

Come Celebrate


**MY HEART,
YOUR HEART**

 **Free Health
Screening**

 **Fitness Test**

 **Dance &
Music**



**WORLD
HEART
DAY**

**@ SARADISE KUCHING
23 SEPTEMBER 2018**



Walk-A-Mile

REGISTRATION *Rm*20

FREE

- T-Shirt
- Lucky Draw
- Breakfast

• **Balloon** * LIMITED - First come, first served

Health
Screening
**@Pesta Kaul
Mukah**
pg.7



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EDITOR'S MESSAGE

Kapit, Mukah – here we come. So we did. A significant half year of 2018 it was for the Foundation with free health screenings in the two outstation towns in Sarawak for the first time. The screenings coincided with Pesta Kapit and Pesta Kaul, both in April, two annual carnivals that always draw crowds. Thanks to the State Health Department teams in Kapit and Mukah for their enthusiasm and commitment in collaborating with us in organising the screenings.



We believe both events augur well for more screenings to be held in the hinterland of Sarawak where the Foundation would like to reach out to with its heart awareness programmes. Next target - longhouses - where we are looking forward to promoting heart health.

Then there was the completion of the upgrading and repair work at the 25-bedded Dormitory (Anjung Kasih) at Sarawak Heart Centre in January at a total cost of RM45,946.00. The Dormitory is now in the good hands of the Heart Centre who will handle the running and maintenance of the premises to benefit families of patients especially those from the rural areas of Sarawak.

The Foundation also sponsored manikins for Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) courses in the Heart Centre costing RM70,860.00. Part of the funds came from Sarawak Badan Amal Tenaga Isteri-Isteri (SABATI). BLS and ACLS are fundamental courses essential for resuscitation training for medical personnel in hospitals.

We congratulate the Sarawak Heart Centre Resuscitation Society which was recently formed and thus needed the manikins to get the ball rolling. The Society is led by Emergency Department and Cardiothoracic, Anaesthesiology and Perfusion Department. The Heart Centre used to depend on the Sarawak General Hospital for the manikins and manpower.

We look forward to celebrating World Heart Day 2018, this time, at Saradise Kuching, a prime location with spacious grounds where we can expect more people to join us. Which means more people will have the opportunity to free health screening and find out what the Foundation is doing and support our cause in promoting a heart-healthy community in Sarawak.

Let us all work together to increase awareness on better protection and care of people's hearts.

Eric Lim Swee Khoon

Sarawak Heart Foundation • Member of World Heart Federation



MANIKINS FOR SARAWAK HEART CENTRE



The Sarawak Heart Foundation has donated RM70,860 worth of manikins for Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) courses in Sarawak Heart Foundation.

With the manikins, the Heart Centre can now conduct its own training on the two courses without having to depend on the Sarawak General Hospital for both the manikins and manpower.



The Sarawak Heart Centre Resuscitation Society was recently formed, led by Emergency Department and Cardiothoracic, Anaesthesiology and Perfusion Department.

BLS and ACLS are fundamental courses essential for resuscitation training for medical personnel in the hospital.

Part of the donation was contributed by Sarawak Badan Amal Tenaga Isteri-Isteri (SABATI).

Board Trustee of the Foundation YB Datuk Amar Hajah Jamilah Binti Haji Anu handed over the manikins to Chairman of Sarawak Heart Centre Resuscitation Society at the Sarawak Heart Centre on 9 June 2018. Also present were other Board Trustees YB Datuk Prof. Dr Sim Kui Hian and Dato Anne Teng and staff of the Centre.

EFFECTIVENESS OF PHYSICAL ACTIVITY INTERVENTION FOR RURAL PRE-SCHOOLERS IN KUCHING, SARAWAK

Melvin Chung H.L., Cheah Whye Lian, Helmy Hazmi

1.0 Executive Summary

Childhood obesity has been growing at an alarming rate and is the most common nutritional problem among children (WHO, 2000). Several reports already showed high and increasing rates of overweight and obesity among preschool children living in developing countries (de Onis & Blössner, 2000). The most common causes are lack of physical activity, unhealthy eating patterns, high level of inactivity or sedentary behaviour, genetic factors, or a combination of these factors.

Traditionally, it is known that early childhood period has the highest levels of physical activity. Young children are naturally physically active or usually known as “supercharged dynamos”. Society usually have the perception that children at this period are habitually “active enough” and therefore, quite healthy. However, parents, healthcare providers, and educational professionals could have overestimated their level of physical activity. Besides, with the advanced of technology and social media, it is worrying that the “digital childhood” begins early, and levels of sedentary behaviour particularly screen time or electronic media used exceeded recommended levels.

According to National Association for Sport and Physical Education (NASPE, 2006), professional groups recommend that young children should participate in 120 minutes of moderate-to-vigorous physical activity (MVPA) daily, 60 min of which is structured and 60 minutes unstructured or in free play. However, it came to our attention that the current trends in the levels of physical activity of children appear to be headed in the wrong direction.

In order to address the research problem, a quasi-experimental study of motor skills performance and physical activity among rural preschool children were carried out early 2017. The sampling frame for this study

CHILDHOOD OBESITY : Intervention through Physical Activity

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Introduction

Childhood obesity has been growing at an alarming rate and is the most common nutritional problem among children (WHO, 2000). Several reports already showed high and increasing rates of overweight and obesity among preschool children living in developing countries (de Onis & Blössner, 2000). The most common causes are lack of physical activity, unhealthy eating patterns, high level of inactivity or sedentary behaviour, genetic factors, or a combination of these factors.

Traditionally, it is known that early childhood period has the highest levels of physical activity. Young children are naturally physically active or usually known as “supercharged dynamos”. Society usually has the perception that children at this period are habitually “active enough” and therefore, quite healthy. However, parents, healthcare providers, and educational professionals could have overestimated their level of physical activity. Besides, with the advance of technology and social media, it is worrying that the “digital childhood” begins early, and levels of sedentary behaviour, particularly, screen time or electronic media



Health talk on Childhood Obesity in Dewan Suarah Bau



Pre-schoolers queuing up for health screening

Heart Talk Volume 15 - June 2017

were all the 22 government kindergartens in Bau District. The inclusion criteria for this study are kindergartens which have access to an outdoor play area and equipment that supported the curriculum; preschool children 3-5 years of age; and children attendance at the childcare centre required at least three days per week. Children with comorbid or disease that could interfere with practice of physical activity and those who are participating in any other clinical trial or other health-oriented project are excluded from the study. There were a total of 158 children (82 boys and 76 girls) from 22 centres. Informed consent and enrolment forms will be obtained from the parents or guardians. Verbal assent will be also obtained from each child by asking the child if he or she would like to participate in a “exercise-time class”. Children responded in a positive manner by nodding their head or saying “yes” indicating their assent to the researcher, with the classroom teachers as witness. Permission to carry out this study was obtained from the Medical and Ethics Research Committee of Universiti Malaysia Sarawak and Ministry of Health Malaysia. Approval was also obtained from Sarawak Community Development Department (Jabatan Kemajuan Masyarakat Negeri Sarawak).

The intervention programme was developed by the researcher targeted mainly the preschool children themselves. In the intervention group, all the children received the same curriculum and training instructions. The kindergarten teachers were trained prior to the intervention. The children in the control group continued their usual routine with one physical activity lesson per week lasting 30 minutes. Kindergarten teachers and parents in the control group were informed about the study design, the testing and the intervention arm but did not know any further details regarding the intervention modules.

2.0 Research Progress

Phase	Progress	Remarks
I (a)	❖ Proposal writing and approval application	Permission to carry out this study was obtained from the Medical and Ethics Research Committee of Universiti Malaysia Sarawak on 11/1/2017. Approval was also obtained Department of Community Development (Jabatan Kemajuan Masyarakat Negeri Sarawak) on 24/1/2017, followed by approval from Ministry of Rural and Regional Development on 6/2/2017. Approval from NMRR was obtained on 17/3/2017.
I (b)	❖ Stage I Recruitment	Objectives and methodology of the research were explained to the officers and teachers. All the kindergartens in Bau District were assessed for eligibility to participate in the intervention study. Only 15 kindergartens that fulfilled the criteria were selected after consulting the administrator of

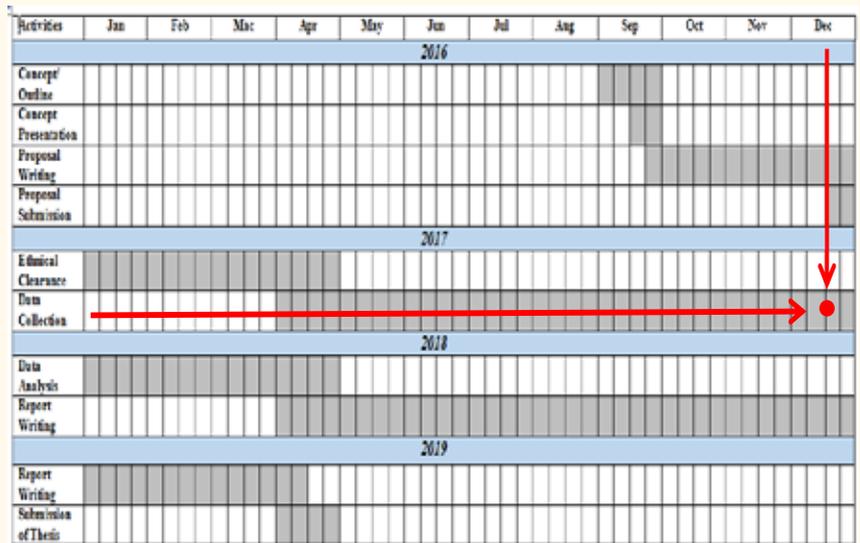
		each facility. Then, the kindergartens were stratified into two area of village, respectively Opar and Tasik Biru. Subsequently, these two villages were identified as possible study sites as they each met the minimum criteria for number of potential research participants (>60). Then, a letter of cooperation to participate in the study was given out to the centre. Recruitment of participating kindergartens was based on the willingness of these kindergartens to participate in the study. After the kindergartens agreed to participate in the study, all the pre-schoolers of the centres were given an information letter to take home in which the purpose of the study was explained to the parents/ caregivers, and the child was invited to wear a pedometer throughout the study. After the recruitment, the kindergartens were matched in terms of population, facilities, socio-economic characteristic and outdoor PA possibilities. The kindergartens were randomised assigned to the intervention or the control condition to avoid contamination between kindergartens in the same municipality.
	❖Stage II Briefing	A letter of invitation was sent to all parents of children 3-5 years old at the selected kindergartens. The researcher organised a respondent information briefing to explain the objectives of the study to the parents or guardians and to answer all questions raised on the day of visit. A total of 75 (63%) parents were present on that day. Among the issues concerned were: <ul style="list-style-type: none"> • What is the intervention programme proposed? How long is the duration of the intervention? • What is the outcome of the research? Is there any follow up after the research? • Pedometer- Price if lost, how to use the pedometer, any invasive procedures? Duration?
	❖Stage III Training	Training consists of three sessions which is understanding the fundamental theory and concept, protocol of the study and intervention module and practical session with research tools. All teachers were given hands-on training on how to use pedometer, and how to use the TGMD-2 Motor Skills Assessment form.
	❖Stage IV Assessments	All teachers are given a two-week duration until 16 May 2017 for pre-intervention assessment. All the students participated in the pre-intervention assessment, except two students who refused to participate in the assessment. Then, all the sport equipment was distributed to the intervention groups and subsequently, started the intervention. The intervention was carried out within a six-month duration. In August, after three months of intervention module, a mid assessment was carried out for both intervention and control group. In this mid assessment, there were another three students who withdrew from the study because two were transferred out and one had no guardian at home to use the pedometer. This gives a total sample of 158 students to 153 students to continue the intervention module. The final post intervention assessment was carried out in the last week of November where all the students participated in the study. Throughout the intervention, incentives were given to the participants in terms of presents to motivate them to complete the intervention.

3.0 Duration Of Study

The duration of the study will be three years. It is divided into three major phases. Each phase will be further divided into two parts. For the first phase of the study, it includes proposal preparation from September to December 2016. Then it will be followed by ethical consideration and approval for the second part which lasts for four months. The second part of the first phase includes briefing, training, implementation and assessment, which started in May 2017 and lasted until November.

The second phase will be divided into the first four months for data entry, data cleaning and analysis in January 2018, while the following four months will be the final write up for the dissertation.

4.0 Gantt Chart



5.0 References

Dated: 5 March 2018

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Free Health

A collaboration with State Health Department Kapiti

PESTA KAPIT 3 APRIL 2018



Screenings

A collaboration
with State
Health
Department
Mukah

PESTA KAUL MUKAH 28 APRIL 2018



Free Health Screenings

@ AIMAN MALL,
KOTA
SAMARAHAN
20 JANUARY 2018



@ IBU PEJABAT
BRIGED
SARAWAK PGA
7 APRIL 2018



Gawai Raya

Cheer with Patients at
Sarawak Heart Centre

9 JUNE 2018





12 Surprising Things That **HURT** Your Heart



Dental problems

Need extra motivation to brush and floss every day? People with gum disease are more likely to have heart disease, too. The connection isn't clear, but some experts think bacteria from your gums may move into your bloodstream, leading to inflammation of the blood vessels and other heart problems. See your dentist every 6 months for checkups. Make an appointment right away if you spot redness or soreness on your gums or changes in your teeth.

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Shift Work

Working at night or irregular hours raises your risk of a heart attack, according to a recent study from Western University in Canada. Researchers say shift work has a bad impact on the body's circadian rhythm (a.k.a. your "internal clock"), and they think that harms your heart. So if you don't work regular day hours, take extra steps to lower your risk of heart disease: Get exercise, eat a balanced diet, and see your doctor for regular checkups.



Traffic Delays

Anyone who's ever been stuck in bumper-to-bumper traffic will tell you it's stressful. That may be why research links spending a single hour in traffic to higher odds of having a heart attack. High noise levels -- like the kind you hear on a freeway -- are also linked to heart disease. If you can't avoid traveling during rush hour, squash stress by listening to relaxing music. Or share the ride and chat with your fellow passenger.

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Early Menopause

If you're a woman and you go into menopause before you turn 46, your odds of having a heart attack or stroke may be twice as high as those who go through it later. A drop in estrogen, a hormone with ticker-friendly effects, may play a role. Ask your doctor to test you for heart disease risk factors (like high cholesterol).



Snoring

If your partner says you regularly snore or you sound like you're gasping for air while sleeping, see your doctor. You might have a serious condition called apnea. It can happen when your airway is partially blocked and it causes you to have pauses in your breathing. The disorder is linked to high blood pressure, an irregular heartbeat, strokes, and heart failure. Treatments can help you breathe easier and lower your risk for heart disease, too.

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Hepatitis C

If you have this liver infection, you're more likely to have low cholesterol and low blood pressure than people who don't have the disease. But even so, you still have a higher risk of heart disease. Researchers think hep C may cause inflammation of the body's cells and tissues, including those in the heart. Work closely with your doctor to keep tabs on any heart symptoms.



Not Getting Good Sleep

When you routinely get less than 6 hours of shut-eye a night, you raise your risk of higher blood pressure and cholesterol. It increases the odds you'll become obese and get diabetes, too (both of which can hurt your heart). That doesn't mean you should sleep your way through the day. When you spend more than 9 hours horizontal on a regular basis, it raises your odds of getting diabetes and having a stroke -- major risk factors for heart disease. Baby your brain, body, and heart -- aim for 7 to 9 hours of slumber a night.

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An Unhappy Marriage

A good match makes your heart happy and healthy. Older adults who are content in their unions have a lower risk of heart disease than those who aren't, according to a recent study from Michigan State University. The likely cause? Stress. When you're stressed, you're more likely to make bad diet choices and do other things that can hurt your ticker, like drink too much alcohol. What's more, stress hormones may have a negative effect on the heart. So consider seeing a couples' therapist or clergy member together if your marriage isn't a happy one.



Loneliness

When you spend time with loved ones, it thwarts stress and helps you stay active. Lonely folks may be more likely to have heart disease. If you're not near family or close friends, get connected by helping someone in need, or adopt a dog or cat. Volunteers and dog owners might enjoy better heart health and live longer, too.

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Belly Fat

Any extra weight is hard on your heart, but the kind around your midsection is especially dangerous. It may trigger your body to make hormones and other chemicals that can raise blood pressure and have a bad effect on your blood vessels and cholesterol levels. If you're a woman and your waist is more than 35 inches around, or 40 inches if you're a man, talk to your doctor about a diet and exercise plan. Research shows that yoga and short bursts of high-intensity exercise are great ways to whittle your middle.



Too Much Tube Time

Couch potatoes, stand up! People who park themselves in front of the television a lot are more likely to get heart problems than those who limit their TV time. Every hour you spend watching TV on a daily basis may increase your risk by almost 20%. Sitting is the most likely culprit; it's linked to problems like high blood pressure. Until researchers know how and why TV and heart trouble are connected, try to limit your time in front of the tube.

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Too Much Exercise All at Once

Exercise is great for your heart. But if you're out of shape or only work out occasionally, start slowly and build your endurance. When you exercise too long or too hard, it may put you at risk for heart attack and other problems, research shows. Not sure what's safe for you? Start with a gentle exercise like walking. If you have a high risk of heart disease, talk to your doctor, and consider using a heart monitor while working out.



