

No.3/June 2010

**MEDIA
PLANET**

CARDIOVASCULAR CARE

2

TIPS

FIND A HEALTHY BEAT

Adam Pick was able to find his after heart valve surgery and now he is on a mission to help everyone find theirs too.

PHOTO: ERIKA SERESS

Women's heart
See the shocking
numbers



Strokes
Identifying the
symptoms can
save a life



Expert opinion
What is congestive
heart failure?



CHALLENGES

The heart is an amazing and marvelous thing. In fact, the list of **its accomplishments is staggering.**

The amazing heart

The heart, an intricate collection of muscle, blood vessels, and electrical circuits, for instance, beats approximately 100,000 times a day, or nearly 2.5 billion times in a 70-year lifetime. And once every 20 seconds or so, the heart circulates five quarts of blood in a complete trip around our body. Year after year, our heart is unmatched in reliability and consistency. Except, that is, when problems occur.

While heart disease occurs commonly, particularly as we age, it is somewhat comforting to know that the majority of heart disease is self-inflicted. This is especially true when we talk of a specific type of heart disease that is due to blockages or plaque in the arteries of the heart, a condition known as coronary artery disease (CAD). It stands to reason, then, that if the majority of heart disease is self-inflicted that the majority of heart disease can be prevented or even reversed. Thankfully, medical science is producing increasing amounts of evi-

dence that this is indeed the case.

The trifecta

Medical research has found that heart disease, at least in adulthood, is largely due to three factors: unhealthy lifestyles, aging and genetics. Despite genetics research, trends affecting lifestyles and aging are testing the efforts by medical science to prevent and treat heart disease. In short, our population is leading increasingly unhealthy lifestyles and we are increasingly growing older.

A small number of simple issues have great power in the identification, prevention, and treatment of heart disease. These things include our basic lifestyle-related factors: healthy dietary habits, physically active lifestyles, maintaining a healthy weight, and living free from tobacco. According to medical research, these lifestyle factors can reduce heart disease risk by more than 50 percent in adults, even when we inherit unhealthy genetic factors, such as very high cholesterol levels or abnormal blood clotting factors.

Surprisingly, only 15-20 percent

of people who have suffered a heart attack are actually receiving cardiac rehabilitation services, a treatment that has been shown to increase both the quality and the quantity of life following a heart attack. Lifesaving medications, such as those that treat high blood pressure, high cholesterol, and diabetes, are taken as directed by only a minority of patients in the long-term. Finally, less than 10 percent of the adult population follows a “low risk lifestyle” for heart disease by exercising on a regular basis, following basic guidelines for healthy

nutrition, maintaining a healthy weight, and living tobacco free.

Best practices that help to maximize healthy lifestyles and the appropriate use of preventive medications are at the front and center of cardiovascular medicine today. Healthcare organizations, small and large, are being urged by consumers, professional organizations, insurance companies, and government agencies to provide better systems of care, with the ultimate goal of delivering the lifesaving therapies to all people who need them.

The heart is, indeed, an amazing and marvelous thing that is essential to a long and healthy life. Its health is dependent largely upon how we individually live our lives, and how effectively we as a society apply the lifesaving treatments that are available to us.

Dr. Thomas is the current president of the American Association of Cardiovascular and Pulmonary Rehabilitation in Chicago. He is also the director of the Cardiovascular Health Clinic at the Mayo Clinic in Rochester, Minnesota and is project director of CardioVision 2020.

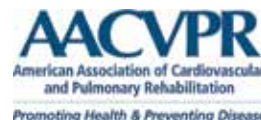


Randal J. Thomas, MD, MS
President, American Association of
Cardiovascular and Pulmonary Rehabilitation

BEST TIP

Follow a healthy lifestyle

! Good dietary habits, regular physical activity, maintaining a healthy weight, and living free from tobacco.



WE RECOMMEND



Inspiring after surgery

How Adam Pick overcame the odds to help others through heart surgery.

PAGE 5

“You should have been here two years ago,” the cardiologist said to him.

Minimally invasive

p. 3

What one of Chicago's experts can tell you about Atrial Fibrillation.

MEDIA PLANET

We make our readers succeed!

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NEWS



Minimally invasive procedures for atrial fibrillation

Atrial fibrillation—an abnormal heart rhythm caused by misfiring rapid electrical impulses—has been showing up in significantly more patients, who may have symptoms such as palpitations, shortness of breath, chest pain, fatigue and anxiety.

“Recent trends show that there has been more than a doubling in the number of patients suffering from atrial fibrillation,” says Shahab Akhter, MD, a cardiothoracic surgeon at The University of Chicago Medical Center. “There’s definitely a strong correlation between advancing age and the prevalence of atrial fibrillation. With an aging

population, there are more people at risk.”

Akhter says patients suffering from symptoms of atrial fibrillation can start by seeing their primary care physicians or cardiologists, but that it’s now not uncommon for people to go straight to the ER and be diagnosed with this condition. Not only does atrial fibrillation increase the risk of stroke by five-fold, it also has a two-fold increased risk of death.

Treatment options

Medical treatments, such as beta blockers, calcium channel blockers and amiodarone are given to try to both slow down the heart and restore it to a normal rhythm. To lower the risk of stroke, patients

may go on Coumadin®, a blood thinner. Akhter says he recommends an adequate trial of medical therapy and electrical cardioversion, but if it’s unsuccessful he suggests that patients look into surgical options which are highly effective in curing atrial fibrillation.

A new minimally invasive procedure for atrial fibrillation is surgical ablation. The 90-minute procedure only calls for a small port between the ribs on each side of the chest. Doctors are able to place a scope with a camera to locate the pulmonary veins, the sites that hold the majority of the abnormal electrical impulses. “We have a device that goes around each of the veins,” Akhter says. “It delivers energy that creates a scar

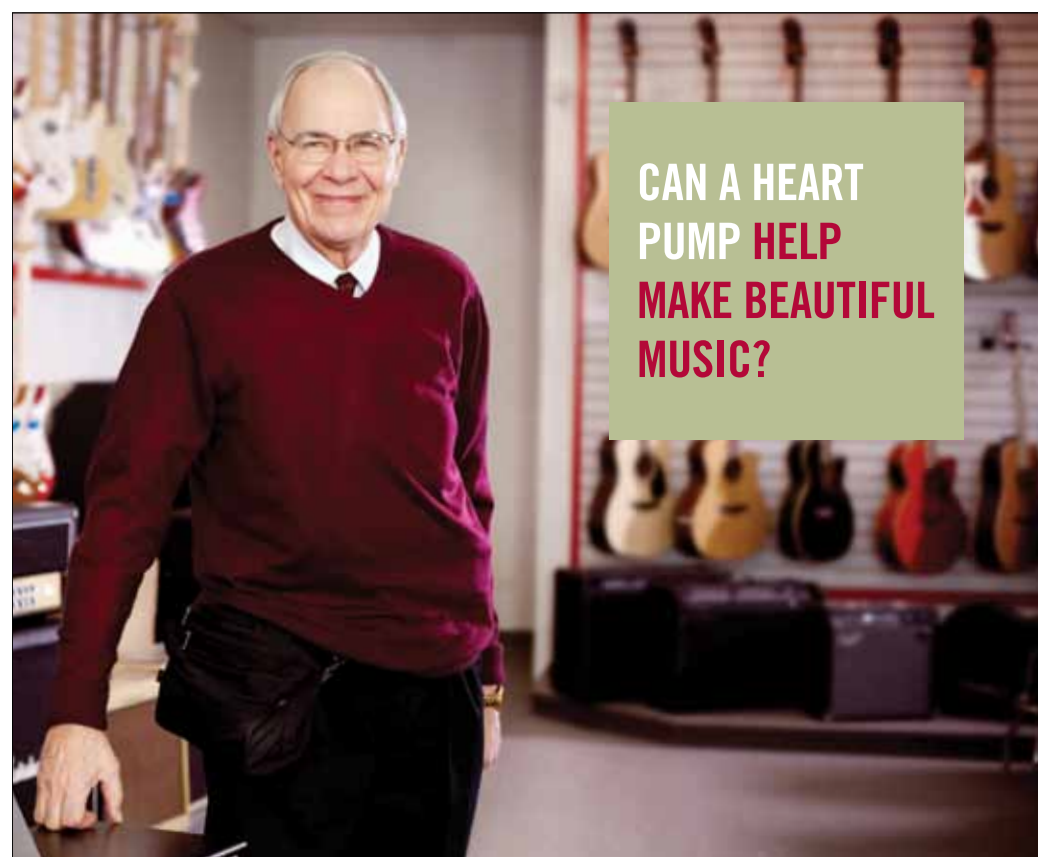
around the veins, which electrical impulses can’t cross.” The procedure also involves removal of the left atrial appendage which is the major source of blood clot formation and strokes and allows most patients to safely discontinue blood thinners such as Coumadin.



AT THE FOREFRONT OF MEDICINE®

JENNIE DORRIS

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MUSIC?**

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AT THE FOREFRONT OF MEDICINE®

INSIGHT

Cardiovascular disease is the leading cause of death and disability for American women according to the Centers for Disease Control and yet, unlike other deadly diseases, **much can be done** to prevent or reverse the threat.



A look at women's heart health

The first step to prevention is awareness, and few people realize that for more than 25 years more women than men have died of heart attacks. According to the American Heart Association, one out of three women will die of cardiovascular disease and one in five women already has some form of cardiovascular disease such as coronary artery disease (clogged arteries to the heart muscle), stroke, high blood pressure or heart valve disease. In spite of these sobering statistics, only 20 percent of women believe it to be a personal health threat.

Of extreme concern is the fact that two-thirds of women who die

suddenly of heart attack have no warning signs at all. Research studies show that 80 percent of those women had at least one modifiable risk factor such as high blood pressure, smoking, high cholesterol, and or obesity. Women often ignore their health because they are taking care of everyone else and are shocked to find out that they have high blood pressure or high cholesterol.

Don't wait

Although women may have regular symptoms, just as often the symptoms are more subtle such as shortness of breath, extreme fatigue, pressure in the back or lower chest or upper abdomen.

Studies have also shown that it takes women longer to get to

the hospital than men. They fear embarrassment, alarming others or dismiss the symptoms. Instead, if these symptoms are new or come on suddenly it is vital to call to 911 immediately.

Knowing their risk factors can help women prevent a heart attack. A family history of heart disease, high blood pressure and diabetes affects women as well as men. Other risk factors include obesity, smoking, lack of exercise, diabetes and high LDL (bad cholesterol), low HDL (good cholesterol) and high triglycerides. Some health problems are riskier for women than they are for men, including diabetes, obesity with copious "belly fat," low HDL and elevated triglycerides.

The best attack on these risk factors are lifestyle changes. A

Mediterranean diet, one that is rich in plant-based foods and whole grains, and low in red meat and sweets, lowers risk for heart disease in women. Combining a Mediterranean diet with aerobic exercise has beneficial effects on heart health. Additionally lowering stress through yoga, Tai chi and meditation can also improve heart health. In addition, quitting smoking is more challenging, but worth the effort to lower heart attack risk.

By taking action now, women can reduce their risk and live a longer and healthier life.

Dr. Goldberg is clinical associate professor of Medicine and Medical Director of NYU Women's Heart Program.

DR. NIECA GOLDBERG
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CPR Associates, Inc of Chicago, IL, recently sent expertise and equipment with St. Sampson the Hospitable Mission to disaster stricken Haiti.

Their team recently returned

*"Their team recently
returned from our seven
day journey to Haiti.
The devastation was
beyond words.
But, the hope and
joy of the people show
resilient nobility."*

from our seven day journey to Haiti. The devastation was beyond words. But, the hope and joy of the people show resilient nobility. The team was the first to ever provide continuing medi-

cal education at the hospital we served (Bethel Clinic in Fond-Des-Negres), and the administration was truly grateful.

The training concluded with 25 nurses and 6 physicians certified in BLS (Basic Life Support). The physicians and two senior nurses trained in ACLS (Advance Cardiac Life Support). And, the physicians continued on into PALS (Pediatric Advance Life Support). Notably, the clinic did not have a defibrillator prior to the training. The administration felt it was necessary, and so searched the island diligently and one was given to the clinic.

Because of the educational directive of CPR Associates, Inc and the American Heart Association, a hospital is now more prepared to deliver emergency cardiac care.



One in five
females in the
U.S. have some
form of heart
disease.

INSPIRATION

Adam Pick is an efficiency guy—he has helped some of the biggest names in manufacturing fine tune their global supply chains.

How an efficiency expert conquered the world of heart valve surgery

HOW I MADE IT

But when it came to fine tuning his own internal systems, Adam was less than diligent. “As a child I was diagnosed with a ‘heart murmur’ and told it was nothing to worry about, so I didn’t,” said Pick, 38, from his home in Los Angeles. Encouraged by one doctor to go on medication, he ignored the advice. In his 20s he began skipping his annual check-up altogether.

Then it happened: out to dinner with his fiancée, his left side suddenly went numb forcing a hurried visit to the doctor. Pick was told he had severe aortic

stenosis and an enlarged heart. “You should have been here two years ago,” the cardiologist said to him. “You need open heart surgery...quickly.”

Pick was reeling: the diagnosis, the doctor’s imperious manner and his own culpability weighed on him. What followed was a crash course in heart valve replacement options and a search for another doctor. On Christmas Day 2005 he walked out of the hospital, his heart pumping with a replacement for his diseased aortic valve.

Still his medical odyssey wasn’t over. In the weeks following surgery, Pick became one of the many post-



“I never saw any of this coming...”

Adam Pick
Heart valve surgery survivor

op patients who suffer from cardiac depression. He became addicted to Vicodin. His family intervened and Pick entered therapy. Then he had an aha moment:

“I never saw any of this coming and I realized, ‘I’m probably not the only one.’” Pick wrote a book—*The Patient’s Guide to Heart Valve Surgery*—launched a website, a blog (www.HeartValveBlog.com), a patient-generated surgeon directory (www.HeartValveSurgeons.com), and Heart Valve Journals, the world’s first social network for heart valve patients (www.HeartValveJournals.com).

Pick is still an efficiency guy. But his real avocation is educating the world about heart surgery. His book and his websites have emerged as indispensable resources for cardiac patients. Looking back at it all now, he says “I never expected to become the ‘Dear Abby’ of heart valve surgery. But, it feels great to be part of something so empowering.”

JOSEPH KELLEY

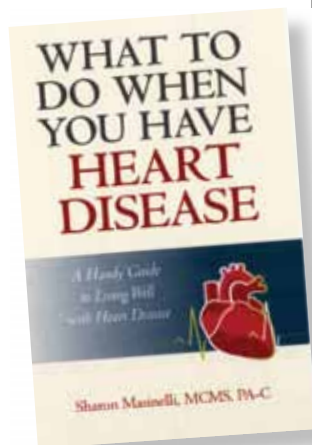
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Tips For An Easier Heart Recovery

Q & A with Sharon Masinelli, author of the award-winning book *What To Do When You Have Heart Disease*

Your book talks in detail about problems patients face after they have been diagnosed with heart disease. What are the most common concerns cardiac patients have after leaving the hospital?

Typically, patients are concerned about their medications, activity level and how to recognize serious symptoms. The first few weeks after leaving the hospital can be the toughest. Patients are given multiple medications to take on a daily basis, some of which can be very expensive. These medications are extremely important though. Missing a dose of some prescription medications could lead to a heart attack.



You have a chapter in the book called, “Keep It Cheap” which suggests ways patients can save money on their medicines. What are some of those recommendations?

They should ask their cardiologist to prescribe generics if possible. Most pharmacies will sell common generic heart medicines for only \$4 a month. Some prescriptions are not available as a generic in which case prescription assistance is usually available with the drug manufacturer. Patients may also be able to find a cheaper price for their medicines through mail order pharmacy.

What types of activities should a heart patient do and how will they know what is too much for their heart?

Exercise is a vital step in the process of recovery and for maintaining a healthy heart. Walking at a moderate pace for 30 minutes at least 5 days a week should be the goal. A patient should stop exercising and notify their cardiologist if they get chest discomfort or any upper body discomfort with exertion.

For more tips on a smooth recovery, visit www.TheHeartDiseaseGuide.com to obtain a copy of *What To Do When You Have Heart Disease*

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NEWS

A CONNECTION TO THE BRAIN AND HEART

■ Question: Did you know that nearly 795,000 people will have a stroke in 2010?

■ Answer: On average, every 40 seconds someone in the United States will have a stroke.

Stroke ranks number three among all causes of death behind diseases of the heart and cancer. There are many ways to stop stroke by taking personal steps to manage risk factors.

National Stroke Association's mission is to reduce the incidence and impact of stroke by educating the nation and spreading awareness about the continuum of stroke: prevention, symptom recognition and recovery.

What happens

A stroke or "brain attack" occurs when a blood clot blocks an artery or a blood vessel interrupting blood flow to an area of the brain. When either of these things happens, brain cells begin to die and brain damage occurs.

When brain cells die during a

stroke, abilities controlled by that area of the brain are lost including speech, movement and memory. How a stroke patient is affected depends on where the stroke occurs in the brain and how much the brain is damaged.

For example, someone who has a small stroke may experience only minor problems such as weakness of an arm or leg. People who have larger strokes may be paralyzed on one side or lose their ability to speak. Some people recover completely from strokes, but more than 2/3 of survivors will have some type of disability.

Prevention

Risk factor management is part of stroke prevention. People can stop stroke by managing risk factors such as high blood pressure, high cholesterol, atrial fibrillation (a type of heart disease), diabetes, excess weight, smoking, excessive alcohol use. Talk with your doctor to establish a plan for better risk factor management.

"How a stroke patient is affected depends on where the stroke occurs in the brain and how much the brain is damaged."



CAROL MONGE

Director of Marketing and Communications

NSA

editorial@mediaplanet.com



During a stroke,
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*According to The Joint Commission, www.jointcommission.org.

CHOOSE EXCELLENCE. CHOOSE VISTA.

1 African Americans have strokes as Caucasians and more Mexican Americans have strokes than Caucasians.

2 More women than men have strokes, each year about 55,000 more women than men have strokes. More women than men die of strokes each year because women live longer than men and stroke occurs at older ages. Women account for 60.6 percent of U.S. stroke deaths in 2006.

3 of death in children in the U.S. Cerebrovascular disorders are among the top 10 cause of death in children, with rates highest the first year of life.

How F.A.S.T. can save your life

Most strokes can be treated. Use the F.A.S.T. method to recognize and respond to stroke symptoms. Treatment can be more effective if given early on. Using the F.A.S.T. method of symptom can save lives.

- **F = FACE** - Ask the person to smile. Does one side of the face droop?
- **A = ARM** - Ask the person to raise both arms. Does one arm drift downward?
- **S = SPEECH** - Ask the person to repeat a simple phrase. Does the speech sound slurred or strange?
- **T = TIME** - If you observe any of these signs, it's time to call 9-1-1.

FACTS

Recognize symptoms:

- Sudden numbness or weakness of face, arm or leg.
- Sudden confusion, trouble speaking or understanding.
- Sudden trouble seeing.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden severe headache

About National Stroke Association

Established in 1984, National Stroke Association is the only national organization in the U.S. that focuses 100 percent of its efforts on stroke. National Stroke Association achieves its mission to lower the incidence and impact of stroke by developing compelling programs for stroke survivors and caregivers about how to best approach stroke recovery and its impact on lifestyle, calling for continued improvement in the quality of stroke patient care, and educating both healthcare professionals and the general public about stroke.

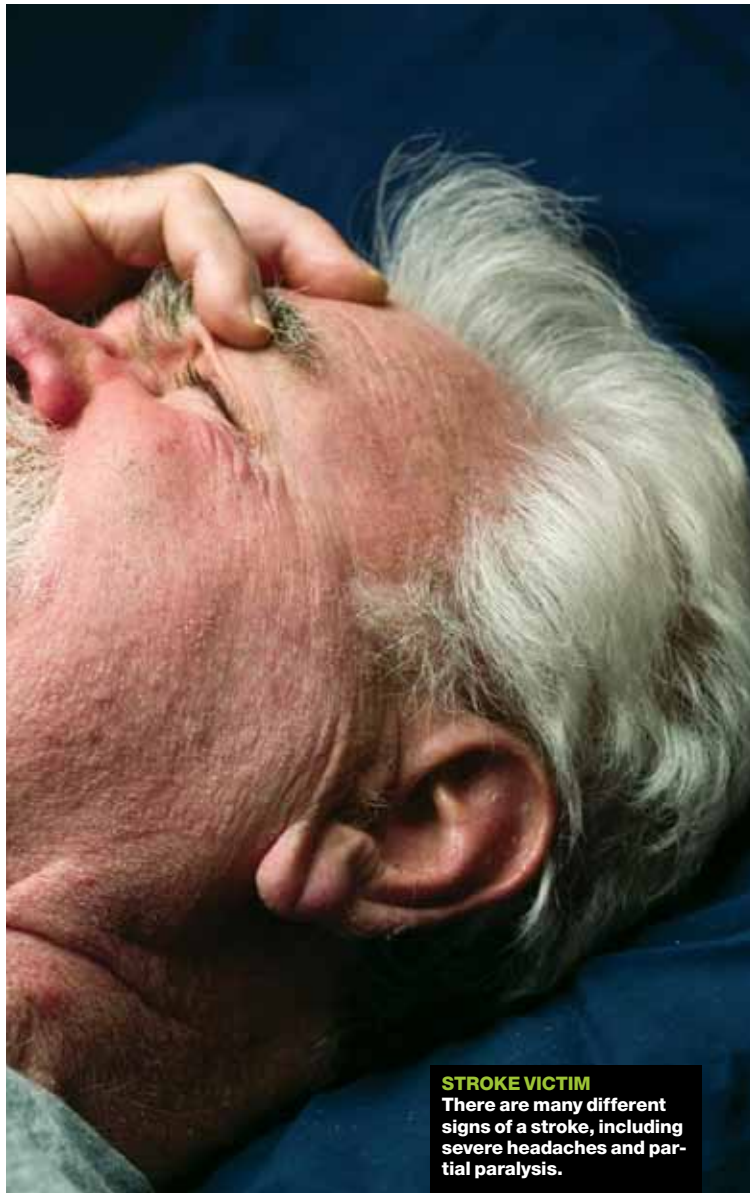
For more information about stroke and National Stroke Association visit www.stroke.org or call 1-800-STROKES (1-800-787-6537).

CAROL MONGE

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STROKE VICTIM
There are many different signs of a stroke, including severe headaches and partial paralysis.

WARNING SIGNS OF A HEART ATTACK

BROUGHT TO YOU BY THE NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

- **Chest discomfort.** Most heart attacks involve discomfort in the chest that lasts for more than a few minutes, or goes away and comes back. The discomfort can feel like uncomfortable pressure, squeezing, fullness, or pain.
- **Discomfort in other areas** of the upper body: In the arms, the back, neck, jaw, or stomach.
- **Shortness of breath.** Often comes along with chest discomfort. But it also can occur before chest discomfort.

A study conducted by National Stroke Association emphasizes the needs of the Forgotten Stroke Survivor. An alarming rate a stroke survivors are not receiving the proper information on rehabilitation and recovery after a stroke. More than 40 percent of stroke survivors have reported limited success in meeting their rehabilitation goals, which include the ability walk better and regain their speech. In a recent National Stroke Association survey, it was

discovered that many stroke survivors are not receiving the necessary information on what their best rehabilitation and recovery options are.

The survey revealed that 58 percent of stroke survivors experience spasticity, however, only about half of those are receiving treatment for that condition. For more information on spasticity related to stroke, visit www.YourLifeAfterStroke.com/



PANEL OF EXPERTS



Question 1:
What is congestive heart failure?



Valluvan Jeevanandam, MD
Professor of Surgery
Chief, Cardiac and Thoracic Surgery
University of Chicago Medical Center

Congestive heart failure (CHF) occurs when poor heart function, resulting in less blood flow and circulation to vital organs and extremities, leads to fluid build-up in the body. This fluid accumulates in the lungs—causing shortness of breath and decreasing exercise capacity—and in the legs—resulting in swelling in the feet.

Initial treatment of CHF generally consists of medical therapy delivered via prescription medications and pacemakers. Diuretics are commonly prescribed which decrease fluid retention within the body; ace inhibitors are used to decrease blood pressure; beta blockers decrease stress on the heart; and many times all three are used in combination to increase a patient’s quality of life and minimize symptoms from CHF. If medications become insufficient in treating the disease, pacemakers can be used; in such events, pacemakers are inserted which synchronize the right and left side of the heart improving the hearts performance and ability to pump blood throughout the body.

Failing medical therapy, there are two primary surgical options for those suffering from CHF—transplantation and mechanical circulatory support (MCS). Transplant continues to be the best option; that being said, donor and recipient limitations preclude the total number of heart transplants to approximately 2,000 annually. For those who are not transplant candidates or do not have time to wait for a transplant, MCS provides an off-the-shelf alternative with no wait list. Furthermore, because these are mechanical pumps that supplement the native hear function, patients receiving these devices do not have to worry about rejection - minimizing medications needed—or biopsies. Recent advances in device technology have resulted in smaller, more durable devices with longer battery life making them great options for a much larger subset of the population suffering from CHF than transplantation will ever impact.

Question 2:
Why is nursing an important field in relation to heart health?



Sally Peck Lundeen, PhD, RN, FAAN
Dean & Professor
University of Wisconsin-Milwaukee College of Nursing

An adequate, well-educated nursing workforce is critical to a healthy society, particularly as the prevalence of chronic illnesses increases. Nurses manage and coordinate care with those who have chronic conditions, such as cardiovascular disease (CVD) and provide leadership in the prevention of this condition which is related largely to lifestyle factors.

Nurses are prepared to provide evidence-based care that improves the outcomes of those at risk for or diagnosed with CVD, and conduct research to improve quality “at the bedside” and wellness in the community. Nurses provide solutions for healthcare through innovation, discovery, and engagement with consumers. More nurses with graduate degrees are sorely needed to meet the demand.

Advances in nursing education, including asynchronous web-based curricula, provide opportunities for nurses to complete graduate programs even while working to support their families. The University of Wisconsin-Milwaukee (www.uwm.edu/nursing) is proud to be an international leader in the implementation of innovative and accessible programs leading to Baccalaureate, Doctorate of Nursing Practice (DNP) and PhD degrees. Our students/alumni are the outstanding nurse clinicians, educators and scientists of tomorrow and are literally changing the face of healthcare worldwide.

