



# HEARTTALK

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## Message From Editor

2011 started on a very happy footing with the announcement of the marriage of our Chairman, YAB Pehin Sri Haji Abdul Taib Mahmud to Puan Sri Ragad Kurdi Taib on 15th January, 2011. We wish the happy couple many years of wedded bliss.

The Sarawak General Hospital Cardiac Centre at Kota Samarahan was formally declared open on 16th January by the Minister of Health, YB Dato Sri Liow Tiong Loi in the presence of our Prime Minister, YAB Datuk Patinggi Mohd. Najib bin Tun Haji Abdul Razak, our Chief Minister YAB Pehin Sri Haji Abdul Taib Mahmud and many invited guests.

The occasion also coincide with the opening of our information centre at the Cardiac Centre and the donation of a van to the Cardiac Centre for the use of transporting relatives of outstation heart patients undergoing treatment at the centre. This is in response to an appeal from the Cardiac centre as at the moment, public transport to the centre is not available and accompanying relatives of outstation patients would not be able to afford to pay for private taxis to the centre.

The first half of the year was a busy time for the Foundation with the first public health talk and health screening at Chung Hua School No. 1 on 9th January followed by public health talks/health screenings at the Spring Shopping Mall in conjunction with International Women's Day, Chung Hua School No. 3, SMK Pending and Dewan Suarah Sarikei.

World Heart Day 2011 will be celebrated in September and we hope to make this year's World Heart Day significantly more than just our signature "Walk-A-Mile" to promote a healthy lifestyle. We want to support the World Heart Foundation's efforts to make people aware of the rise in NCDs (Non-Communicable Diseases) and to get people to take action to stop the rise in NCDs. The United Nations Meeting on NCDs will also take place in September and this is the first time that NCDs will be a topic and only the second medical issue to be tackled at UN level after AIDs.

We hope all NGOs and government agencies will take part in our World Heart Day programme. The theme this year is "One World, One Home, One Heart" and for Malaysians, it will be "One Malaysia" too.

Eric Lim Swee Khoon  
Editor



# Sarawak Heart Foundation at SGHCC, Kota Samarahan

The Foundation was allocated a unit on the ground floor of the Sarawak General Hospital Cardiac Centre (SGHCC) by the Hospital which we hope to use to promote our activities. We opened this unit temporarily on the same day as the Cardiac Centre on 16 January 2011.

At the moment, it just serves as an information centre with posters of our activities. We are recruiting staff to man this centre and plans are on the way to turn it into more than just an information centre.

We would like to thank Sarawak General Hospital for giving us this opportunity to promote our activities.



# WOMEN'S Heart Health Awareness and Screening Programme - the SPRING



On Sunday, 6th March, 2011, Sarawak Heart Foundation jointly with the Cardiac Centre of the Sarawak General Hospital conducted a health screening for women in conjunction with International Women's Day in support of the call by the Women's Heart Health Organisation of Malaysia (WH2O) to educate women and to create awareness of the dangers of heart disease.

More than 300 women of all ages were screened for their sugar and cholesterol level, their blood pressure and body mass index. The health screening started at 9.00am at the Spring Shopping Mall and ended at 3.00pm. It was carried out by 50 volunteers from various departments of the Sarawak General Hospital. The nurses carry out the health screening assisted by pharmacists and staff from the pharmacy department who help with the registration. Cardiologists from the cardiac centre provided counseling to those women deemed at risk.



All the volunteers wore red T-Shirts with the logo of the Women's Heart Health Organisation of Malaysia which is a red Kebaya in front and the words "Healthy Heart, Happy Woman" at the back. The organization had called on everyone who support this campaign to wear red that day and also on International Women's Day on 8th March.

The free health screening was made possible with the support of a number of pharmaceutical companies in Malaysia who donated BP machines, cholesterol and glucose readers as well as cholesterol and glucose strips for the event. A few companies also sent their staff to help at the event.

This event was held simultaneously at Bangsar Shopping Complex, Sunway Pyramid and Jaya Jusco Klang Valley. It was held on 12th March in Penang.



## Public Health Talk and Health Screening - Dewan Suarah Sarikei 26 Mac 2011

The Foundation organized a health talk and health screening at Dewan Suarah Sarikei with the support of the Sarawak General Hospital and the Sarikei General Hospital.

Dr. Khiew Ning Zan, a cardiologist attached to the Sarawak General Hospital Cardiac Centre gave the talk to more than 300 people who came as early as 7.30am for the health screening and to hear the talk which was delivered in all three languages, English, Bahasa Malaysia and mandarin in true 1 Malaysia spirit.

The health screening was conducted by Matron Anna, Nurse Juriah and Sister Chang Gek Hoon from Sarawak General Hospital with help from 31 volunteers from Sarikei General Hospital lead by their Matron Hayati and Sister Hebebu and 3 volunteers from Poly Clinic Sarikei lead by Dr. Haseanti and Dr. Nataczca. Volunteers from the Red Crescent Society, Sarikei Branch also took part.

The Foundation would also like to thank Sarikei District Council, Sarikei Civic Centre, Wanita SUPP for their assistance and especially Datuk David Teng Lung Chi and YB Mr. Ding Kuong Hing for taking time out from their busy schedule to declare open the heart screening and health talk and especially to Dr. Zulkifli Jantan, director, Jabatan Kesihatan Negeri Sarawak who came all the way from Kuching despite of his heavy work schedule .



# Heart Beat Matters

by Dr. Chang Boon Cheng

The human heart functions as an automatic pump which sends blood to the body and all its organs via the extensive arteries (similar to the water pipe of our home). There is a biological electrical system (similar to the wiring of our home) which regulates and co-ordinates our heart beat. The heart muscles contract and pump when they receive electrical signals.

In a normal human heart, all electrical impulses originate from a cluster of cells called the sinus node. The electrical signals then travel through the upper heart chambers (atria) and enter another cluster of cells called the AV node. From the AV node, the electrical impulse is transmitted through the lower chambers (ventricles-which are the main pumping chambers) through 'wires' called bundle branches.

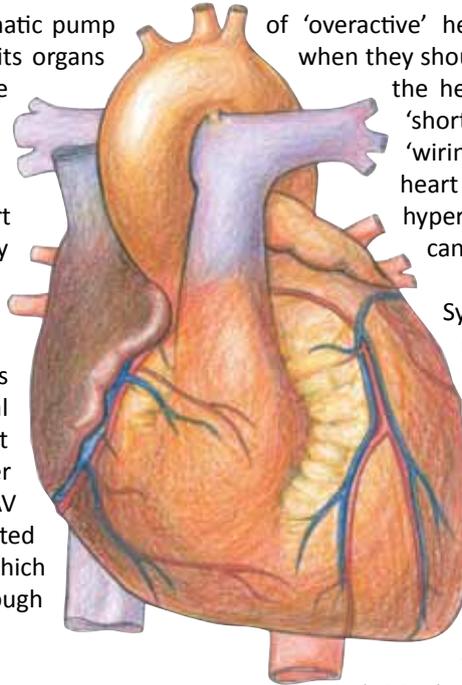
Problems which arise from faulty electrical system are known as arrhythmias (loss of rhythm). Simplistically speaking, the problems of abnormal heart beat can be divided to either too fast or too slow.

The problem with slow heart beat can be due to malfunction in either signal initiation or conduction. These can be caused by degeneration due to old age, damage during a heart attack, certain medications or salt (especially potassium) imbalances. Very slow heart beat can cause giddiness or even sudden loss of consciousness. This can be dangerous, especially in the elderly. A lot of people however can tolerate slow heart beat well.

Certain heart and hypertension medication can cause slow heart beat. If it is well monitored by the doctor and producing no symptom, there is no cause for alarm. A lot of endurance athletes can have slow heart rate due to natural conditioning of the heart. This again is usually harmless and produces no symptom. Former US President George W Bush runs an average of 3 miles four times a week and also routinely cross-trains with swimming, free weights and an elliptical trainer. His resting heart rate is 43.

Slow heart beat that is producing symptom and have no reversible cause can be treated by inserting a pacemaker. This is a small device placed under the chest skin with a wire(s) connected to the heart chamber. It senses when the heart beats too slow and generates electrical impulses to trigger heart beats.

The underlying mechanism for the fast heart beat problems are more varied and complicated. Some cases are due to areas



of 'overactive' heart cells generating electrical impulses when they shouldn't; competing with and overwhelming the heart's natural rhythm. Some are due to 'short circuit' caused by scarring and abnormal 'wiring' of the heart. Some are related to heart damage caused by heart attack and hypertension. Alcohol and some medication can cause abnormal fast heart beat too.

Symptoms caused by fast heart beat can range from a merely 'nuisance' feeling of palpitation to loss of consciousness or even sudden death (especially those that occurred in the setting of heart attack).

Treatment can include medication which can suppress or slow down the fast heart rate. Some can be treated in specialized centers by ablating (burn with electrical current) the abnormal

'wiring'.

Dangerous life threatening fast heart beat needs to be treated with emergency shock by using machines called defibrillators. Patients who are at risk of recurrent lethal fast heart beat problems can have a miniaturized version of defibrillator implanted under the skin, like the pacemaker mentioned above.

The majority of abnormal heart beat problem that cardiologists encounter in their clinics are not dangerous. It is important to realize that feelings of missed or extra or fast heart beat can be just due to anxiety, menopause and caffeinated drinks. They do not always imply an actual heart problem.

It can be difficult at times to diagnose heart beat problem especially if it only arises infrequently and the patient is completely normal when seeing the doctor. It is like seeing a skin doctor when the rash is no longer there. The doctor may ask the patient to carry a home monitoring device called a "Holter" to detect problems outside the clinic.

It is difficult to formulate a general advice to public regarding the entire gamut of heart beat problems but one should seek early medical attention in the following scenarios:

- 1) Near fainting or actual fainting spells
- 2) Feeling of palpitation that is sustained
- 3) Palpitation associated with shortness of breath or chest discomfort
- 4) Frequent palpitation in a person with previous heart attack, valve problem or weak heart.

# What's new on the Heart Scene

## BAYER'S NEW QUICK RELEASE CRYSTAL ASPIRIN

Bayer has introduced a crystal aspirin to dissolve under the tongue which work much faster than normal aspirin.

- If you suspect that you're having a heart attack,
- take 2 aspirins in your mouth and swallow them with a bit of water
  - call 911 or phone a neighbor or family member who lives near you
  - tell them you have a heart attack and that you have taken 2 aspirins
  - take a seat near the front door to wait for their arrival and
  - DO NOT lie down.



## AMRON'S NON- INVASIVE VASCULAR SCREENING DEVICE



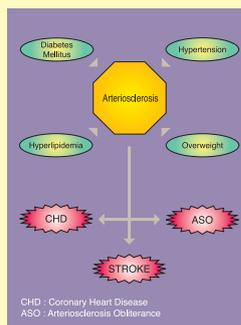
Omron Healthcare Co. Ltd. manufactures a machine that detects stiffness of, and blockages in, the arteries, especially the arteries in the limbs. Patients with stiffer arteries are known to be more likely to develop problems such as atherosclerosis (blockages of the arteries mainly by cholesterol deposits) and heart attacks.

This device, called the Vascular Profile VP-1000 detects the degree of artery disease by a non-invasive method ie does not require injections or operations. It calculates both an ankle-brachial index and a pulse wave velocity in the subject.

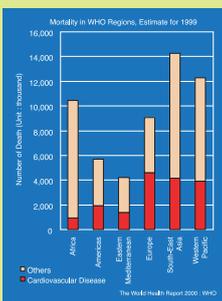
### Non-invasive Assessment of the Arteriosclerosis

The new Colin Vascular Profile "VP-1000" provides the clinical information, which can aid in the early detection and treatment of arterial disease. The VP-1000 is a powerful screening device for the non-invasive assessment of arteriosclerosis and represents the latest innovation using Colin's patented "Waveform Analysis and Vascular arteriosclerosis by PWV (Pulse Wave Velocity: an index of arterial wall stiffness) and ABI (Ankle Brachial Index: an

index to assess arterial occlusion). The two indices are obtained using simultaneous blood pressure and waveform measurements on all four limbs along with ECG and phonocardiogram tracings. Simple set-up and short operation time make the VP-1000 an ideal tool for patient screening and follow-up as such, it provides benefits for a wide variety of clinical applications.



### Early Detection & Early Treatment



As living standards improve, the incidence of diseases that are closely related to lifestyle, such as hypertension, obesity, diabetes, hyperlipidemia, etc., progressively increases. Arteriosclerosis is known to be a major complication that is associated with these disease and once that can lead to cardiovascular disease and stroke are the leading cause of mortality and morbidity in industrialized nations. With these numbers increasing

at alarming rates, the need for early detection and early treatment of arteriosclerosis is becoming apparent.

Historically, healthcare professionals focused primarily on treating only those patients who were showing "symptoms" of these diseases. For early detection and intervention to be successful, patients "at risk" who are "asymptomatic" will need to be identified. Screening and assessment of arteriosclerosis will not only reduce the incidence of the disease and the healthcare costs but also improve the quality of life.

### Simple Operation

Operation of the VP-1000 is very simple and the measurement time is short (approx. 5 min.). Sensors, as shown in the drawing on the right, are used for measurements.

Mesurements of all parameters including waveforms and indices are automatically printed after each test. The printout can be useful when explaining any clinical prognosis to the patient.



If significant artery stiffness is detected, further medical assessment would be wise. There may be many reasons that arteries can become stiff, and some of these causes, such as hypertension (high blood pressure) can be treated. Significant artery stiffness detected in the limbs can also reflect similar type problems that can affect the arteries that supply the heart. However, a normal test by this machine does not by itself mean that the person is at risk of developing artery or coronary (heart) artery disease.

# Activities of the Foundation - First Half 2011



**9 January 2011**  
Health Screening and Health Talk  
Chung Hua School No.1



**16 January 2011**  
Donation of a van to  
SGHCC in conjunction with  
the opening of the centre.

**13 March 2011**  
Health Screening and Health Talk  
Chung Hua School No. 3



**20 March  
2011**

Health Screening  
and Health Talk  
SMK Pending



**2-3 April 2011**  
SGHCC  
Open House





6 May  
2011

Presentation of a Coffee Table Book on 100 years of Sarawak General Hospital Jointly Sponsored by Sarawak Heart Foundation and Sabati by Puan Masni Binti Kadri, Timbalan Pengarah Pengurusan, SGH to Datin Patinggi Datuk Sri Empiang Jabu witnessed by representatives from SHF and SABATI.



# Up Coming EVENTS

## LOCAL

World Heart Day 2011  
September, 2011

Obesity Seminar and Workshop  
October, 2011

## INTERNATIONAL

UN High Level Summit on Noncommunicable Diseases (NCDs)...  
19-20 September, 2011 in New York, United States of America

World Congress of Cardiology Scientific Sessions  
18-21 April, 2012 in Dubai, United Arab Emirates



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