



NEWSLETTER

A partnership between the
Heart Institute & Diabetes Education
at Marquette General Hospital

VOLUME 1 ISSUE 8 MARCH/APRIL 2010

PUBLISHED BIMONTHLY BY:

MARQUETTE GENERAL HOSPITAL • 580 W. COLLEGE • MARQUETTE, MI 49855-2711

MARCH

2010

APRIL

A VEHICLE FOR CHANGE

by Jeffrey Kinnunen, MS,
Registered Clinical Exercise Physiologist

I believe in cardiac rehab! It can be a vehicle for changing your life. But like any vehicle, you have to get in the driver's seat and do the work. Cardiac rehab is a medically supervised program intended for individuals with coronary artery disease, or risk factors for coronary artery disease (i.e. adverse diabetes, adverse lipids, obesity, sedentary lifestyle, etc). Outpatient cardiac rehab is divided into phase 2 and phase 3. Phase 2 cardiac rehab is for patients who have had a recent heart attack, coronary artery angioplasty or stent, or heart surgery such as coronary artery bypass or valve replacement. Phase 2 cardiac rehab involves monitoring the patient's heart rate, heart rhythm and blood pressure during the exercise session. Phase 3 cardiac rehab is intended as maintenance or prevention.

At Marquette General Hospital, we operate as a hospital-based program. This means that we work in the hospital with proximity to our physicians and an expert emergency response system. We have a multidisciplinary staff with individuals who specialize in clinical exercise physiology and nutrition. Together, we provide a combination of exercise prescription and education, with the goal of helping you to be healthier and function better. We can accommodate a wide variety of patient conditions that exist as risk factors or co-morbidities for coronary artery disease. In addition, we consider that unique combination of needs, interests, and abilities that each patient possesses. Our approach involves developing all of the components of health-related fitness, including cardiovascular fitness training, resistance training and flexibility training.

Beyond exercise, cardiac rehab offers emotional support, education on managing the disease process, nutrition, and risk factor modification. There is a need to rehabilitate people's lifestyles as much as their bodies. Our goal is for the patient to leave our program in better physical condition and armed with the knowledge to remain as healthy as possible.

Unfortunately, participation (locally and nationally) in cardiac rehab is poor. Less than twenty percent of eligible patients ever

attend phase 2 cardiac rehab. This is despite more than twenty years of research strongly supporting the efficacy of cardiac rehab programs. A recent study published in *Circulation: Journal of the American Heart Association* evaluated 30,000 Medicare patients 65 and older who had attended at least one session of phase 2 cardiac rehab. The finding was that greater attendance correlated with a significantly lower risk of heart attack or death. Patients who attended all 36 sessions had a 14 percent lower risk of death and 12 percent lower risk of heart attack compared to those who only attended 24 sessions, and a 22 percent lower risk of death and 23 percent lower risk of heart attack compared to those who only attended 12 sessions.

SALAD MAKING 101

by Mary Charlebois, RD,
Cardiac Rehab Dietitian

This week I am telling the people who exercise in the cardiac rehab gym that half of their plate should be filled with either fruits and/or vegetables. These provide the "fill and chew factor" we are looking for when we eat. This is easy for me to say, "make a salad", but some people wanted more details.

Most people think of a salad as a healthy food choice, and so do I. But, when I ask specifically what a person puts on their salad, it can turn out to be a not-so-healthy option made with more white than green lettuce, bacon, salty croutons and drowned with a creamy dressing.

To get the most nutrition from your salad, start with rich, dark greens or lettuces. Romaine, Boston, Arugula, and loose-leaf red or green

~ Continued on reverse



SALAD MAKING 101 *Continued*~

lettuces are great choices. Spinach, watercress, endive and radicchio are nice to mix in for variety. Flavors of these will vary from mild to bitter, peppery to sweet. These salad greens all offer vitamins, minerals and antioxidants.

To make a salad a “meal”, add some lean protein and a healthy fat: hard-boiled egg, a packet of tuna or salmon, canned or leftover cooked chicken, vegetable burger, mozzarella, fresh shredded parmesan or feta cheese, lean deli meat, canned (rinsed) beans like garbanzos, black or kidney, avocado, sunflower or pumpkin seeds, cashews, pecans, walnuts,

peanuts, soy nuts, or almonds. These healthy fats will help your body absorb the fat-soluble vitamins in your salad. (In fact, every meal you eat should have a small amount of healthy fat.) Next, add a serving of fruit: try mandarin oranges, apples, pears, strawberries, raisins, grapes, dried cherries or cranberries. For extra vegetables the possibilities are endless – any you have in the refrigerator will work.

When talking about salad dressings, many people will tell me the store-bought varieties are “filled with fat, the wrong kind of oil, sugar, salt, preservatives”, whatever it is they are trying to avoid. And, yes, this can be true. Lately, I have been looking into homemade dressings as a quick, less expensive and tasty alternative. One advantage to making your own is that you know exactly what and how much of everything is in them. This is especially helpful for people with food allergies.

There are two basic types of homemade dressing: vinaigrette and emulsified. Vinaigrettes are made with oil and an acid combined in a ratio suited to your desire. A variety of fresh or dried spices, salt (or not) and pepper are added. Olive oil, flaxseed oil and nut oils are good choices. Many people choose fresh lemon, orange or lime juice and vinegars

for the acid. My favorite vinegars are white, red wine, balsamic, raspberry flavored, and cider.

An emulsified dressing is the creamy type of dressing. Common bases include the low-fat varieties of mayonnaise, Greek-style or plain yogurt, sour cream, tofu, and buttermilk. Different flavors come from what you add to the base, such as spices, fresh garlic, olives, or finely chopped vegetables. There are thousands of combinations. Experiment....have fun! Salads should never be boring!

BALSAMIC VINAIGRETTE

- ¼ cup balsamic vinegar
- 2 Tablespoons honey
- 1 Tablespoon lemon juice
- 1 Tablespoon Dijon mustard
- 1 Tablespoon fresh basil **OR** 1 teaspoon dried basil
- 1 ½ teaspoons grated Parmesan cheese
- 2 teaspoon minced garlic cloves
- 2 Tablespoons olive oil
- 1/8 teaspoon black pepper
- 1/8 teaspoon salt

Directions:

In a small bowl, combine all the ingredients and whisk together. Cover and chill the dressing until you are ready to use it.

Let stand at room temperature for 5 minutes before whisking again and serving.

This dressing will keep for up to 4 days in an airtight container in the refrigerator.

Recipe makes about ¾ cup. One serving is 2 Tablespoons = 80 calories, 5 g fat, 1 g saturated fat, 0 g trans fat, 0 mg cholesterol, 190 mg sodium, 8 g carbohydrates, 0 g fiber, and 0 g protein.

