dennis envisioned VDF as a non-profit educational organization. The social and professional connections which he had in the industry enabled him to round up an impressive list of physicians, other health-care professionals, and other friends or family members affected by vascular disease to serve as the first VDF Board of Directors. A Colorado native, Dennis focused his efforts on starting an awareness campaign in Colorado because of the existing interest and enthusiastic support of the community there. Initial VDF Board members included Byron Chrisman, JD, Judith G. Regensteiner, PhD, Mark Nehler, MD, William Hiatt, MD, Pam McKinnie, and Alan Hirsch, MD. Dr. Hirsch was the first president of the VDF Board and still serves as a board member today. He also serves as Chairman of the P.A.D. Coalition, which is the premier program of VDF.

"It was Dr. Hirsch's energy and motivation that really helped to get things started," said Dennis. "When Dr. Hirsch starting talking about PAD and the need for PAD education at medical meetings across the country, other professionals also began to see the need for more education about the disease."

A year after Dennis started VDF, he hired Sheryl Benjamin as Executive Director, a position which she continues to hold today. Sheryl and Dennis had

Continued on Page 3

Our Mission

To reduce death and disability from vascular diseases and improve vascular health for all Americans

Keeping In Circulation

is published by the Vascular Disease Foundation. To receive a free subscription or additional copies contact the VDF at 1075 South Yukon St., Ste. 320 Lakewood, CO 80226

Call 888-VDF-4INFO or Visit www.vdf.org

Newsletter Editors

Sheryl Benjamin
Christa Saracco

Medical Editor

Janice Nunnelee, PhD, RN

Medical Advisory Board

Heather Gornik, MD, Chair
Judith Fried, RVT
Carolyn Robinson, RN
Anton Sidaway, MD
Kerry J. Stewart, EdD

10 Ways to Celebrate VDF's 10th Anniversary

1. Become a member of VDF! Our goal is 10,000 new members in 2008!
2. Attend our first national community celebration later in 2008.
3. Support our fundraising goal of reaching \$1,000,000! Donate \$10 or a multiple of \$10 and get a special commemorative ten-year anniversary pin.
4. Promote the *Stay in Circulation* campaign: wear an awareness pin, or display the static-clip sticker in your car, office, or home during National PAD Awareness Month in September.
5. Start a community alliance (see our Web site for information).
6. Start a local support group (see our Web site for information).
7. Listen to our "Ask the Doctor" Live Chat each month.
8. Buy a pin, necktie, t-shirt or other VDF or P.A.D. Coalition item to proudly wear.
9. Become a "Step Steward." Join our virtual walk/run program that lets you walk or run at your own pace and raise awareness about vascular disease in your community.
10. Share your story with VDF! It might be selected to be used in our newsletter or on our Web site at www.vdf.org

worked together at IMEX and, with her background and excellent knowledge of marketing and the industry, she was a perfect fit for the position.

"It was the combination of Alan and Sheryl that allowed things to really start to take off for VDF," said Dennis. "Sheryl was initially hired part-time, but within a few short years we were growing so fast that we realized we needed her full-time assistance."

When Sheryl first came on board, VDF had a very basic Web site that focused only on PAD education. The Board of Directors had decided early on to focus all of their preliminary efforts on PAD education.

After obtaining VDF's 501(c)(3) tax exempt status, Sheryl attended her first AARP public meeting with one PAD brochure in the spring of 2000. In the fall of that same year, VDF launched the first issue of its newsletter, *Keeping in Circulation*. It was only six pages and for the very first mailing, only 2,000 copies were printed and 628 were mailed.

Today, VDF prints over 20,000 newsletters, now 16 pages, and mails them out to over 17,000 members of the general public and professional organizations across the United States and Canada. VDF also offers five full-color educational pamphlets, HealthCasts, "Ask the Doctor" Live Chat, and other educational materials. The VDF Web site, www.vdf.org, which was "remodeled" earlier this year, now averages over 30,000 visits per month!

With its headquarters still based in Lakewood, Colorado, VDF moved into new offices in January of 2005. Each month, our newsletter mailing list and visits to our Web site continue to grow. VDF maintains a solid reputation for being a trusted source for scientific and non-biased public education about vascular disease. In 2006, the Foundation branched out into reporting on the early stages of research and, in 2007, it continues on its mission to reduce death and disability from vascular disease and improving vascular health for all Americans.

Today the VDF Board of Directors includes the leading experts in their respective fields of treatment and management of vascular disease, law, finance, and advertising. Dennis Newman still serves as Chairman of the VDF Board.

"I could not be more proud of the efforts of our Board of Directors and staff of the Foundation," says Dennis. "I think the last ten years have been an amazing journey, and I'm really looking forward to watching VDF continue to grow over the next ten years!"

VDF thanks its amazing Board of Directors for their energy, time, and dedication to our mission. The Foundation also thanks all of those dedicated professionals and National Advisory Board members as well as the general public for their continued support of our organization.



Vascular Disease
Foundation
10 YEARS • 1998-2008

"I could not be more proud of the efforts of our Board of Directors and staff of the Foundation. I think the last ten years have been an amazing journey, and I'm really looking forward to watching VDF continue to grow over the next ten years!" —Dennis Newman

Board of Directors

Dennis Newman, Chairman
Mark A. Creager, MD, President
Anton Sidawy, MD, President-Elect
Judith A. Fried, RVT, CVN, Secretary
David Faxon, MD, Treasurer
Alain Drooz, MD, Past-President
Alan T. Hirsch, MD, Past-President
Robert Albertson
John "Fritz" Angle, MD
Richard H. Carmona, MD
Kenneth Cherry, MD
Heather Gornik, MD
Patricia S. Hofstra, JD
Michael Jaff, DO
Marge B. Lovell, RN, CVN
Robert McLafferty, MD
Kerry Stewart, EdD
Suresh Vedantham, MD
Jeffrey Weitz, MD
Mary L. Yost
Karen A. Zupko

National Advisory Board

Abbot Vascular
AstraZeneca
Bard Peripheral Vascular
Bristol-Myers Squibb Company
Cook Medical, Inc.
Cordis Endovascular
CV Therapeutics
Diomed
Endovascular Today
Sanofi-aventis
W.L. Gore & Associates

Scientific Advisory Board

Meghal Antani, MD
John R. Bartholomew, MD
Michael Dake, MD
Gregory Guy, MD
David Meyerson, MD
John Rundback, MD
Diane Treat-Jacobson, PhD
Elizabeth Ratchford
Christopher White, MD
Jean White, RVT

June Ryan Is Glad She's Not Alone

In the early 90's June Ryan was having trouble walking and had pain in her right leg. When the left leg started to bother her she found her way to the doctor who diagnosed her with peripheral arterial disease or PAD, which is also known as atherosclerosis or poor circulation. The arteries can slowly become narrowed and blocked as a consequence of age, smoking, high blood cholesterol or diabetes. The first obvious symptom of PAD is leg pain, but at least half of those affected have no obvious leg symptoms.

Very shortly after her diagnosis she received the best advice from a young female military doctor who encouraged her to walk every day. Once June warmed up the idea she started walking regularly and still walks about two miles every day.

"I do have claudication (leg pain) every day and it hurts to walk, but I continue on a regular basis because I know it helps," said June. "I also make sure to check my feet every day and often times have to remind my doctor to check them too!"

For many years June felt alone in her diagnosis until she discovered the

Vascular Disease Foundation (VDF). She started getting VDF's quarterly newsletter, *Keeping in Circulation* and realized she was not alone.

"For a long time I felt very alone," said June. "Now I know there are others out there with the same condition and challenges. I'm very glad to know that VDF exists and is providing the knowledge that they do about these diseases."

June, now 83 years old, has a history of heart disease in her family and is a former smoker. She gave up smoking over 40 years ago when the first Surgeon General's warning about the hazards of smoking was released to the public in 1964. She has since had several stents placed in various arteries and is considering having *aortobifemoral bypass surgery* (blood is routed from the abdominal aortic artery to both femoral arteries).

While her PAD has been progressing through the years, she continues to walk, keeps her attitude positive and her spirits bright. She keeps her cholesterol low, but admits to having a sweet tooth. She credits the walking to her good health and says that she is still able to do most of the things that she wants to. She also



"For a long time I felt very alone. Now I know there are others out there with the same condition and challenges. I'm very glad to know that VDF exists and is providing the knowledge that they do about these diseases."

feels delighted to know that VDF is working to raise awareness about PAD. Her one wish is the need for more medical personnel to help patients with preventing and treating PAD to avoid surgery.

"I wish more people knew about PAD," said June. "These are serious diseases that can really affect your life. It's so nice to know that you [VDF] folks are out there helping to spread the word, thank you!"

For information about PAD please visit our Web site at www.vdf.org/diseaseinfo/pad or call us to receive a free educational pamphlet (available in English and Spanish).

Are All Herbal Supplements Safe? Continued from Page 4

and it is important to know that just because an herbal supplement is labeled "natural," that does not mean it is safe or without any harmful effects.

Are you one of the 14% of the aging population who is consuming over 40% of over-the-counter remedies, including herbal supplements? If so, the NIH strongly encourages you to disclose all over-the-counter medications, including herbal remedies, vitamins, and supplements, to your doctor. Here is a partial list of common prescription medications used for vascular conditions, along with some of the herbal supplements that can cause a potentially harmful response.

This list includes the brand name along with the generic name, and the supplements listed can either strengthen or weaken the medication's effectiveness. As this is a partial list, please consult your doctor with additional questions you may have about other supplements you are taking. There is more information posted on our Web site at:

www.vdf.org/resources/HerbalSupplements.php

Possible Interaction of Common Prescription Medications with Herbal Supplements:

Plavix® (Clopidogrel): *evening primrose oil, feverfew, garlic, ginger, ginkgo biloba, ginseng (American, Panax, and Siberian), green tea, kava kava, licorice, saw palmetto, valerian and vitamin E.*

Coumadin, Jantoven® (warfarin): *bromelain, cayenne, dong quai, evening primrose oil, garlic, German chamomile, ginger, ginkgo biloba, ginseng (American, Panax, and Siberian), grape seed, green tea, kava kava, licorice, niacin, psyllium, St. John's wort, valerian, vitamin A, vitamin C, vitamin E and vitamin K.*

Pletal (Cilostazol): *digitalis, Indian squill, squill.*

Lovenox® (Enoxaparin): *bilberry, bromelain, cayenne, dong quai, evening primrose oil, feverfew, garlic, German chamomile, ginger, ginkgo biloba, ginseng (American, Panax, and Siberian), goldenseal, green tea, kava kava, licorice, papaya, saw palmetto, St. John's wort, valerian and vitamin E.*

Bufferin®, Ecotrin® (Aspirin): *calcium, cayenne, dong quai, evening primrose oil, fenugreek, folic acid, garlic, German chamomile, ginger, ginkgo biloba, ginseng (American, Panax, and Siberian), green tea, kava kava, licorice, onion, parsley, potassium, quinine, saw palmetto, St. John's wort, valerian, vitamin C, vitamin E and zinc.*

If you are taking Plavix®, warfarin or Lovenox, garlic may increase the risk of bleeding or bruising. If you are using ginkgo biloba and taking aspirin, heparin, Plavix®, ibuprofen, Lovenox®, Aleve®, or warfarin, you may also have increased risk of bleeding or bruising.

Here are some other common herbs that people take without realizing the side effects or how they might interact with medications.

St. John's wort sometimes is taken for anxiety and depression. Those who also are taking antidepressants or anti-anxiety medications, such as Prozac, Zoloft, or Paxil, should beware. Mixing St. John's wort with these medicines can cause serotonin syndrome—with symptoms that may include agitation, rapid heart beat, flushing, and heavy sweating—that may be fatal.

Dong quai, which some women take for menstrual disorders and to ease symptoms of menopause, has been linked to cardiovascular problems, such as irregular heart rhythm and low blood pressure. Taking the herb along with an antihypertensive drug could cause the blood pressure to plummet, putting one at risk of stroke.

Some people take **echinacea**, which enhances the immune system, for the common cold. However, those who also take Lipitor®, Celebrex®, and Aleve® face an increased risk of liver damage. Echinacea also can be harmful for those who have multiple sclerosis, diabetes, HIV infections, or allergies.

This is a partial list of interactions and should not be considered as the only list or as a comprehensive list of herbals that may interfere with prescription medications. Just remember, "herbal" or "all natural" does not necessarily mean safe. Make sure that you give your health-care provider a complete list of every medication, herbal, and dietary supplement you are taking. It may make the difference between having a bad reaction and being safe.

About the Author: *George Grossberg, M.D., is director of geriatric psychiatry at Saint Louis University School of Medicine and Samuel W. Fordyce Professor of Psychiatry. An internationally renowned geriatric psychiatrist, Dr. Grossberg is coauthor of "The Essential Herb-Drug-Vitamin Interaction Guide" and immediate past-president of the International Psychogeriatric Association. He has done extensive research on Alzheimer's disease.*



Think All Herbal Supplements Are SAFE?

Are you one of many Americans taking herbal supplements in addition to prescription medicine? It is important to know that your prescription medication and herbal supplements may contraindicate each other.

According to the National Institutes of Health (NIH), herbal supplements are a type of dietary supplement that contain herbs, either singly or in mixtures. An herb (also called a botanical) is a plant or plant part used for its scent, flavor, and/or therapeutic properties.

Many herbs have a long history of use and claimed health benefits. However, some herbs have caused health problems for users,

Continued on Page 5



Uncontrollable Urges: Restless Legs



Some things just don't make sense. Jack lies down to relax and, just as he starts to fall asleep, his legs twitch and wake him up with a start. He has a hard time sitting still during business meetings, and his associates have started to comment about the distraction caused by his constant foot jiggling. Jack is worried that the cause is bad circulation, but it is something quite different.

Until about ten years ago, Restless Legs Syndrome (RLS) was barely known and certainly not understood. Even today, the cause of this neurological disorder is uncertain, but the symptoms are classic: The legs feel uncomfortable, aching, tingling, itching, or burning when sitting still or lying down. Some sufferers say that deep inside in their legs they have sensations that feel like crawling

insects. The “creepy” feelings won't go away until they move, jerk, jiggle, or twitch their legs, or get up and pace around the room.

While most often reported to occur between the knee and the ankle, symptoms can also occur in the feet, thighs, arms, or hands, and they tend to occur on both sides of the body. The symptoms can happen at any time, but generally they are worse during periods of inactivity. Long car trips or airline flights, sitting through a movie or business meeting, or simply taking a nap, are all known symptom triggers. Symptoms can occur at any age, but generally seem to begin in middle age or older and tend to worsen, occurring more frequently and for longer periods of time.

The uncomfortable feelings and urge to move are relatively easy to combat during the day by moving around, but these become extremely bothersome at night. People who suffer with RLS will flex and extend (bend and straighten) their legs, often without knowing it, hundreds of times a night. All of the flexing and

extending results in a poor night's rest for the individual and his or her bed partner. This disruption of sleep can have a major impact on both mental and physical health. Many people with RLS report exhaustion during the day, poor memory, strained marital relationships, and inability to concentrate or complete tasks. RLS is considered mild if symptoms happen periodically and do not cause much interruption in sleep. Symptoms that

A recent U.S. study found that people with RLS are twice as likely to have heart disease or a stroke, compared to those who don't.

occur a couple of times a week, cause long delays in sleep onset, and start to interfere with daytime function are considered to be moderately severe, and RLS is considered severe if it occurs more than twice a week and causes significant daytime impairment.

RLS can be a primary or secondary condition. In primary conditions, the cause is unknown, but there may be a genetic factor, because about half of the cases of people with RLS have family members who suffer from it as well. Secondary RLS is caused by unrelated conditions such as pregnancy and stress. Alcohol and caffeine are known to aggravate the condition.

Continued on Page 7



VDF's New Online Store!

VDF now has an online store for VDF and the P.A.D. Coalition merchandise and brochures. You may access our new store from our Web site at www.vdf.org/estore. You can buy t-shirts and other apparel, as well as handy gifts such as caps and tote bags. You may also purchase educational brochures, wall charts, and even pins to show your support of PAD awareness!

The P.A.D. Coalition has added a new awareness tie made from 100% silk. The tie has been designed by Vineyard Vines®, a retail company best known for its whimsical, preppy clothing line. The neck tie features graphics from the national “Stay in Circulation: Take Steps to Learn about P.A.D.” campaign that is coordinated by the National Heart, Lung, and Blood Institute in partnership with the P.A.D. Coalition.

Restless Legs Syndrome

Continued from Page 6

Iron deficiency, with or without anemia, has been linked to RLS, but no blood tests have been developed to diagnose the syndrome. Fortunately, once the secondary condition has been treated, RLS symptoms tend to disappear without further treatment.

To make a diagnosis of RLS, providers ask for a description of symptoms, current and past medical history, family history, and a list of medications. Blood tests can detect secondary causes of RLS such as low iron levels, anemia, diabetes, and poor kidney function. Sleep studies can be performed to determine the severity of sleep interruption. Nerve studies can also help make an RLS diagnosis by ruling out other possible problems, such as muscle or spinal problems. RLS is not caused by blood circulation problems. Although RLS and vascular disease both affect the legs, that is where the commonality ends. Symptoms of vascular disease are different, whether affecting the veins or arteries.

While there is no known cause or cure for restless legs, there are treatments available. Because researchers suspect that the chemical messenger dopamine plays a role in RLS, medications that alter dopamine levels, such as those used for Parkinson's disease, have been successful. Narcotic medications can offer temporary relief, but patients who use these run the risk of becoming addicted. Sleep aids may be helpful, but they do not reduce the leg movements. Medications used for epilepsy have worked for some people.

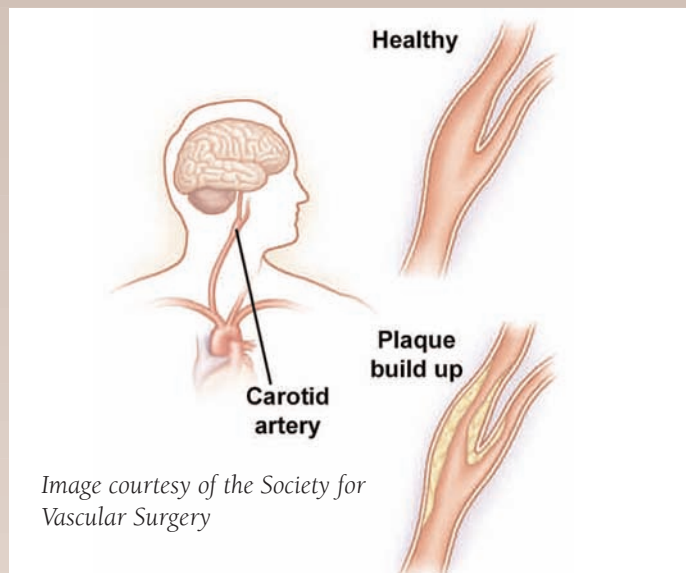
Prescription medications are not the only answer. There are self-help activities that can reduce the symptoms of RLS such as the following:

- ➔ Develop good sleep habits by going to bed and getting up at the same time each day
- ➔ Take over-the-counter pain relievers at the beginning of restlessness
- ➔ Take warm baths alternating with cool packs
- ➔ Try massage therapy
- ➔ Use relaxation techniques such as yoga and meditation
- ➔ Avoid caffeine
- ➔ Limit or eliminate alcoholic beverages
- ➔ Exercise regularly, but not too late in the evening
- ➔ QUIT SMOKING!

Lifestyle changes alone may be enough to provide relief for mild cases of RLS. Contact your health care provider if you have symptoms so that together you can develop a treatment plan that works for you. For more information, contact the RLS Foundation at 877-INFO RLS or www.rls.org.

About the Author: Catherine L. Ortega, RN, BSN is a Nurse Educator for the Baptist Health System in San Antonio, Texas.

Carotid Artery Disease: Effective Treatment Can Reduce the Risk of Stroke



A stroke can be devastating. Strokes are often fatal, and over half of those who do survive will have some permanent disability that makes it impossible to continue to work or have a normal life. Stroke is the third leading cause of death in this country, and *it is the leading cause of permanent disability among older Americans*. Over 100,000 strokes occur each year in the United States and more than 50 billion dollars is spent annually on the care of stroke victims. Almost everyone knows someone—a friend, relative, or parent—who has had a stroke, but few people understand how strokes happen and how they can be prevented. Since 75% of people who suffer a stroke never have any warning signs, it is critical for the general public to know about stroke prevention.

Some strokes—called “hemorrhagic strokes”—are due to bleeding in the brain, but 80% of strokes are due instead to blockages in the blood vessels that supply circulation to the brain. When circulation is blocked, the brain cells do not get enough oxygen and they begin to die. Like the blockages in the blood vessels to the heart that cause a heart attack, those blockages in the blood vessels to the brain can cause a stroke, which is also called a “brain attack.” This can leave people with paralysis of their arms or legs, an inability to speak clearly, or blindness.

These blockages in the circulation of blood to the brain may be caused by blood clots that flow out of the heart, but most blockages are caused by plaques due to atherosclerosis (“hardening of the arteries”) that occur in the carotid arteries which supply the major circulation to the brain. This is called **carotid artery disease**. Over time, these build-ups of fat and cholesterol progressively block the carotid arteries in the neck, like rust in an old pipe. When the blockage becomes severe, people are at high risk for having a stroke. With blockages of more than 70%, there is a 5-10% risk of having a stroke every year! Fortunately, when these blockages are detected early, effective treatment can prevent a stroke.

A doctor may find signs of carotid artery disease on a routine physical examination, but most plaque build-up cannot be detected without further testing. Fortunately, a simple ultrasound examination can easily detect carotid artery disease in just a few minutes without any risk or discomfort. People at high risk for cardiovascular disease—older people who are smokers or have high blood pressure, diabetes, high blood cholesterol, or a family history—may benefit from a carotid artery ultrasound exam, even if they don't have any symptoms.

When carotid artery disease is detected, effective treatment can reduce the risk of stroke. When plaque build-up is mild (less than 50% blockage), then the best “cure” is an ounce of prevention—to reduce any risk factors that may make the plaque buildup worsen in the future. Smokers need to stop smoking. Blood pressure and diabetes can be controlled, and blood cholesterol can be lowered either by diet alone or with medications. Most doctors also recommend a mild blood thinner such as one aspirin a day. These medical treatments are good advice for all people with carotid artery disease, but those with more severe blockages may require more aggressive treatment.

Patients with severe blockages due to carotid artery disease—greater than 70%—are usually considered for surgery. This is particularly true in patients with

symptoms called “TIAs,” or so-called “mini-strokes.” During surgery, the plaque is removed from the lining of the artery and the artery is restored to normal. This procedure is called a carotid endarterectomy, or “CEA”. CEA is a major operation, one that carries some risks to the patient, but it is not as invasive as heart bypass surgery. In many cases, CEA can even be done with a local anesthetic. When everything goes as planned, most people can go home the morning after surgery. Recovery from surgery is usually rapid and most people can resume fairly normal levels of activity within several days.

Any major surgery like CEA can have complications such as bleeding or infection, but the real risks are heart attack and stroke. People with severe carotid artery disease who are being considered for surgery are three or four times more likely to have heart disease than other people, so the risk of heart problems after surgery is a real concern. For this reason, patients who need CEA must have a cardiac stress test before surgery to make sure that their risk of heart attack is low. An ironic and challenging problem for specialists who treat carotid artery disease is that the most dreaded complication of CEA is the exact problem they are seeking to prevent. A stroke can happen with surgery! Overall, careful studies of people having CEAs throughout the United States and the rest of the world have repeatedly shown that CEA is better at reducing the risk of stroke than any medical

therapy. People with severe carotid artery disease who received only medical treatments have a 10-25% risk of stroke compared to those treated with CEA, who have a 1-3% risk. When CEA can be performed safely in people with severe carotid artery disease, it is currently the best method for stroke prevention.

Like the treatments for heart disease, modern, less invasive treatments for carotid artery disease have recently been developed. Carotid artery stenting (CAS) can open severe blockages in the carotid arteries without surgery. When CAS is performed, a small catheter is passed up from an artery in the groin, through the vessels into the blocked carotid artery. An expandable metal stent is placed in the blockage to open it up. Once it is expanded, the metal stent keeps the walls of the artery open, similar to the foundation walls of a tunnel. CAS is a relatively new procedure when compared to CEA, which has been performed for over 50 years. Initial studies have shown good results, but much more experience will be required to determine whether CAS should replace surgery in most cases. Right now, CAS seems to be most beneficial in patients who are at very high risk for any surgery; this includes those with an occlusion of the opposite carotid artery and those who have developed recurrent blockages in the carotid artery even after successful CEA.

Continued on Page 10



An image of a filter to prevent stroke during stenting of the carotid artery

Photo courtesy of Cordis Corporation, a Johnson & Johnson company

“People with severe carotid artery disease who received only medical treatments have a 10-25% risk of stroke compared to those treated with CEA, who have a 1-3% risk.”

About... LDL Cholesterol



Low-density lipoprotein (LDL) cholesterol is considered to be the “bad” cholesterol. It is a waxy fat found in the blood and in the body's cells. Most of the cholesterol in the body is carried by LDL. If there is too much LDL cholesterol in the blood, it may mix with other substances to form a plaque or atherosclerosis, which can narrow the arteries and may result in a heart attack or stroke.

LDL levels are checked by a blood test known as a lipid profile that usually includes total cholesterol, high-density lipoprotein (HDL), and triglycerides. These are usually tested

when you are fasting and healthy. LDL levels may be low temporarily if you are acutely ill, have a heart attack, or after a period of stress from surgery or an accident. A high LDL increases your risk for cardiovascular disease.

Treatment of high LDL levels begins with diet and exercise. Talk to your doctor, nurse, or dietician about the foods you should avoid. Generally, you should lower your intake of fats and red meat. Read food labels for cholesterol content. Get clearance from your health-care provider for regular exercise. Walking briskly is ideal and you should strive to walk every day of the week.

Talk to your health-care provider and find out your LDL readings, or, if they have not been tested yet, ask to have it done as soon as possible. Then discuss how you can lower your risk of cardiovascular disease if your reading is not ideal.

Current LDL guidelines:

<100 optimal
100-129 near optimal
130-159 borderline high
160-169 high
>190 very high

The guidelines are more strict if you are at very high risk of cardiovascular disease (a smoker, over age 45 if male and age 55 if female, have an HDL below 40, high blood pressure, or family history of early cardiovascular disease). In that case, your LDL should be below 70 mg/dL.

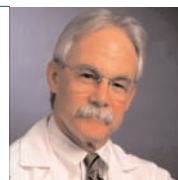
Carotid Artery Disease

Continued from Page 9

In our aging population, the devastating personal disabilities and the medical-care costs produced by stroke will continue to rise unless we can achieve improved methods for stroke prevention. Currently in the United States, carotid artery disease accounts for up to one-half of all strokes. When severe carotid artery

disease is diagnosed before a stroke happens, that stroke can most often be prevented by the modern combination of medical, surgical, and minimally invasive treatments.

About the Author: William R. Flinn, MD is Professor of Surgery and Head of Vascular Surgery for the University of Maryland. He is a former member of VDF's Board of Directors.



Frequently Asked Questions

Excerpted from recent VDF's Live “Ask the Doctor” Chat with Drs. Heather Gornik and Kerry Stewart

Question: After starting anticoagulant drug treatments, under what circumstances does the body naturally break down a blood clot And how soon would you expect to see symptoms reduced or eliminated?

Answer: In the setting of a blood clot, the most important job of blood thinners, such as heparin and coumadin, is to prevent new clots from forming on top of the existing clot. Over time, the body's own clot-busting system will break down clots, but it is not uncommon to see some evidence of residual clot even months or years after the initial blood clot. In general, more extensive clots will require a longer time to resolve. There are some medications available which can dissolve clots more quickly. These are known as thrombolytic agents or “clot busters” and are given in special

circumstances when the burden of clot is very high and the symptoms are very severe. There are also mechanical devices that are used in some cases to remove or break apart a clot.

Question: I am experiencing pain in my toes and take medicine for gout. This may be pain either from gout or from decreasing circulation. How can I know which it is and what can I do about it?

Answer: Sometimes pain due to abnormal circulation can mimic or be confused with pain due to other causes. A doctor's physical examination and a simple test called the ankle-brachial index (ABI) are important to rule out a circulation problem, such as peripheral arterial disease (PAD). Ask your doctor if your foot

pain could be due to PAD rather than gout, and if you should be tested.

Question: I have problems with my feet and it makes it hard to walk. What other exercise can I do to help my PAD?

Answer: Walking remains the preferred mode of exercise for PAD. However, if you cannot walk, try cycling or swimming.

Question: What is the difference between PVD and PAD?

Answer: The term PVD stands for “peripheral vascular disease.” It is a general term which includes diseases of both the arteries and the veins. PAD, or “peripheral arterial disease,” is more specific and refers to those problems affecting only the arteries.

“In Memory of” and “In Honor of” Envelopes Available

VDF has created a preprinted envelope in response to requests from supporters who have contributed “In Memory of” and “In Honor of” a loved one. This can simplify and expedite your desire to memorialize or honor a special person through a donation to VDF. If you would like to receive these special envelopes, call us at 888.VDF4INFO or contact us by e-mail at info@vdf.org.



SAVE THE DATE: VDF is planning its first national vascular disease forum for patients and their families in 2008. It will be held in Colorado in late August and will feature experts on diseases affecting the arteries and veins. Call us or check our Web site to suggest topics you'd like covered or for registration information.

Excellence in Care



Congratulations to Kathryn L. Hassell, MD, Associate Professor of Medicine and Director of the University of

Colorado Sick Cell Treatment and Research Center, winner of the **Excellence in Care Award**.

Since her appointment to the faculty at the University of Colorado School of Medicine in 1991, Dr. Hassell has played an influential role in establishing the University's current national prominence in sickle cell disease and coagulation and vascular disorders. She has also been selected as one of Denver's "Top Doctors" for the magazine "5280" every year since 2002, based on a survey of health professionals asked to select which physician to whom they would refer

family members or friends. Generous not only with her time, Dr. Hassell also contributes monies earned by legal expert work to the Sick Cell Center, which has allowed the Center to provide support to patients and their families for unmet needs.

If you would like to nominate someone for the **Excellence in Care Award**, please send us a note or e-mail with a tax-deductible donation of \$50 or more telling us who you are honoring and why he or she deserves the recognition. Eligible nominees can be any medical professional who has helped you or your family or has shown special kindness you feel deserves recognition. All nominees receive a personalized certificate.

VDF HealthCasts Continue...



HealthCasts are hosted by Dr. David Meyerson and produced by Dr. Kerry Stewart. Dr. Meyerson is a cardiologist at Johns Hopkins Medical Center and a scientific advisor to VDF. Dr. Stewart is a Professor of Medicine at Johns Hopkins and a member of the VDF Board of Directors.

Here are the latest HealthCasts episodes and topics:

Episode 22: PAD: Are You Aware of It?
Drs. David Meyerson and Kerry Stewart discuss new scientific studies that examine awareness of peripheral artery disease among adults.

Episode 23: Research from AHA 2007
Drs. David Meyerson and Kerry Stewart

highlight new information presented at the American Heart Association Scientific Sessions 2007, held in Orlando, Florida, in November of 2007 as it relates to vascular disease prevention, diagnosis, and treatment.

Get your copy of "The Best of the HealthCast" series, Volume 1. When you make a \$35 tax-deductible donation to VDF, we'll send you this two-disk set for free! Episodes on PAD, DVT, and carotid artery disease are all included. Make a donation online at www.vdf.org or call us at 888.VDF.4INFO.

NEW! Starting in January, you may now download the transcripts of all of our HealthCasts! Don't have a computer? Just call 888.VDF.4INFO and we'll mail you a copy of the transcript for free!

The Vascular Disease Foundation is proud to continue its audio HealthCasts that cover all aspects of vascular disease. Our guests are the leading scientific and clinical experts in their respective fields.



Team VDF



John Huerta ran his ninth straight Chicago Marathon in 2007 with the support of his father, Johnny. He raised over \$550 for VDF and was one of the top fundraisers for Team VDF! Pictured here top left to right: John Huerta, his brother Joseph and children Joel and Rachael. Johnny, John's father is pictured in the front seated.

Team VDF is a team of dedicated men and women from all over the United States and Canada who committed themselves to running in the 2007 LaSalle Bank Chicago Marathon. They also were committed to fundraising to increase awareness of vascular disease among the 1.5 million runners and spectators who attended the event on Sunday, October 7, in Chicago.

If you heard any of the news reports about the marathon, you will remember that the temperature was so unseasonably warm that it broke a record for being the hottest day in the city's history for that date. With the thermometer soaring to an uncomfortable 88 degrees under a bright sun, these runners determinedly stepped up to the 26.2 mile challenge.

At approximately noon, marathon officials cancelled the race and told all runners who had not reached the half-way mark by this point to turn around. Most of our runners had already passed that mark and so they braved the heat to continue on. But some of our amazing runners had not yet reached this mark and were forced to turn back.

On that unseasonably hot day in Chicago last fall, all of those courageous runners had dedicated themselves not only to completing the marathon, but also to helping to reduce death and disability from vascular disease. Thus far Team VDF has raised over \$11,200! Won't you please support them today? We are still accepting donations online at www.active.com/donate/vascular-disease. All donations are tax-deductible and support VDF's mission.

Team VDF consists of dedicated men and women from all over the US and Canada who committed themselves to running in the 2007 LaSalle Bank Chicago Marathon and increasing awareness of vascular disease among the 1.5 million runners and spectators who attended the event. So far Team VDF has raised over \$11,200 to benefit vascular disease awareness!

Some of our runners were willing to share their stories of their experiences on that day. If you'd like to read about their amazing adventures online, you can visit www.vdf.org/news/MeetTeamVDF.php

We would also like to thank our generous sponsors for supporting Team VDF: **Bard Peripheral Vascular, Cordis Endovascular, CV Therapeutics, DIOMED, Red Robin, sanofi-aventis, W.L. Gore and Associates.**

IN THE NEWS

February is National Heart Month.

Be a step steward and start a walking program to keep your heart healthy. Join our virtual walk/run program that lets you walk or run at your own pace and raise awareness about vascular disease in your community. Download a free walking brochure from our Web site at www.vdf.org or call 888.VDF.4INFO to receive your free brochure by mail.

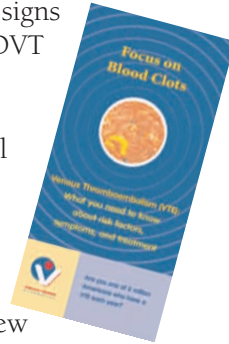
March is DVT Awareness Month.

Learn the warning signs and symptoms of DVT and pulmonary embolism at www.vdf.org or call us to receive your free copy of our "Focus on Blood Clots" brochure. Additionally, the new Venous Disease Coalition will be increasing awareness about DVT in March in conjunction with the Spirit

of Women and their 65 hospitals across the country. Learn about the planned activities and how you can be part of the fun! Visit www.VenousDiseaseCoalition.org for more information.

Keeping in Circulation is now available online!

Did you know that you can now view this newsletter online? You can also search back issues for related articles on topics of your choice. Visit the new *Keeping in Circulation* Web site at www.keepingincirculation.org.



Thank You to our 2007 Volunteers!

VDF would like to thank all of those who have supported VDF, the P.A.D. Coalition and the Venous Disease Coalition in 2007. We couldn't have done it without you!

Bob Albertson
Patrick Alguire, MD
J. Fritz Angle, MD
James G. Barnes, DPA
Susan J. Bartlett, PhD
Joshua A. Beckman, MD
Susan K. Bishop, MA
Andrew Blum, MD
Julie Bolkovac
John and Anne Bunch
Joe Caporusso, DPM
Richard Carmona, MD
Kenneth Cherry, MD
Sharon K. Christman, RN
Anthony Comerota, MD
John Cooke, MD
Mark A. Creager, MD
Michael Criqui, MD
Yanira Cruz, MPH
Michael D. Dake, MD
Stuart Danker, MD
Steve Dean, MD
David H. Deaton, MD
Sue DeVries, RN
Katherine Doermann
Alain Drooz, MD
David Faxon, MD
Cindy Felty, RN
Karen Finnegan
Maria Fishman
William R. Flinn, MD
Judy Fried, RVT
James M. Galloway, MD
Denise Garris
Dan Gautier, RVT

William Geerts, MD
Marie Gerhard-Herman, MD
Kirk Geter, DPM
Peter Gloviczki, MD
Samuel Goldhaber, MD
Jerry Goldstone, MD
Jill Goodwin
Heather Gornik, MD
Eva Grace
Barbara Greenan
Kathleen Greene, RVT
Richard Carmona, MD
Michael Hebron
Meg Heim, RN
Alan T. Hirsch, MD
Robert W. Hobson II, MD
Kristine Hoffman, DPM
Patricia S. Hofstra, JD
William James Howard, MD
Diane Treat-Jacobson, PhD
Michael Jaff, DO
Ken Jarrell
Jeffrey L. Jensen, DPM
David Jones
Rebecca Kelly
Joseph Kelter
Laura Kissell, MD
Sue Koob
Kellie Krachowill
Marie-Michele Leger, PA-C
Steven R. Lentz, MD
Julie K. Letwat, JD
Patty Lewis, RN
Thomas Lindsay, MD
Janet Long, MSN

Marge B. Lovell, RN
Rebecca Maron
M. Victoria Marx, MD
Amber McCracken
Nancy McMurrey
Robert B. McLafferty, MD
Justine Medina, RN
Greg O. von Mering, MD
David Meyerson, MD
Dennis Milne
Emile Mohler, MD
Jim and Isabel Moseetter
Tim Murphy, MD
Sue Nelson
Dennis Newman
Thomas Ortel, MD
Barbara Parness, RN
Congressman Ed Perlmutter
Pamela Phillips
Amy Pianalto
Michael Podolak, MD
Sue Polis
Jackie Randa, DPT
Congressman Charles Rangel
Elizabeth Ratchford
Suman Rathbun, MD
Judith Regensteiner, PhD
John Ring, MD
Rose Marie Robertson, MD
Carolyn Robinson, RN
Representative Mike Rush
Peter Sheehan, MD
Susan T. Shero, RN
Diane Shnitzler, RPh
Mark Schoeberl

Susan Shurin, MD
Anton Sidawy, MD
Penelope Solis
Jordan Stewart, MD
Kerry Stewart, EdD
Suresh Vedantham, MD
Charles Webb, MD
C. Edwin Webb, PharmD
Jeffrey Weitz, MD
Harvey Wiener, DO
Bobbi Williams
Darlene Hawkes Yblood
Mary L. Yost
Zhi-Jie Zheng, MD
Karen Zupko

We also are grateful to employees of sponsors who have made exceptional efforts to contribute to our success:

Todd Aldrich
John Brumleve
Mark Coin
Howard Cook
Molly Deiss
Peggy Hann
Dave Jones
Steven Kim
Mike Madden
Ayanna Osson
Lane Penry
Mark Peters
John Romans
Ann Taylor
Jim Wylie

Thank You to Our Recent Donors!

Todd Aldrich
M. Joyce Alsador
Marilou Arceneaux
Charles & Janice Armstrong
Edythe T. Baer
Terri Bangert
Stacy A. Beck
Dennis Bell
Leon Brown
Loyd & Barbara Burns
Cardiodiagnostics of Colorado Springs
Gretchen Cipriano
Melissa Combs
Robert W. Coyne
Moises Cruz
Connie Dolan
Orion Felland
Naomi Vera Fields
John F. Flavell
William R. Flinn, M.D.
Frank Flynn
Maj. Margaret Flynn
Patricia Foremaster
Marlene Frankel
Marc Geelhoed
R.S. & Mary Lu Gilderhus
Gerald M. Gordon
Jean W. Groves
Stacie Hansen
Dolores V. Hanson
Craig Hargreaves
Robert Holderied
Marie Hosler
Robert Howard
Mary Hynes
Michael Jaff, DO
Tom & Wendy Johnson
Perry Johnson
Audrey Kamb-Studdard
Barbara Karford
Randy Karsten, RRT
Emilie Kelley
Donnell King
S. Kleinman
Olga Korobij
Simon Levine
Lavon L. Lindflott
Merwin & Pauline Liss
Annette Malston
Patricia & William Michitsch
Enge Mita

Carl Mueller
Lucy Mueller
Robert Munro
Mildred Myhre
Robert Pas
Robert E. Pembleton
Patricia A. Pfau
Charlie Plunkett
Kathy Porras
Patricia J. Raikes
Dorothea & Henry Retter
Hedy Ross
June B. Ryan
R.G (Jerry) Sarsfield, MD
Vince Schmitt
C.M. Schneider
Mr & Mrs. Richard Schubert
Betty Schuhrke
Louella T. Seibel
Dr. Herbert Semler
David Seymour
Louis Sigrist
Georgi Smith
Florence Smorkol
Richard Snyder
L.B. Sossoman, MSN, RN
Melvin & Evelyn Stark
Eva Taylor
Barbara Temple
The Sage Group LLC
Roberta Tsuyama
Marshall & Gloria Tucker
VascuSound
Suresh Vedantham, MD
Deborah & Dennis Vogt
Jeffrey Weitz, MD
Jean Young
Marie Ann Zingone
Anthony Zuelsdorf
Karen Zupko

In Honor/Support of Matthew Bickel
Mark Parker

Mr. & Mrs. Cook
Harrington Witherspoon

Brian Cross
Anonymous

Barbara Hambleton
Rod Foster
Alan McCarthy

Craig Hargreaves
Lucy Black
Dave Briggs
Shirley Clarke
Barbara Clegg
Sandra David
Anne Finlay
Tom Foster
M. Hargreaves
Vera Hargreaves
Wendy Hargreaves
Gilles Landry
Maria Lepper
Mike Lodge
Karen Luke
Wendy Noakes
Terry Osinga
Kate Rendell
Cleve & Liane Roberts
Les Starzyk
Deb Sullivan
Philip Watson

Kathryn L. Hassell
Shannon Gillette

Laurie Herrell
Allen & Angie Cox
Joy Hardy
Charlie Herrell
Lisa, Steve & Sydney Owen
Andrea Rossi
Casey Ruschman
Sarah & Neil Thorburn

Olga Korobij
Karin Dean
Ann & Al McLuskie
Helen & Gord Richardson
Laurie Swan
Jason Taylor

Patricia Lewis
S.M. Gregory

Walter LaBombard Jr.
Dorothy Aunchman

Margo Miller
Denise Byers

Gary Nawrocki
Cindy March
Chey Nawrocki

Michelle Newman
Jorge Calderon
James DeMarco
Jan Flaska
Dennis Newman
Kelley & Sean Owen
Brandon Patey
Rick & Susie Pizzo
Devin Sullivan

Andy Olson
Barry Butler
David Holdiman
Ann Koskey
Vicky Mullally
Dana Wagner
Janice Zahnzinger
Dave Zine

James Roswold
Mark Schmid
Mary Jo Strauss

Mr. & Mrs. Sgrosso
Harrington Witherspoon

Mr. and Mrs. Ridley Wills
Harrington Witherspoon

In Memory of Jodell Lynn Carlson
Bridget Gutierrez

Dan Marinik
Ruth Essik

Mrs. Sybil Jedziniak
Frederick Statkiewicz

Harriet J. Schrader
Dan & Betty Basham
William Camp
Owen & Judie Cheyney
Zelma Heidy
Tamra Howard McAtee
Jimmy & Barbara Torchia
Paul & Mary Tuininga
Susan Wells
Don & Gladys Wilson

Frank J. Walsh
Jean Anderson
Wally & Helen Cebula
Anne Falk



Vascular Disease
Foundation

1075 South Yukon St.
Ste. 320
Lakewood, CO 80226

Non-Profit Org.
U.S. POSTAGE
PAID
Boulder, CO
Permit No. 94

Keeping in circulation™

the official newsletter of the Vascular Disease Foundation

© 2008 Vascular Disease Foundation

Newsletter designed by Concepts Unlimited

Keeping in Circulation is the largest lay publication in America focused on vascular diseases. The Vascular Disease Foundation is a 501(c)(3) independent nonprofit organization. It is not sponsored or affiliated with any company or organization. All material is protected by copyright, all rights reserved. **Vascular Disease Foundation**, 1075 S. Yukon St., Ste. 320, Lakewood, CO 80226. For general information or sponsorship information, call **303-989-0500** or fax 303-989-0200, or write **info@vdf.org**. Information contained herein is not intended as a substitute for professional medical advice. If you have medical concerns, seek the guidance of a health care professional.

P.A.D. Education Network Targets Hospitals, Clinics, and Health Plans

This Program Aims to Improve the Early Detection and Treatment of Peripheral Arterial Disease

The Peripheral Arterial Disease (P.A.D.) Coalition has launched the **P.A.D. Education Network**, a national program for medical practices, hospitals, and health plans committed to the detection and treatment of lower-extremity PAD. Coordinated by VDF, the P.A.D. Coalition is an alliance of leading health organizations, professional societies, and government agencies united to improve the health and health care of people with PAD.

About nine million Americans have PAD. The **P.A.D. Education Network** aims to increase awareness of PAD and improve patient outcomes through the education of health professionals, patients, and the community.

Members receive a variety of new educational products. For more information or to join the **P.A.D. Education Network**, visit www.padcoalition.org.



Thanks to our Sponsors



Endovascular

