

a publication from Northern California Medical Associates

healthy insights

Volume 1 Issue 1

**The Forgotten
Circulation:**
The Treatment and
Diagnosis of Venous Disease

Bariatric Surgery:
Weighing the Options

**Diabetes: Why Me?
Why Now?**

Your Healthcare Partnership
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On behalf of the physicians and staff at Northern California Medical Associates (NCMA), I welcome you to the first issue of Northern California Medical Associates' Healthy Insights. All articles in our magazine are authored by our physicians and geared to provide you with practical and useful health information to benefit you and your family.

NCMA realizes that the landscape of healthcare in the North Bay is continually changing. We are committed to addressing these changes through expansion of services and recruitment of high quality physicians. Through on-going health initiatives, NCMA embraces its ever-expanding role in Sonoma, Lake and Mendocino counties evolving healthcare environment.

In this issue of Northern California Medical Associates Healthy Insights, you'll discover some of the ways we are delivering award-winning, life-enhancing healthcare. Thank you for taking the time to read our first edition and for trusting us with your care.

Sincerely,

Ruth Skidmore
Chief Executive Officer
Northern California Medical Associates

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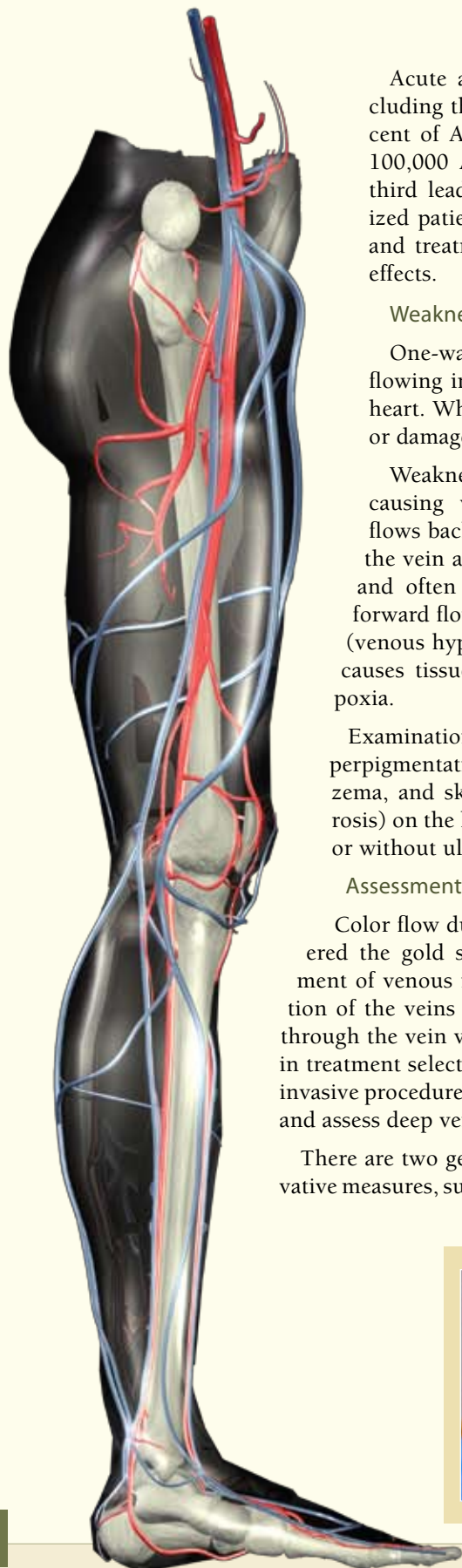
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The Forgotten Circulation: The Treatment and Diagnosis of Venous Disease

by Allen Cortez, M.D.



Acute and chronic venous disease, including thromboembolism, affects 20 percent of American adults, kills more than 100,000 Americans each year and is the third leading cause of death in hospitalized patients. Fortunately, early diagnosis and treatment can prevent the long-term effects.

Weakness in vein walls

One-way valves in the veins keep blood flowing in the right direction: toward the heart. When the valves become weakened or damaged, varicose veins develop.

Weakness in vein walls stretches them, causing valve flaps to separate. Blood flows backward through the valves, filling the vein and causing it to become swollen and often twisted. The result? Decreased forward flow and increased venous pressure (venous hypertension), which, if prolonged, causes tissue edema, inflammation and hypoxia.

Examination may reveal varicose veins, hyperpigmentation, stasis dermatitis, venous eczema, and skin thickening (lipodermatosclerosis) on the lower legs and at the ankles, with or without ulceration.

Assessment and treatment options

Color flow duplex ultrasonography is considered the gold standard for noninvasive assessment of venous reflux. It allows direct visualization of the veins and identification of blood flow through the vein valves. This information is useful in treatment selection and as a guide for minimally invasive procedures or surgery, and can also identify and assess deep venous thrombosis (DVT).

There are two general treatment options: conservative measures, such as compression stockings, and

corrective measures, such as sclerotherapy, surgery, and light source/laser treatment. In some cases, a combination of treatment methods is needed.

In sclerotherapy, a minimally invasive treatment for spider veins and medium size (reticular) veins, a tiny needle injects a solution (sclerosant) into the veins, irritating the lining and causing them to collapse and be reabsorbed.

Endovenous treatment are minimally invasive, in-office procedures that include laser treatment, radio frequency ablation, and ultrasound-guided sclerotherapy. Endovenous laser treatment delivers pulses of laser light inside the vein, causing it to collapse and seal. In endovenous radio frequency ablation (Closure® procedure), a radio frequency catheter is inserted into the damaged vein, causing it to collapse and seal. In ultrasound-guided sclerotherapy (echo-sclerotherapy), a sclerosant is injected into the vein under direct ultrasound guidance to destroy the lining of the blood vessel and seal it. Following these procedures, a bandage or compression hose is used.

Surgical intervention

Surgery is generally used to treat large varicose veins. Perforate Invaginate (PIN) stripping is an updated method of vein stripping in which small incision is made in the leg and the “PIN stripper” is inserted and advanced through the vein. The tip of the PIN stripper is sewn to the end of the vein, and as it is removed, the vein is pulled in on itself and is “stripped” out.

Ambulatory phlebectomy is an office-based procedure involving surgical removal of surface varicose veins. The area surrounding the varicose vein clusters is flooded with anesthetic fluid and a puncture is made next to the varicose vein. A small hook is inserted and the varicose vein is grasped and removed.

continued on next page



Allen W. Cortez, M.D. specializes in general and laparoscopic surgery. He is a staff member at Santa Rosa Memorial Hospital, Sutter Medical Center of Santa Rosa, and Advanced Surgery Institute in Santa Rosa. He graduated from University of Texas, received his postgraduate degree at University of Michigan Medical School, and completed his internship and residency at the University of California, Davis Medical Center. Dr. Cortez is certified by the American Board of Surgery and is a member of the Society of Laparoendoscopic Surgeons.

What happens when thrombosis is present?

Thrombosis can occur in superficial or deep veins and is potentially life threatening. Superficial thrombophlebitis (ST) is an inflammation of a vein just below the surface of the skin due to decreased blood flow, damage to the vein or blood clotting. Aspirin or ibuprofen are the drugs of choice, however, if the clot burden is large, some physicians recommend treatment with anticoagulation (Warfarin).

Deep venous thrombosis (DVT) is a clot in the deep venous system, and can be associated with serious medical problems. Common symptoms include an often painful "pulling" sensation in the calf, and associated warmth, redness and swelling. But the first symptoms may be chest pain or shortness of breath when the patient has a pulmonary embolism (PE). With a PE, the DVT travels from leg to lung, causing an obstruction of the blood vessel in the lung. Once a PE is diagnosed, the patient must be on anticoagulation with Warfarin for several months, and then bridged over to other short-acting medications. If the clot in the lung is large, it may result in sudden death.

For large DVTs, a relatively new modality of treatment called pharmacomechanical thrombectomy (PMT) combines catheter-delivered thrombolytics and mechanical thrombectomy. This involves introducing a thrombolytic agent to re-establish the flow and prevent post-phlebotic syndrome, and removal of the thrombus with catheter assistance.

Knowledge remains limited about the link between DVT and long-term venous insufficiency of the legs due to post-thrombotic syndrome, and about the connection between varicose veins and disabling chronic venous insufficiency.

The Next Generation of Prostate Cancer Treatment: High Intensity Focused Ultrasound

by Michael J. Lazar, M.D.

Prostate cancer is the leading form of solid organ cancer in the U.S. and the fourth most common form of cancer in the world. According to the U.S. National Institutes of Health, the U.S. had more than 27,000 deaths in 2009 due to prostate cancer, which usually strikes older men. Those who have been diagnosed with prostate cancer and have explored treatment options have been faced with some difficult choices. Which treatment is likely to be most effective? Which has the fewest associated risks? What are the side effects?

Traditional treatments include: radiation therapy, surgery, freezing the cancerous gland, hormonal therapy and chemotherapy. Physicians base treatment recommendations on many factors such as tumor size, spread of the disease and the patient's medical status and history. Fortunately advances in research and technology have produced another non-invasive option with relatively few side effects: High Intensity Focused Ultrasound, or HIFU. As with other treatment options, urologists carefully screen patients before recommending this option to make sure they are an appropriate candidate for HIFU.

HIFU treatment is advanced medical technology that uses ultrasound to rapidly and precisely apply heat at a level that is lethal to prostate tissue. It destroys the entire prostate gland or focuses only on the cancerous portion of it. This highly localized treatment leaves the surrounding tissue unharmed.

With this quick, non-surgical outpatient procedure, patients usually have a spinal anesthesia. Because the procedure is performed without an incision, patients do not experience blood loss, typically regain normal mobility within only a

few hours of treatment with minimal discomfort usually treatable without pain killers, and can return to normal activity within a few days. With HIFU, the negative side-effects of traditional treatments are greatly diminished. Since there is less damage to the surrounding area, such as the muscle controlling urine flow and the nerves controlling erections, negative side-effects are minimized, and patients can return to a normal lifestyle.

The oncological results of HIFU are broadly comparable to radical prostatectomy, but the patient benefits outweigh those of other treatment options. In addition, HIFU is the only non-invasive prostate cancer therapy that uses clean (or non-ionizing) energy, allowing patients to repeat treatments if necessary without collateral tissue damage.

With Sonablate® 500 technology, developed by Focus Surgery, Inc. of Indianapolis, Indiana, the doctor is able to obtain real-time ultrasound images of the prostate and surrounding areas. From these images, the surgeon determines precisely where the High Intensity Focused Ultrasound energy will be delivered. The technology then allows the surgeon to visually direct the treatment and destroy the targeted gland or selected portions. This is the only non-radiation technology that requires no direct contact with the target organ.

HIFU technology has been extensively studied and has advanced to point that it effectively represents the next generation of prostate cancer treatment. No other form of treatment allows the surgeon the control to so precisely pinpoint the targeted area and effectively ablate it without damaging the surrounding tissue.



Michael Lazar, M.D. operates California HIFU in Santa Rosa, is an early leader in the usage of HIFU, and is a HIFU instructor for International HIFU, Inc. He graduated from University of Arkansas in 1978 and completed postgraduate training in surgery and urology at LSU in 1983. Dr. Lazar is three times board certified by the American Board of Urology, is Managing Physician Director of Santa Rosa Surgical Management Co., LLC, which manages the Santa Rosa Memorial Hospital Ambulatory Surgery Center, is Chairman of the Board of Directors of Redwood Health Services and is a member of American Urology Association and American Association of Clinical Urologists.

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NORTHERN CALIFORNIA MEDICAL ASSOCIATES

Northern California's premier provider of medical and surgical care north of the Golden Gate has been serving individuals and families since 1975. That's the year Cardiology Associates of Santa Rosa, Inc. first opened its doors. Later, responding to the changing health care industry of the 90s, it merged with several private practices, broadly expanding its breadth and scope of care. This radical expansion carried significant patient benefits in terms of quality, convenience and cost and resulted in today's Northern California Medical Associates, Inc., or NCMA.

NCMA has successfully created a model featuring an independent, multi-specialist group practice that allows their patients access to a sweeping range of medical and surgical services, diagnostic testing and preventive programs at a relatively low cost. Today, people who join NCMA enter into a quality health care partnership with dedicated professionals that will last a lifetime, whether in times of illness or peak health.

The composition of NCMA's practice is 42 percent primary care, 35 percent cardiology and 23 percent other surgical and medical specialties. It boasts the only established cardiac rehabilitation, lipid treatment and adult fitness program north of the Golden Gate. It employs the most highly respected primary care physicians and specialists in Sonoma, Lake and Mendocino counties, and is the premier provider of cardiovascular surgery state-wide. As testimony to its exceptional record, it received the HealthGrades 5-star cardiovascular program award for the past three years.

NCMA's stature allows for recruitment and retention of sought-after clinical and operational personnel in a challenging health care market. Key personnel include a masters educated and clinically trained CEO. Directors

and managers bring extensive "hands-on" care experience, an important factor in the group's successful integration of health care management and quality care.

What sets NCMA apart in the region? Its medical team is composed of 44 highly skilled physicians – primary care, specialty trained and board certified – seven nurse practitioners and other health care professionals. Besides internal and family medicine practices, specialty areas include cardiology, cardiovascular/thoracic surgery, vascular surgery, orthopaedic surgery, general surgery, rheumatology, urology, and podiatry. Every member of the NCMA team shares a strong commitment to preventive programs and health screening designed to promote and maintain patients' everyday health.

NCMA's cardiology practice represents approximately 65 percent of the Sonoma County volume, cardiovascular and thoracic surgery represents approximately 80 percent and internal medicine approximately 55 percent. The group serves patients in Sonoma, Lake and Mendocino Counties with locations in Santa Rosa, Petaluma, Healdsburg, Sonoma, Ukiah, Lakeport, Ft. Bragg, Gualala, and Mendocino.

Centralized administration provides streamlined professional practice management that includes physician recruitment, billing, contracting, purchasing, collections, human resources, accounting and reporting functions.

NCMA's physicians and management have successfully built on their legacy to create a health care group that's recognized as one of the most comprehensive and cost-effective in the nation. For more information, visit NCMA online at www.ncmahealth.com



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Heart Health at HeartWorks

By Thomas Dunlap, MD



Thomas E. Dunlap, M.D., F.A.C.C. is the Regional Director of Cardiac and Vascular Services at Santa Rosa Memorial Hospital. He is the Director of the Cardiology Division of Northern California Medical Associates, Inc. and Chairman of the Endovascular Committee of Sutter Medical Center of Santa Rosa. Dr. Dunlap is a Fellow of the American College of Cardiology, Alpha Omega Alpha Medical Honor Society and is published in numerous medical journals on cardiovascular health.

To minimize the effects of heart disease and achieve an optimal quality of life, a cardiovascular rehabilitation program is just what the doctor ordered.

A solid foundation for a cardiovascular rehabilitation program is found in gradual, positive changes that embrace new lifestyle patterns. The rehabilitation program at HeartWorks improves the patient's strength, stamina and confidence level. Patients learn how to modify their diet, exercise, reduce stress and quit smoking. Many graduates claim they feel better than they have in years.

A heart attack at the age of 45 in 1994 made John Barnett a believer in the desperate need to change his lifestyle.

A supervised exercise program in which electronic equipment monitors his heart rate has made this high-tech industry manager from Santa Rosa a devotee of the HeartWorks program.

"True, I could go to a gym and get a similar experience," said Barnett, who is now 30 pounds lighter and barely breaks a sweat playing volleyball and softball. "But coming here gets me more engaged in making lifestyle and diet changes and managing stress. Good, solid answers keep me from doing something stupid."

For fellow clinic client Tom Kelly, that meant eliminating his beloved two-doughnut breakfast after two stents were installed in his arteries a few years ago.

"I feel lucky because it seems like everybody who works out around me has had bypass surgery," said Kelly, a Santa Rosa attorney. "You pick up a lot of information about related health issues, like your blood pressure, while you're on the treadmill."

Successful rehabilitation begins with the patient. The attitude, goals and determination each individual brings to the challenge focuses on the goals that are important to him or her – returning to work, traveling, staying independent or simply

feeling good. With a cardiovascular rehabilitation program, patients establish patterns for a new approach to life – and, in the process, learn to temper enthusiasm with patience.

HeartWorks records about 1,000 client visits a month. This "church of the second chance," as exercise physiologist Jennifer Richardson dubs it, provides structured monitoring for patients who have had bypass surgery, valve replacement, angioplasty, heart attacks, stents or cholesterol problems.

At HeartWorks, each client is guided by an exercise and diet plan developed specifically for that individual. Physicians, nurses, and cardiac exercise specialists closely supervise each aspect of rehabilitation activity. No other programs in Northern California have cardiologists on call at their cardiovascular rehabilitation center. This synergy not only makes it a safer place for patients, but enhances each patient's rehabilitation process.

Many referring physicians throughout Sonoma County often mention that the HeartWorks programs differ from those promoted by advocacy groups because they offer a higher level of expertise, the curriculum meets medical standards and the center follows up with the physician's office so, next visit, doctor and patient can discuss progress, or the lack of it.

HeartWorks has a formalized process of tracking the patients' progress and this helps patients from falling through the cracks as their physicians become aware of which patients do and do not complete the class.

Cardiac rehabilitation programs at HeartWorks are usually conducted in progressive phases. Phase I includes the education and guidance the patient received while in the hospital or directly from a physician before entering the program.

In Phase II, patients participate in a fully monitored, individualized exercise and education program lasting from three to 12 weeks, during usual business hours.

Each workout begins with warm-up exercises followed by aerobics, which may include the stationary bicycle, treadmill, stepper, arm crank or rowing machine. The exercise sessions conclude with cool-down stretching.

Medical assessments include EKG monitoring, blood pressure measurement, oxygen saturation and body composition.

During workouts, patients become more aware of their body's capabilities. They learn about target heart rate, levels of exertion and how to modify their exercise to fit their needs.

The education program is ultimately designed to help the patient reduce his or her personal cardiac risk factors. The format may include one-on-one counseling, books, pamphlets, videos or written homework.

Phase III and IV programs are offered in partnership with The Center for Well Being, the North Bay's premier health education and wellness center. Phase III offers a supervised program to help people with a history of cardiac disease improve their wellness with a series of two 75-minute sessions per week. Phase IV is a long-term commitment to exercise that is self-directed.

HeartWorks works closely with the Center for Well-Being, referring many patients to their myriad of classes and services. The Center for Well-Being offers individual and group education, chronic disease management, personal training, nutritional counseling, wellness coaching and small group exercise instruction. For more information go to www.norcalwellbeing.org.

For more information about HeartWorks, call 707-573-6161.



Dustin Maul, personal trainer working with patient at HeartWorks

Diabetes: Why Me? Why Now?

By Nidhi Johri, MD

Diabetes affects between 1.5 and 2 percent of the the world's population, or about 140 million people. The World Health Organization estimates that the number could double by the year 2025. The onset can begin with no noticeable symptoms, and therein lies much of the danger.

The good news is that diabetes is preventable and detectable with tests, and those who have it can control it.

What Is Diabetes?

Diabetes mellitus is a chronic chemical disorder in which blood sugar (glucose) levels are above normal. Insulin enables glucose molecules to enter the bloodstream. Diabetes disrupts the body's mechanisms for moving glucose out of the bloodstream and using it in cells. As a result, levels of blood glucose stay excessively high, leading to serious complications over time.

Diabetes comes in three varieties. With type 1 diabetes, insulin-producing cells in the pancreas are destroyed over time. This process may take months or years without any noticeable symptoms.

With type 2 diabetes, the pancreas produces some insulin, but not enough to activate the portals that absorb glucose. Type 2 accounts for about 90 percent of all diagnosed cases, and a number of sufferers are children. The National Institute of Diabetes and Digestive and Kidney Diseases estimates that more than 80 percent of those who have type 2 diabetes are overweight. With type 2, symptoms develop slowly, and in some cases there are no observable symptoms at all. Many people with type 2 diabetes require insulin.

A third form of diabetes, gestational diabetes, affects up to 4 percent of pregnant women. It is a temporary condition, but the sufferer has a 40 percent chance of getting type 2 diabetes later in life.

Diabetes has a number of symptoms, including extreme thirst, frequent urination, excessive tiredness and hunger, dry and itchy skin, a tingling sensation in the feet, blurry eyesight, and inexplicable weight loss or gain.

Prevention And Treatment

The results of diabetes can be dire: Abnormally high levels of glucose can damage the small and large blood vessels, leading to diabetic blindness, kidney disease, amputations of limbs, stroke, and heart disease, and is the leading cause of death for people who have diabetes.

A study of more than 3,000 persons who were considered high risk for type 2 diabetes revealed that the disease can be prevented. Or, if the condition is already present, it can be controlled.

Two essential keys are exercise and diet. Subjects who engaged in moderate physical activity for about 30 minutes a day, followed a low-fat and low-calorie diet, and lost 5 to 7 percent of their body weight, cut their risk of getting type 2 diabetes by 58%.

Getting the entire family involved in an exercise program, even one as simple as walking, can help avoid future problems with diabetes in children. Blood sugar lowers immediately when you



Subjects who engaged in moderate physical activity for about 30 minutes a day, followed a low-fat and low-calorie diet, and lost 5 to 7 percent of their body weight, cut their risk of getting type 2 diabetes by 58%.

begin losing weight, and a successful weight loss program can eliminate the need for medication altogether.

To live successfully with diabetes, you must manage your glucose level. Blood glucose goes up after eating. Eating about the same amount of food each day at about the same times each day without skipping meals or snacks is crucial. In addition, take your medicines and exercise on a regular schedule every day.

The importance of regularity and consistency cannot be overemphasized. Keeping your blood glucose at a healthy level will prevent or slow down diabetes problems.

For more information, see the following web sites: niddk.nih.gov (National Institute of Diabetes and Digestive and Kidney Diseases); cdc.gov (U.S. Centers for Disease Control); fda.gov (U.S. Food and Drug Administration); norcalwellbeing.org



Nidhi Johri, M.D. specializes in internal medicine and is currently a staff member at Sutter Medical Center of Santa Rosa and Santa Rosa Memorial Hospital. She received her Bachelor of Medicine and Bachelor of Surgery at Lady Hardinge Medical College at Delhi University and completed her residency in internal medicine at the University of Southern California. She is certified by the American Board of Internal Medicine and the Educational Commission for Foreign Medical Graduates.

➔ Dr. Johri is now accepting new patients.

Bariatric Surgery: Weighing the Options

by Robert Woodbury, M.D., FACS

Morbid obesity is the second leading cause of preventable death in the United States, with a loss of 300,000 lives every year. People who are morbidly obese often experience profound social, economical, psychological and physical consequences. This complex chronic disease results in limited activity, shorter life expectancy and a greater risk of health problems. The National Institutes of Health recommend that morbidly obese patients consider weight loss surgery when repeated attempts at dieting have failed.

The risks associated with long-term morbid obesity outweigh the risks associated with weight loss surgery. Surgical options have increased dramatically as more and more research has resulted in new and more advanced techniques. It's no longer a one-size-fits-all procedure. Patient comfort, safety, successful recovery and adaptation to the loss of weight are important considerations as new surgical techniques and technologies are incorporated into medical practice.

Taking the First Step

The first step is truly committing to a healthy and active life, getting educated on bariatric surgery, having a supportive primary physician, and then enrolling in a comprehensive program. Morbid obesity is a multifactorial disease that requires a multidisciplinary team for a successful treatment outcome. Healthy Steps Weight Loss Center brings together surgeons from NCMA, Drs. Robert Woodbury and Allen Cortez, along with other specialists in nutritional and exercise education, psychological and emotional preparation, social support, and lifestyle support. Candidates start their journey at an education seminar and also may begin attending a support group. Neither of these have enrollment fees or reservation sign ups, and information can be found at www.healthystepsinfo.com. They will learn about the comprehensive program and surgical options, and meet people who have experienced weight loss surgery and are maintaining a healthier lifestyle.

If a person decides to proceed, then he or she will begin a series of steps starting with a consultation with one of the NCMA surgeons, followed by a series of lifestyle and education sessions with the other professionals in the Healthy Steps program. The program usually lasts three months or longer. The patient will then undergo surgery, usually spend one to three days in the hospital, and be fully recovered in two to six weeks depending on which surgery is performed. Aftercare involves continued lifestyle sessions at Healthy Steps, surgical follow up, and continued follow up with one's primary physician. This may include monitoring labs and bone density, and adjustment of medications for things such as diabetes and hypertension as these conditions improve after surgery.

How Does It Work?

At Healthy Steps, surgeons offer three minimally invasive surgical procedures, each designed to optimize resolution of obesity related medical conditions, and achieve weight loss based on a patient's individual needs. The most popular surgical weight loss procedure in the U.S. and the world, is the Roux-en-Y gastric bypass. It involves creation of a new, smaller stomach "pouch," and bypasses the remaining stomach (which still functions by producing digestive juices) and a portion of the upper small intestine. The next most powerful procedure is the vertical sleeve gastrectomy. In this procedure, most of



the storage portion of the stomach is removed. This also results in a decreased level of certain hormones so the patient is less hungry. The only fully reversible procedure is the adjustable gastric banding. The NCMA surgeons use either the Lap Band (™) or the Realize Band (™) systems. An inflatable band is installed around the stomach, effectively creating a new, smaller stomach pouch. The system requires adjustments in the office for a customized pouch size.

There are several mechanisms involved in bariatric surgery. Each procedure is different in how many of these mechanisms are involved. The predominant one is by "restriction." The pouches created by the gastric bypass or band system, or the sleeve created by the vertical gastrectomy, reduces the stomach's volume, thereby restricting food consumption and caloric intake. There is a hormonal mechanism caused by the gastric bypass and vertical sleeve gastrectomy that decreases hunger at a physiologic level. Finally, in patients with a bypass there is malabsorption of calories and nutrients. This malabsorption mechanism also is very powerful in treating diabetes. All of the procedures are performed laparoscopically through tiny incisions with a video camera and special instrumentation. More details are located at www.healthystepsinfo.com.

As with any life-threatening disease, the doctor-patient relationship in the treatment of morbid obesity is a critical partnership. Patients and physicians should consult closely when considering surgery as an option. It is the surgeon's obligation to thoroughly explain – and the patient's responsibility to fully understand – the risks associated with each procedure and what the patient should expect in terms of weight loss and disease improvement, which varies from procedure to procedure. Above all, the patient should proceed only when they are physically and psychologically prepared to proactively manage and maintain their new, post-surgery lifestyle.



Dr. Robert Woodbury, Medical Director of Healthy Steps Weight Loss Center, specializes in laparoscopic gastrointestinal and bariatric surgery. He is a Fellow of the American College of Surgeons, Alpha Omega Alpha Medical Honor Society, and member of American Society for Metabolic and Bariatric Surgery as well as the Society of Laparoendoscopic Surgeons. He holds academic appointments as an Assistant Professor of Surgery at the Uniformed Services University School of Medicine and University of California San Francisco.



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High Blood Pressure: The “Silent Killer”

by Patrick Coleman, MD

High blood pressure, or hypertension, is a condition in which the force of blood against the walls of the arteries remains elevated over a period of time. It can lead to heart disease and stroke, which are the first and third leading causes of death in the United States. About 65 million American adults have high blood pressure. The problem is that a third of them don't know it.

Hypertension sends the heart and kidneys into overdrive. It can wreak havoc on those organs. But in the initial stages, there may be no recognizable symptoms. Therefore, it's important to understand the risk factors.

People who are overweight or who have a family history of hypertension are most at risk. Also, more blacks develop hypertension than whites. But no one is immune. Those who don't have high blood pressure by middle age have a 90 percent chance of developing it later on.

Why Does It Happen?

Three factors play a role in high blood pressure: a narrowing of the arteries, a higher-than-normal volume of blood, and a heart that is beating faster or more forcefully than it should. Any of these circumstances can exert excess pressure on the arterial walls.

In many cases, the onset of high blood pressure can be prevented. Sadly, many people assume that medical professionals can help them stave off the side effects of smoking, poor eating habits, and a sedentary lifestyle; they tend to ignore basic health measures that could lower risk. Many experience a rude awakening in the form of a heart attack or bypass surgery. Early detection is key to prevention or control.

How Blood Pressure Is Measured

The first step is to test blood pressure with a blood pressure cuff. The reading consists of two figures: One (systolic) measures the force against artery walls when the heart beats, and the other (diastolic) measures the pressure against artery walls between heart beats.

Generally, a reading of 140/90 or higher indicates high blood pressure. However, even a lower reading (such as 130/80) can constitute a diagnosis if you are diabetic or have kidney disease. That lower reading can also point to “prehypertension,” indicating high blood pressure may soon be on the way.

Usually, a diagnosis cannot be made with one reading. If you are under extreme stress, for example, your blood pressure reading might be high, but then it may come down when the cause of your stress is removed. Also, a small number of people have what is known as “white-coat hypertension,” meaning blood pressure is high only when they are in the doctor's office. Testing under more relaxed circumstances, such as at home, could yield a normal result.

Keys To Prevention And Control

Fortunately, once high blood pressure develops, it can be controlled. For those who do not have it, it can be prevented. In either case, applying the tips below are key.

- **DIET.** Heart healthy food makes a difference. Limit fats, red meats, salt and sweets. Emphasize fruits, vegetables, whole grains, poultry, fish, nuts and foods low in saturated fat, total fat, and cholesterol.
- **EXERCISE.** Being physically active is one of the best preventive measures against hypertension. Start small, if you must – stairs vs. elevator, walk



vs. bus or car – and work up to a regular exercise regimen.

- **LIFESTYLE MODIFICATION.** If you smoke, quit. When it comes to alcohol, moderation is the key: no more than one drink a day for women and two for men. If you are overweight, strive to shed some of those excess pounds; even a 10-pound drop can make a difference.



Patrick S. Coleman, M.D., is the current Director of the Cardiac Catheterization Lab and Chairman of the Department of Medicine at Sutter Medical Center of Santa Rosa. He graduated from University of California, Davis with high honors and completed his postgraduate work at Northwestern University Medical

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