



YAYASAN JANTUNG MALAYSIA
(The Heart Foundation of Malaysia)

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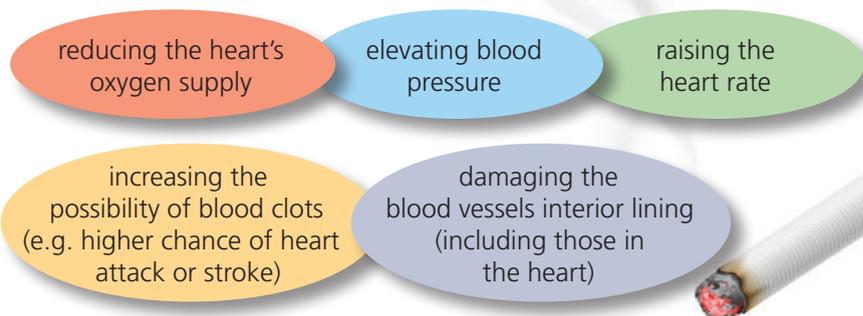
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Chairman

Smoking & Your Heart

Cardiovascular disease (CVD) has been, and continues to be, the number one cause of death in Malaysia for more than two decades now. It is a non-communicable disease, or what is known as a 'lifestyle disease'.

Many of the modifiable risk factors that lead to heart disease are caused by one's lifestyle. Numerous studies have shown that one of the main risk factors of CVD is smoking. Exposure to second-hand cigarette smoke is just as dangerous as it gives the same risk level.

Smoking causes CVD by:



In recognition of the severe health consequences of smoking, the Malaysian government has imposed higher taxes on cigarettes and a ban on smoking in all open air eateries and inside the Parliament building.

National Health and Morbidity Survey (NHMS), Ministry of Health Malaysia	
NHMS 2015 (Malaysians ≥ 15 years old)	NHMS 2017 (Malaysian adolescents)
22.8% are smokers	13.8% are smokers

These figures represent just the smokers, but if we stopped to think about it, the actual number of people who are exposed to second-hand smoke would be much higher, e.g. one smoker may expose any number of non-smokers to the effects of second-hand smoke. For example, in a family of five, if the father is the only smoker, he exposes all the other members of the family to second-hand smoke whenever he smokes in their vicinity.

There is even evidence that third-hand smoke (i.e. the chemical residual from cigarette smoke that sticks to clothes, walls, furniture, carpets, cushions, hair, or skin) is just as dangerous. Thus, if this same father smokes outside the house, then goes in and touches his baby, he will transfer the toxic chemicals found in cigarette smoke to his child.

So, if you are a smoker and you love your life, your family, and your health, it's time to STOP – putting it off or making excuses is not in your own best interest. Remember that the will to cease smoking must come from you. Get your doctor's advice if you need help. The Malaysian government also offers services for smokers who need help kicking the habit; scan QR code for details:
<http://jomquit.moh.gov.my/mquitcenters>





YAYASAN JANTUNG MALAYSIA

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Member of World Heart Federation

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Editor's Note



Take Charge, Fight Heart Disease!

Heart disease comprises a wide-range of conditions related to the heart and are linked to many factors: lifestyle, diet, genetics, environment, etc. It has always been YJM's mission to raise public awareness on this matter, and continually emphasise the importance of taking care of our heart.

Various other health risks, such as stroke, hypertension, and diabetes are related to heart diseases. It is typical for a patient who is diagnosed with a heart disease to also have these conditions. The risk of getting stroke is increased with some heart conditions. In one of our Feature Articles, we look at different types and causes of stroke and how it is linked to some heart conditions.

The burden of heart disease falls on not only the patient but also the caregivers. Another article highlights the challenges faced by caregivers, with some useful tips. We also cover the hidden risks faced by drivers and note how the stress of daily traffic jams or driving on a long journey can have bad effects on your heart. Lastly, find out how our enthusiastic new director, Lt Col (Rtd) Mohan Singh Randhawa, a militaryman-turned-trainer, became involved in advocating heart health.

We hope our efforts in The Heart Foundation will inspire everyone to start taking care of their heart and health. Much has been said about the importance of healthy living by doing regular physical activity and having a balanced diet. Now, it is up to you to take charge of your own well-being!

Datin Dr Liew Yin Mei

List of Activities / Programmes:

Heart Week Programmes



Checking blood pressure @ Kuantan Parade • 4-8 July 2018



Blood glucose screening @ GM Klang • 17-19 August 2018



Activities for children while parents went for health screening @ AEON Seremban 2 • 26-30 September 2018



Annual World Heart Day Celebration @ Tasik Perdana • 23 September 2018

Community Programmes



Happy to receive free health check @ Masjid Aziziah, Kuala Kangsar • 5 August 2018



Waiting for her turn @ Masjid Sultan Mansur, Kg Sireh, Kota Bharu • 21 July 2018



Busy doing health checks and group photo @ MP Teluk Intan • 6 August 2018



School Programmes



Will the students increase lecturers' blood pressure? @ Kolej Komuniti, Teluk Intan • 7 August 2018



Lecturers and students getting checked @ Kolej POLYTECH-MARA, Kota Bharu • 22 July 2018



Health check @ Universiti Tunku Abdul Rahman, Kampar • 2 August 2018

Workplace Programmes



Free health checkup for MQA staff @ Cyberjaya • 24-26 July 2018



Orang Asli community were not left out @ Pos Brooke, Gua Musang • 11 August 2018



Go Red For Women Programmes



Corporate donation @ Tokio Marine, Jln Tun Razak • 4 September 2018



Health talks conducted @ Tmn Melewar, KL • 6 October 2018





By **Datin Dr Liew Yin Mei**

Stroke and Heart Disease



Stroke is a focal disturbance of blood flow to the brain. It is the third commonest cause of death in Malaysia and is a major cause of disability especially in the elderly.

It can be classified as:

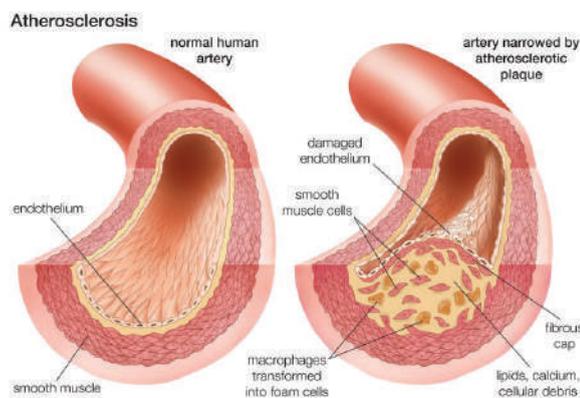
- i) Ischaemic (due to obstruction of blood flow) or
- ii) Haemorrhagic (due to bleeding)

However, sometimes ischaemic strokes can also be complicated by bleeding as well, especially if a large area is affected.

There is a strong link between stroke and Coronary Artery Disease (CAD), both in pathogenesis and aetiology.

Ischaemia in the brain is most commonly due to atherosclerosis, where plaque comprising of cholesterol, calcium, fibrous tissue build up in diseased blood vessels leading to obstruction in blood flow.

Interruption of blood flow to the coronary arteries gives rise to heart attacks and to the brain, strokes.



Source: www.verywellhealth.com/what-is-atherosclerosis-1745908

The predisposing risk factors for strokes and CAD are similar, namely diseases like hypertension, diabetes, high cholesterol, obesity, smoking etc.

The biggest risk factors however are prior stroke (or prior heart attack) and increasing age.

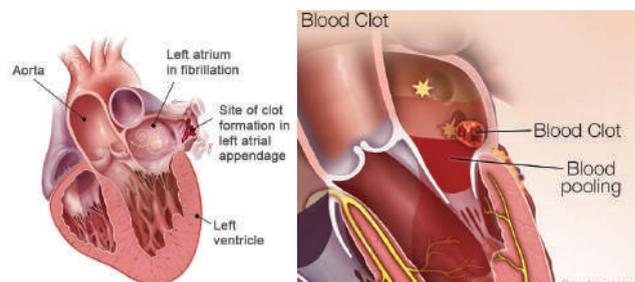
However, obstruction of blood flow to the brain can also arise from embolisation of blood clots from elsewhere in the circulatory system for example blood vessels like the carotids, vertebral arteries in the neck area or from the heart itself, in heart diseases like:

- i) Atrial fibrillation
- ii) Post myocardial infarction
- iii) Valvular heart diseases
- iv) Following cardiac operations/procedures

i) Atrial fibrillation

This describes a rhythm disorder of the heart with uncoordinated and ineffective contractions of the atria (upper chambers) of the heart. This often leads to stasis and clot formation in the atria. Bits of clot can break off and embolise to the brain giving risk to strokes. Atrial fibrillation is most commonly due to rheumatic mitral valvular disease, thyrotoxicosis, hypertension, heart failure, coronary artery disease, or 'lone' atrial fibrillation where no cause is found.

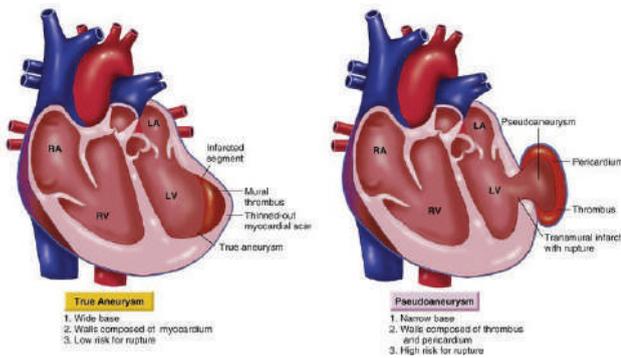
The rate of ischaemic stroke in patients with nonvalvular atrial fibrillation is 2 – 7 times of the population without atrial fibrillation.



Source: www.hearhythmdoc.com/arrhythmia-treatment-options/watchman-procedure/medmovie.com/library_id/4979/topic/cvml_0411a/summary/

ii) Post myocardial infarction

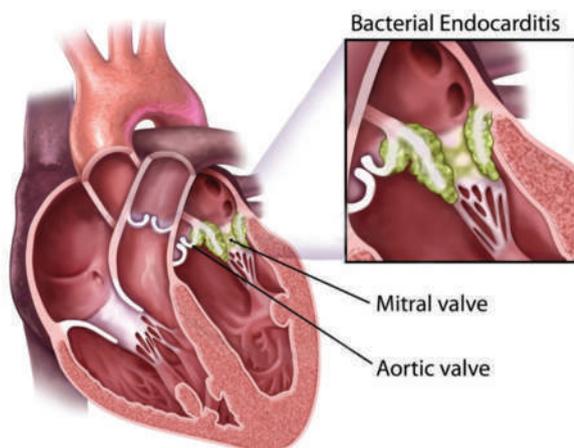
Following a severe heart attack, there may be an area of damaged weakened muscle in the heart with poor contractions/movements. Stasis of blood in this region leads to blood clot formation known as mural thrombus. Similarly, bits of blood clot can break off and embolise to the brain – giving risk to stroke.



Source: thoracickey.com/stelevation-myocardial-infarction-2/

iii) Valvular heart disease

Damage or disease of heart valves from congenital defects, infection, rheumatic fever or age-related changes predispose to infection in the heart and damaged valves, known as Bacterial Endocarditis. Clumps of bacteria and blood products settle on these heart valves. These are friable and may break off to embolise to the brain resulting in stroke. Replacement of diseased heart valves with use of mechanical (prosthetic) valves also predispose to clotting tendencies in the 'foreign' valve tissue. Again, this can lead to strokes from embolisation. In addition, valvular heart disease may also predispose to atrial fibrillation with its attendant risk of blood clot formation and embolisation as described earlier.



Source: www.careandwear.com/blogs/community/123320003-what-is-endocarditis-and-what-causes-it

Mechanical Valve Thrombosis

- Blood clot (thrombus) could grow large enough to affect the proper function of the valve (valve thrombosis)
- Or break loose (embolise) and travel with the blood to another part of the body & block blood flow to that area (thromboembolisms)



Source: www.slideshare.net/escardio/messika-zeitoun-case-1-with-links

iv) Following cardiac operations/ procedures

With procedures like bypass surgery, valve repair, etc. strokes can occur at the rate of 0.7-7%, depending on the procedure, due to possible intrinsic disease, emboli or microemboli.

Haemorrhagic strokes

This is the result of bleeding in the brain and is associated with:

1. Uncontrolled hypertension (most common cause, 60% cases).
2. Blood vessel malformations (AV malformation).
3. Aneurysm in the brain.

Less common causes of strokes include blood disorders, use of contraceptives (associated with other risk factors like smoking), brain tumours, infections and systemic diseases like SLE.

What are the signs and symptoms of strokes?

This will depend on:

- i) Stage of the stroke progression.
- ii) Location/area of brain affected.

A typical **full blown stroke** may present with focal weakness or numbness in a limb or side of body, with facial asymmetry or speech disturbances and altered consciousness at times, depending on the area of the brain affected.

A stroke in evolution describes ongoing progression of the disease.

A transient ischaemic attack (TIA) describes a transient neurological deficit that resolves within minutes and normally less than 24 hours. It is important to recognise TIA because it is an opportunity for early treatment to prevent future impending strokes and permanent disability.

What to do if stroke is suspected

1. See a doctor to confirm diagnosis.
2. Admission to hospital if severe symptoms, for example altered consciousness, weakness, speech, swallowing difficulties etc., as urgent investigations and interventional treatment may be necessary and helpful at times.
3. A cardiac check is also necessary to look for possible causes of the stroke, like embolisation of blood clots from the heart.

Follow up of stroke patients

Physiotherapy and rehabilitation are important following a stroke, to overcome residual disabilities. Medications like aspirin and anticoagulants when indicated and healthy lifestyle habits with regular exercises help to prevent recurrence of strokes. Ultimately, avoidance of this lethal and disabling disease lies in prevention of the risk factors, namely hypertension, diabetes, high cholesterol, smoking, obesity etc., for **"Prevention is always better than cure"**.



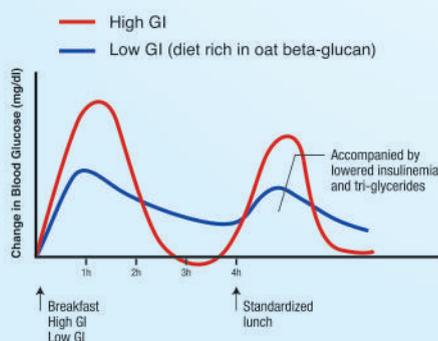
Maintaining Healthy Cholesterol & Blood Glucose Levels with Oat Beta-Glucan

An average Malaysian diet is highly packed with carbohydrates from starchy staples, trans fats and sugars from overly-processed foods — all making it difficult for an average person to get enough fiber and nutrition through diet. Poor diet and sedentary lifestyles might have been contributed to the high prevalence of metabolic disorders such as high blood cholesterol and hyperglycemia in the country.

According to the **European Society of Cardiology (ESC)**, carbohydrate digestion and absorption could be delayed by choosing foods with a low glycemic index. The Glycemic Index (GI) allows identification of those with “fast” and “slow” absorption among carbohydrate-rich foods¹. It measures how a carbohydrate-containing foods raises blood glucose. High GI foods can cause a sudden spike in blood sugar level, which trigger large amount of insulin to be secreted to lower the sugar spike. Consequently, it can increase the risk of type 2 diabetes and other health complications. When low GI foods are consumed, the sugar is gradually absorbed into the body, and therefore the blood sugar level rises gradually, resulting an appropriate amount of insulin is secreted and sugar is promptly taken up by the tissues. Therefore, daily intake of foods high in GI should be limited through **portion size control**.

processing control². According to experts, not only we need to consume the recommended 3 g oat beta-glucan per day, but also the clinically researched oat beta-glucan in order to achieve the desired health benefits.

The impact of oat beta-glucan enriched breakfast extends to lunch with lower blood glucose and insulin levels.



*Graph provided by Prof. Jennie Brand-Miller, University of Sydney.

Oats and oat bran powder are **naturally rich** in the heart-healthy soluble fiber – oat beta-glucan. The cholesterol-lowering and blood glucose-regulating effects of oat beta-glucan depend highly on the molecular weight and bioactivity of the oat beta-glucan, which often destroyed by poor

Health claims for oat beta-glucan approved by European Food Safety Authority and Ministry of Health Malaysia:

- 3 g of oat beta-glucan daily help lower cholesterol.
- Oat soluble fiber (beta-glucan) helps to lower the rise of blood glucose provided it is not consumed together with other food.
- Consumption of beta-glucan from oats contributes to the reduction of the glucose rise after a meal.

Biogrow Oat BG22 oat bran powder provides the 2 in 1 health benefits in a much smaller and easy-to-consume serving size. Some of the advantages of Biogrow Oat BG22 as follow:

- Provide only the clinically researched bioactive oat beta-glucan with more than 20 published human studies on cholesterol-lowering and blood glucose-regulating effect worldwide.³
- Easy-to-serve daily portion with only 2 scoops (≈ 18 g) oat bran powder for the recommended 3 g bioactive oat beta-glucan.
- Lower in calories, higher in total fiber and lactose-free.
- Laboratory-tested low in GI (< 55), suitable for pre-diabetics and diabetics.

Biogrow Oat BG22 is the only trusted brands in Malaysia that provides clinically proven effects on blood cholesterol reduction and blood glucose management. It provides an absolutely natural and easy way to obtain the highly bioactive oat beta-glucan from our daily diet.

References:

- European Heart Journal (2011).
- Holm J et. al., J Cereal Sci. (1985).
- EFSA Journal 2010;8:1885[15 pp.].



Available at all leading pharmacies nationwide.

Legosan (Malaysia) Sdn. Bhd. (284196-H) Lot 6, Jalan 19/1, 46300 Petaling Jaya. Call Infoline: 03-7956 2220 (Mon-Fri 9am-5pm) | Website: www.biogrow.com.my



Tips for Heart Disease Caregivers

When a family member is diagnosed with a heart disease, the responsibility of caring for him may fall onto you, the caregiver. It can be a frightening and depressing experience for the patient, as this usually involves a change in lifestyle. It may be frightening for you also, especially if you are unfamiliar with the disease and the responsibilities required. However, your supportive and helpful role can make an enormous difference to help the patient go through his day.

Tips for caregivers

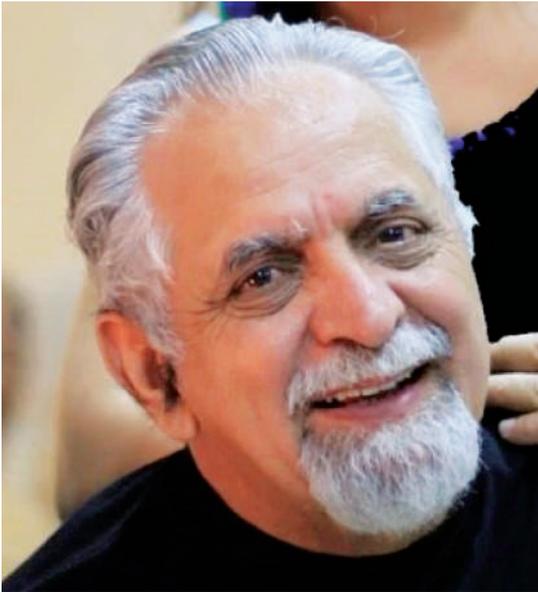
- **Educate yourself.** Learn about your loved one's heart condition and how his existing health issues (if any) may affect the heart. Understand his medications, other medical interventions, how they are taken, and what their functions are. Be prepared to deal with emergency situations, such as by learning CPR and first aid for heart attack. Don't be afraid to ask questions to healthcare professionals. Find reliable resources.
- **Monitor the patient.** Remind him to take his medication and keep a schedule or planner to remind yourself. Make sure that he takes the required amounts and right types of medication on time. Organise his pills using a pillbox with one compartment for each day of the week. Check and record his weight and blood pressure regularly. Monitor any symptoms of heart disease or failure and keep a record.
- **Provide emotional support.** Encourage him to adopt lifestyle changes recommended by doctors and dietitians. Help him to maintain daily physical activities and exercises, and to adopt a balanced and heart-healthy diet by practising this lifestyle

together with him. Offer support by accompanying him when seeing the doctor and helping him to take notes of important instructions. Help him to stay positive and stress-free.

- **Communicate well.** Listen attentively to what he is saying. Pay attention to nonverbal communications, such as body language and eye contact. Sometimes, it can be difficult to interact with the patient, for example, when he refuses to take his medicine. Persuade him patiently. Be honest with him about his condition. Being a caregiver can also be stressful, but try not to let that affect your relationship with the patient.
- **Ask for help.** It is okay to seek for help when things start to feel too overwhelming. Refer to experts or experienced individuals when you are clueless about something. When someone offers help, accept the extra hands.
- **Take care of yourself.** Have a rest to avoid 'burnout'. Allocate some time to do your favourite activities on your own. Do not neglect your health. Practise healthy living by following a balanced diet and being physically active. Do take care of yourself first, in order to give better care for the patient.

Becoming a caregiver for someone with heart disease is an important responsibility, in addition to your other routines and roles. Just remember that while caregiving is tough, the connection built between you and your loved one will be priceless. With a little time and experience, as well as help from others, you will get the hang of it and will be able to provide the best care to your loved one.

An Interview with Lt Col (Rtd) Mohan Singh Rendhawa



Police Force and cared for him with the help of his older brothers, all of whom also had their own families and children to care for. As a child, Mohan was very active in school – he was a boy scout, a school long distance runner, a rugby player and also actively took part in stage plays. He was also a school prefect and eventually became the Head Boy of his school.

Military service

At 17, tragedy struck when his eldest brother (who also happened to be caring

Base in Kuala Lumpur. As an officer in the Human Resource branch of RMAF, he often transferred to many different locations.

His time was not spent idly as he took the initiative to continue studying. After 27 years of service, he has amassed various qualifications such as a Certificate in Public Relations, a Diploma in Marketing from the Chartered Institute of Marketing (UK), a Diploma & postgraduate Diploma in Education, and a Master of Science in Education from the University of Surrey (UK). He also became a member of professional bodies and is a Fellow of the Institute of Personnel and Development (UK), a Fellow of the Institute of Supervisory Management (UK) and a Fellow of the Institute of Public Relations (Malaysia).

Born in Amritsar Punjab in 1949 but raised in Penang from the age of two when his mother passed away, Lt Col (Rtd) Mohan Singh Rendhawa is currently a proud father of three daughters, and also a grandfather of three.

During his childhood, he lost his mother when he was only 2 years of age, his father served in the British



Mohan as RMC Cadet (Second from left).



Mohan in the uniform of the palace during the time he served the Istana Negara in 1971.



Mohan and Serjit Kaur his wife for 46 years. Mohan & Serjit met while both were on duty at the HRH Sultan of Kedah's first Installation.

for him at the time) died in a road accident. Mohan worked as a night watchman by night to help support his brother's wife and four children while attending school during the day. By dint of sheer hard work and persistence, he managed to juggle work and study. At 19, Mohan was accepted in the Royal Malaysian Air Force (RMAF) and was placed in charge of recruit training at RMAF

Life after retirement

After 27 years with RMAF, Mohan opted to retire from the service and proceeded to join the corporate world as a trainer and has been doing corporate training for more than 22 years. In 2010, he joined the Heart Foundation of Malaysia (Yayasan Jantung Malaysia, YJM) as

an ordinary member. He became a life member three years later and was then invited to be a YJM Board Member.

He actively did his part by attending meetings with Bandar Raya and carried out all other YJM duties



Mohan with a group of students of a 5-day Train the Trainer workshop he used to conduct for Human Resource Development Council Malaysia (HRDC).



Staff of YJM at a Team Building event at Casa Richado in Port Dickson, conducted by Col Mohan.

with due diligence. "It is my vision that YJM as an organisation moves beyond its original goal of raising awareness of heart disease to developing strategies that specifically target the younger generation to empower them to take charge of their heart health. My passion is further fuelled by my late father's death due to a stroke, and I hope to spare others from feeling this pain. I feel that the public's behaviour will only change if given the education and realisation of the importance to take action," he reveals.

Heart health should start at a very young age as eating and exercise habits are formed while a person is in school. He feels that YJM should reach out to young people and help

them adopt good habits. In order to reach out to the younger generation more effectively, he believes that YJM will need to target the heads of universities, colleges and schools. Educators are the ideal partners in order for YJM to succeed in this as they are the key opinion leaders who influence the young.

Ideas for membership

As of today, YJM membership is very limited. Mohan hopes to create a new category of membership called the Heart Ambassador to facilitate younger people joining YJM. Educators and students would qualify to become Heart Ambassadors.

"The ideal Heart Ambassador should be a non-smoker, exercise regularly and eat the right type of food at the right time. Most importantly, they should be willing to spread the message to other people so that more people can enjoy better health later in their life. I truly believe that getting the young involved is critical as peer influence can potentially be more effective," he remarks.

As part of the Heart Ambassador programme for young leaders, Mohan believes that other youth-based organisations should also be approached to partner with YJM. This includes St Johns Ambulance, Boy Scout Movement, The Rotractors and Interactors and others from the Lions Club and other youth organisations.

With the limited manpower at YJM, Mohan feels that this is possible via social media, and is currently researching how to achieve this. "It's up to us to find creative ways of getting them involved. Young people like fun activities, so if we can create a fun way to encourage them to look after their heart health, there is a good chance to get people to sign up for our programmes," he says.



Lt Col Mohan Singh receiving the Award of Ahli Mangku Negara (AMN) from HRH the Sultan of Pahang (the then Yang Di Pertuan Agong).

Life begins at 70

As he will be 70 next year, Mohan is very concerned about maintaining his quality of life right into the 80's and if possible 90's. His inspiration is our current Prime Minister, Tun Dr Mahathir, who is 93 this year, saying "If Tun can do it, I can too!"



Mohan maintains a strict exercise routine, cycling 7 km three times a week, swimming 10 laps in a 50m pool twice a week and an hour of Yoga every Saturday morning. He is also a non-smoker and frowns upon smoking as it is forbidden by his religion as Mohan is a Sikh.

Risiko yang dihadapi oleh pemandu



Hajjah Ainon Hj Kuntom

Memandu bukanlah senang dan mudah pada zaman sekarang. Terlalu banyak perkara yang mesti diambil kira serta peka terhadap maklumat yang dikeluarkan oleh pihak polis dari masa ke semasa bagi keselamatan pemandu.

Perkara-perkara seperti memandu di jalan yang sunyi pada waktu malam atau siang, pemandu hendaklah berhati-hati dan jangan berhenti sekiranya ada orang memohon pertolongan.

Apa yang patut dilakukan adalah pergi ke balai polis yang berhampiran untuk membuat aduan ataupun menelefon balai polis yang berhampiran untuk memberi maklumat mengenai kejadian tersebut. Kini pelbagai jenayah yang dilakukan oleh manusia yang tidak berperikemanusiaan terhadap pemandu. Pemandu jangan alpa dan leka semasa memandu kerana kita perlu mengambil pengajaran dan panduan yang disampaikan oleh pihak polis sebagai iktibar untuk kita menjaga keselamatan semasa memandu.

Apabila keluar rumah, kita hendaklah mendapatkan maklumat dari stesen-stesen radio yang memaklumkan jalan-jalan yang sesak dan jalan pintas yang boleh diambil untuk mengelakkan dari kesesakan jalan. Polis trafik akan memberi maklumat melalui radio tentang jalan yang patut digunakan untuk memandu dengan cepat dan selamat untuk menghindari dari kesesakan yang tidak menentu.

Demikianlah keadaan yang pemandu terpaksa hadapi setiap hari yang mana boleh mengakibatkan pemandu berada dalam keadaan yang amat stres. Keadaan ini boleh membawa pemandu kepada suatu keadaan kesihatan yang boleh mengakibatkan pemandu mendapat strok (angin ahmar) sekiranya pemandu itu menghadapi penyakit jantung.

Bagi mengelakkan perkara yang tidak diingini berlaku, sebelum keluar rumah hendaklah kita merancang bagaimana dan jalan mana yang patut diikuti dan jalan mana yang tidak perlu kita lalui.

Berpendukan keterangan dan berita dari polis trafik melalui radio mungkin boleh mengurangkan stres masa memandu. Perlu juga diingatkan di sini apabila pesakit jantung hendak memandu, mereka perlu mengambil ubat yang perlu dimakan terlebih dahulu sebelum memandu. Ini boleh mengurangkan keadaan yang tidak selesa dan tidak tentu arah dalam perjalanan ke pejabat.

Dalam merancang perjalanan jauh, kita perlu berehat setelah memandu selama 2 atau 3 jam, dengan berhenti di R&R untuk menyelesaikan diri dengan ke tandas atau meminum kopi/teh serta mengambil makanan ringan untuk menyegarkan dan menyihatkan badan dan fikiran. Selain dari perjalanan yang jauh, semasa balik dari pejabat pun apabila keadaan lalu lintas amat sesak, pemandu perlu cari tempat untuk berehat terlebih dahulu. Mungkin pemandu boleh berhenti di kedai-kedai kopi ataupun di tempat seperti surau, masjid, gereja ataupun tokong bagi mengelakkan daripada lalu lintas yang amat sesak. Pemandu juga harus merancang dan memerhatikan keadaan lalu lintas di jalan-jalan yang perlu dilalui apabila pergi dan balik pejabat. Mungkin jika masuk ke pejabat sejam lebih awal daripada waktu pejabat, maka berbincanglah dengan pengurus pejabat untuk memohon pulang sejam lebih awal, bergantung kepada budi bicara pengurus pejabat. Begitu juga jika pemandu ingin masuk ke pejabat lewat dari waktu yang ditetapkan, maka pemandu boleh memohon untuk pulang lebih lambat daripada waktu pejabat bagi mengelakkan kesesakan jalan raya.

Pemandu eloklah merancang perjalanan yang hendak dilakukan terlebih dahulu tanpa mengira ke mana arah dituju, bagi mengelakkan stres berlaku pada diri pemandu. Semasa kita memandu kita harus peka dengan keadaan jasmani, rohani, aqli; misalnya jika rasa hendak tidur eloklah pergi ke tempat rehat untuk tidur dalam sejam. Kemudian segarakan badan, selepas itu barulah sambung memandu.

PANDU CERMAT JIWA SELAMAT.

PLANNER FOR 2018

MONTH	DATE	PROGRAMME	VENUE
NOVEMBER	3	Go Red for Women	Baling, Kedah
	7	Workplace	Alloy MTD, Batu Cave, Kuala Lumpur
	9 – 11	Invitation	Fitness Concept, IOI City Mall, Putrajaya
	14 – 18	Heart Week	AEON Permasjaya, Johor
	26	Community	Universiti Tunku Abdul Rahman, (UTAR) Sg. Long, Selangor
	28	Workplace	UPECA Aerotech, Shah Alam, Selangor
DECEMBER	2	Community	Gurdwara, USJ
	12 – 13	Workplace	AXA Affin General Insurance Berhad, Kuala Lumpur



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SECRETARIAT

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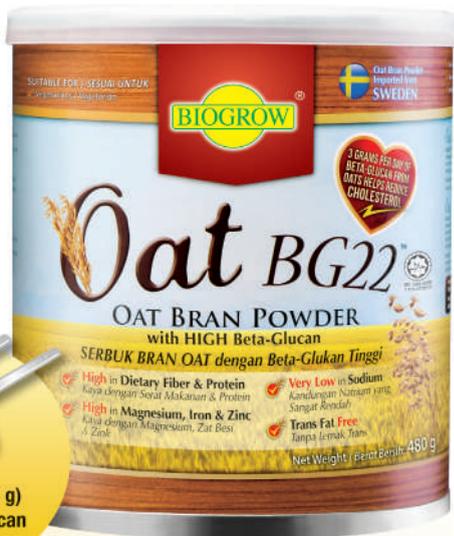
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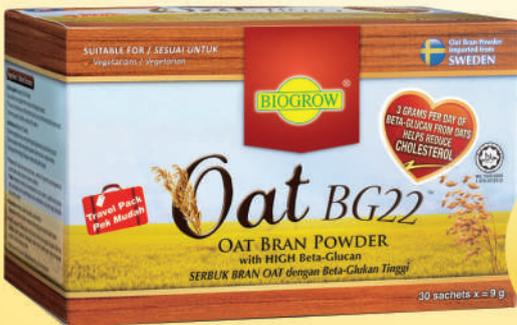


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References:

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2. Wolever et. al, Am J Clin Nutr., 2010.

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