



**YAYASAN JANTUNG MALAYSIA**  
(The Heart Foundation of Malaysia)

# **BERITA** *yayasan* **Jantung** *Malaysia*

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## **Insights** from the New President

Heart disease has been the number one killer in Malaysia for the past three decades! I want to encourage Malaysians to "wake up", and start taking care of their heart health.

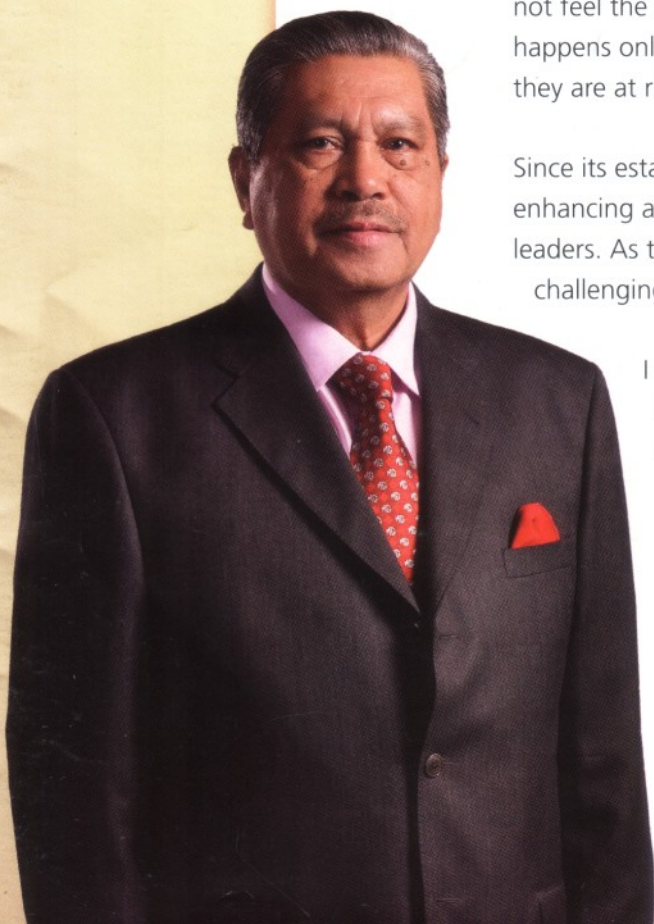
Yayasan Jantung Malaysia (YJM) has made its mission to focus on the prevention of cardiovascular diseases by educating and enhancing the overall awareness on heart disease among Malaysians. Many programmes and events have been executed in an effort to reach out to the public on a face-to-face basis.

Malaysians must know the consequences and dangers, as well as the fact that heart disease remains the number one killer in Malaysia. Many do not feel the need to take serious preventive measures, and assume that it happens only to others, and not to themselves. When they do realise that they are at risk, it is almost always too late.

Since its establishment in 1982, YJM has contributed significantly towards enhancing awareness of heart health, thanks to the efforts of our notable leaders. As the new President of YJM, I am entrusted to take up this challenging role to continue promoting Malaysians' heart health.

I would like to thank everyone who has worked so tirelessly in YJM to help fight against our number one killer. I would also like to express my appreciation to all the executives and administrative staff in YJM for their commitment and loyalty to YJM.

Tun Ahmad Sarji bin Abdul Hamid  
President







## YAYASAN JANTUNG MALAYSIA

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Member of World Heart Federation

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## Editor's Note

This edition of the Berita Yayasan Jantung Malaysia (BYJM) is indeed significant as we welcome our new President, Tun Ahmad Sarji bin Abdul Hamid on board Yayasan Jantung Malaysia who replaces our past President, Tun Dato' Seri Omar Yoke Lin Ong.



Indeed, we extend our warmest welcome and congratulations to Tun as our new President, who has served the Yayasan Jantung Malaysia for many years as our Vice President. In this issue, Tun Ahmad Sarji will share with us his feelings on his new role with the Foundation.

This issue will also cover the series of YJM Heart Healthy Week roadshows conducted around the country over the past six months to highlight the importance of heart health. These roadshows allow YJM to interact and raise awareness of heart health with Malaysians from all walks of life. YJM has always strived to educate Malaysians on the prevalence and risk factors of heart disease.

We also cover Pre-diabetes Treatment to prevent CVD which not many people have heard of, but is just as important to know about. Having diabetes, or pre-diabetes, puts you at a higher risk of developing heart disease and stroke. Therefore, it is especially important to know what you can do to avoid or prevent this from happening, especially if you are in the high-risk group of developing diabetes, or already suffer from diabetes.

Earlier this year, on January 17, YJM launched the Quaker "Make Malaysia Heart Healthy" Campaign, mentioned in passing in our previous issue. This time around, we dedicate a page in our newsletter to inform our readers about the details of the campaign, and how it can actually benefit the Malaysian public.

An example of other topics covered in the remainder of our newsletter are Heart Disease – its risk factors, symptoms, as well as medications, in addition to life-saving procedures.

As the old adage goes: prevention is better than cure! Make use of the information provided, and let us battle together against these killers. Make smart choices, demystify heart issues and treatments, and save our hearts!

**DATO' DR KHOO KAH LIN**





## Knowing Heart Care

Prevention is the best step to any disease, which of course includes heart disease too. Keeping that in mind, YJM continues to educate the public, and increase the awareness of heart disease nationwide. It's never too late to start a healthy lifestyle – this means regular exercise, a healthy and nutritious diet, while maintaining an optimal Body Mass Index (BMI) at the same time.

Don't hesitate, start now!

### Community Programmes



Masjid Tanah, Melaka • Jan 8-9, 2011



Masai, Johor • Jan 22-23, 2011



Papar, Sabah • Jun 19, 2011

### Corporate Invitation



Tropicana Golf & Resort, PJ • Jan 17, 2011



SACC Mall, Shah Alam • Mar 12, 2011

### Heart Week



Star Parade, Alor Setar  
• Feb 23-Mar 1, 2011



AEON Cheras Selatan, Balakong  
• Mar 8-10, 2011



AEON Bukit Indah, JB  
• Mar 15-20, 2011



AEON Seberang Prai City, Bukit Mertajam  
• Apr 5-10, 2011



Terminal 1 Shopping  
Centre, Seremban  
• May 10-15, 2011

### School



Malaysian National Reinsurance Bhd  
• Mar 23-25, 2011



SMK Abdullah Munshi, Georgetown, Penang • May 4-5, 2011







## Prediabetes And Heart Disease

By Dato' Dr. Khoo Kab Lin, MD, FRCP

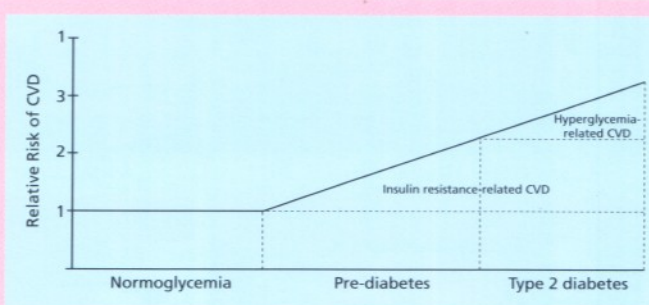
The term "prediabetes" was first used when the Department of Health and Human Services (HHS) and the American Diabetes Association (ADA) on 27th March 2002 announced the results of the Diabetes Prevention Program (DPP).

"HHS and the ADA are using the new term "prediabetes" to describe an increasingly common condition in which the glucose levels are higher than normal but not yet diabetic – known in medicine as impaired glucose tolerance or impaired fasting glucose. Most people with this condition go on to develop type 2 diabetes within 10 years." (Samuel Daggo-Jack, Diabetes Care 2005; 28:971-972)

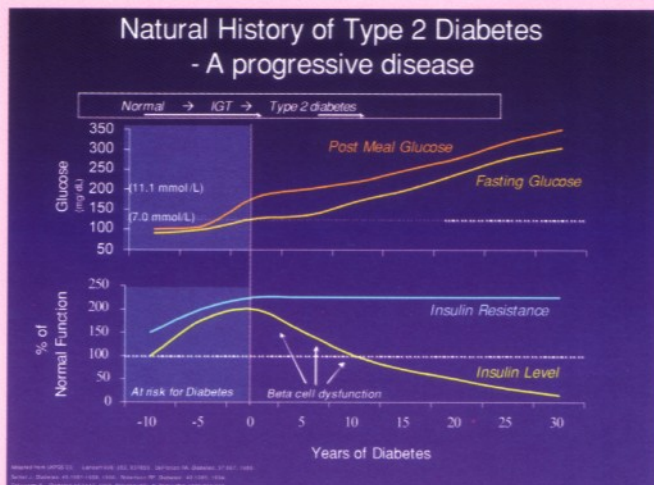
A meta-regression analysis of published data from 20 studied showed that subjects with impaired glucose tolerance (1GT), 2-hour plasma glucose levels (7.8-11 mmol/l) or impaired fasting glucose (5.6-6.9 mmol/l) have about two fold higher risk for CVD events than normoglycaemia subjects (Coutinho et al 1992 Diabetes Care 22; 233-240). The Whitehall study was the first to show an increased risk of CVD when the 2h level exceeded 5.5 mmol/l (Fuller JH et al, BMJ 1983; 287:867-870). The Honolulu Heart Study in a 23 year follow-up showed an increased risk of sudden death was associated with postchallenge hyperglycaemia (Rodrigue BL et al. Diabetes Care 1999; 22: 1262-1265). Figure 1 shows the relative risk of CVD increases with rising blood sugar from normoglycaemia, prediabetes and type 2 diabetes.

In the DECODE (Diabetes Epidemiology Collaborative analysis of Diagnostic Criteria in Europe) Study which analyzed 10 cohort studies comparing more than 22,000 subjects, the 2-hour postload glucose levels were associated with a linear increase in hazard ratio for all cause mortality as the 2-hour blood glucose concentration increased from 5.3 to 11.1 mmol/l.

Over this range of 2-hour glucose levels, the risk doubled and approached that of patients treated for diabetes.



**Figure 1:** Relative Risk of CVD in Normoglycaemia, Pre-diabetes and Type 2 diabetes (Lakkso M. Diabetes Care (2010) 33: 442-449)



**Figure 2:** Data from Interventional Studies comparing placebo with active treatment suggest that patients with 1GT are at risk when the 1GT is identified and untreated, they experience progression in their incidence of diabetes, as well as in microvascular and macrovascular risk as shown in figure 2.

In the Diabetes Prevention Program (DPP) the placebo 1GT group has a progressive increase in the prevalence of hypertension from 29% to 38%, an increase in prevalence of dyslipidaemia from 6% to 16% and increase in the prevalence of clinical CVD events by approximately 50% - relative risk of 0.47 over 4 years. In the STOP-NIDDM trial, the prevalence



of retinopathy was found to increase dramatically in the highest tertiles of each glycaemic measure. There was an increase in hypertension, microalbuminuria, and idiopathic peripheral neuropathy in the placebo-treated 1GT group over 3 years. Findings from these studies suggest that patients with 1GT are at risk when identified and when untreated, they experience progression to diabetes as well as microvascular and macrovascular complications.

Insulin resistance with impaired insulin secretion is a major pathophysiological mechanism leading to elevated fasting or postprandial glucose in pre-diabetic individuals. The mechanisms linking prediabetes and type 2 diabetes with CVD remain poorly understood. Pre-diabetic subjects often have a clustering of different CVD risk factors. Insulin resistance-related risk factors in the pre-diabetic state and insulin-resistance related and hyperglycaemia-related risk factors in type 2 diabetes are likely to explain a major part of enhanced atherothrombosis in these conditions.

In pre-diabetics, its progression or prevention to diabetes can be achieved as well as a reduction of the CVD risk factors.

The ACE/AACE Consensus Statement 2008 recommend the following goal and treatment modalities in prediabetes management. The aim is to address its abnormalities and cardiometabolic disease risk. The preferred treatment is intensive lifestyle management. As the disease progresses, drug therapies for hyperglycaemia and individual coronary heart disease risk factors – hypertension, dyslipidaemia, glycaemia, use of aspirin and cessation of smoking are recommended. Persons with prediabetes should reduce weight by 5%-10% with long term maintenance at this level on the basis of the Diabetes Prevention Program findings. The Finnish Diabetes Prevention Program indicated a reduction in diabetes incidence which persisted after lifestyle counseling was stopped. A regular moderate-intensity physical activity for 30-60 minutes daily, at least 5 days weekly is recommended as well as calorie restriction, increased fiber intake and limitation in carbohydrate intake. Certain drugs can be used to treat obesity. Orlistat prevents progression from prediabetes to diabetes. Sibutramine and cannabinoid receptor antagonists are effective in reducing weight and control hyperglycaemia but are not approved for use because sibutramine may have adverse



blood pressure effects and cannabinoid receptor antagonists may cause depression and anxiety. Bariatric surgery is also effective in reducing the likelihood of diabetics developing morbid obesity (BMI greater than 40 Kg/m<sup>2</sup>).

Currently no pharmacologic therapies have been approved by the FDA for the treatment of prediabetes.

There is strong evidence from randomised interventional trials that metformin or acarbose reduce the progression of prediabetes to diabetes. They are less effective than intensive lifestyle changes but they have a good safety profile.

There are good clinical trials indicating that Thiazolidines-Triglitazone (TRIPOD) Rosiglitazone (DREAM) and Pioglitazone (ACT-NOW) decreased the likelihood of progression from prediabetes to diabetes. There are concerns of the safety of the drugs – liver toxicity for Troglitazone, coronary artery disease for Rosiglitazone and bladder cancer for Pioglitazone. Incretin – based therapies may in future prove to be effective in preventing diabetes because of maintaining or improving  $\beta$ -cell function in experimental animals.

The ACE/ACCE Consensus Statement (2008) recommends the same lipid and blood pressure goals as in diabetes. Low dose aspirin is recommended for all persons with prediabetes. Prediabetics should have annual fasting glucose, HbA1c and a 2 hour post challenge glucose tolerance test, urine microalbuminuria, lipid profile and BP measurement. Preventing progression of prediabetes to diabetes is cost effective. A missed diagnosis of diabetes amounts to a missed diagnosis of cardiovascular disease.





# Exclusive Interview with the New President of YJM, **Tun Ahmad Sarji bin Abdul Hamid**

Having met the charismatic Vice President, Yang Berbahagia Tun Ahmad Sarji in an interview last year, we are pleased to make his acquaintance yet again, and this time as the newly appointed President of Yayasan Jantung Malaysia (YJM).

***Congratulations Tun Ahmad Sarji, on your appointment as President of YJM! How do you feel, Tun, about this new chapter in your life?***

Thank you; I feel very privileged to have been able to contribute to YJM during these past years, as Vice President, and now as President. Chronic heart disease is one of the leading causes of death in Malaysia, which is why I am strongly committed to serving YJM and am keen to continue here as President. I hope that we can continue to make a difference to the Malaysian community and increase their awareness of heart health.

I am very pleased to say that YJM has a very systematic and solid management structure. Here at YJM, we work as a team, and everyone has their own role to ensure that all our events, programmes, and agendas run smoothly. There are executives and administrative staff whom are in charge of handling many of the affairs and details that help me in my role as President. Therefore I can contribute efficiently to YJM, while making sure my other duties and responsibilities are met as well.

***Being Chairman of Permodalan Nasional Berhad (PNB) and now President of YJM, your busy schedule will surely be bursting at the seams. How do you manage to cope with this hectic lifestyle?***

***What are some of the long-term goals that Tun would like to achieve with YJM in about 5 years time? Any new plans or ideas on how we can reach out to more Malaysians about taking care of their heart health?***

Well, the most important aspect of preventing heart diseases, lies in educating the public about the dangers of heart disease and education on heart health. Hence YJM's main goal remains prioritising and emphasising the prevention of cardiovascular diseases through education.

The public has to be made aware of the consequences of neglecting their heart health. YJM is dedicated to enhancing the level of awareness among Malaysians, in a professional and caring manner.

There have been campaigns and activities carried out over the years to help reach this long-term goal. These campaigns help in creating awareness among the public. This will help further support prevention efforts, such as lifestyle and diet changes. YJM has kept these goals over the years, and will continue to carry them out, as educating the nation cannot happen overnight. It requires persistence and consistency.



***We've also noticed that YJM has its own Facebook page! What are your thoughts on social media?***

Social media such as Facebook, can actually be educational, making medical conditions like heart disease interesting and informative at the same time. Malaysians, especially the youth, can learn about functions of the heart, the dangers of overtaxing it, and how to prevent heart diseases that may occur later on in life if you're not careful.

Facebook can be used to spread the word to a much larger community, as many people use the Internet as a means of communication. We have uploaded future programmes and events on our Facebook page, which also includes free health screenings, and encourage people from all walks of life to come to our health screenings.

I don't really carry out strenuous activities, but I do play golf twice a week. I also go out for a walk whenever I have the time. And I try to maintain a healthy, balanced diet. In general, I believe that some exercise and a good diet is the best way to maintain overall health; hopefully, this also helps in preventing cardiovascular disease!

My doctor's advice is also something I take seriously. I am on medication for high cholesterol levels, so I ensure that I take my medication at the proper times and go for check-ups regularly. Personally, I have not had any heart troubles, neither have any of my close family members suffered from heart disease or heart attacks. But I have had uncles from my father's side, who have suffered from heart attacks. So, it really is important to look after your heart, as lifestyle practices and diet play a major role in your heart health.

***What about your own personal lifestyle Tun; do you find it easy trying to maintain a healthy diet and lifestyle, especially with your busy schedule? Can you share with us some tips on your healthy lifestyle practices?***

***Do you think a healthy and happy home environment is an important aspect for overall physical health? How do you maintain a good balance between work and family commitments, Tun?***

Of course, a happy home environment is an important aspect of one's overall physical health. Good nourishment keeps the family healthy, but sometimes, laughter is the best medicine! It is just as important for health as good food is.

Maintaining a good balance between work and family commitments lies in efficient time management. I believe that I spend sufficient time with my family; after work, when I return home, I usually have dinner with them. And before everyone retires to bed, there is still time to interact with the family. One shouldn't use the excuse "There's no time", when it comes to family.

We even have regular gatherings with my children's families; my grandchildren come to visit me often too. In fact, the best time to incorporate a healthy lifestyle is during family gatherings, or even when you spend time with your family daily. It is important you take care of your heart, as well as health in general, start from young.

Thank you once again; I would just like to say that everyone should really value his or her heart. If your heart stops beating, your life ends too, but not many people realise how vital their heart really is. Take good care of your heart health by maintaining a healthy lifestyle and diet, and of course, it is essential not to overtax your heart. This varies with the individual, which is why regular health screenings and check-ups are important. Don't take your doctor's advice lightly too; chances are he knows much more about your heart than you do!

***Lastly, congratulations again Tun on your newly appointed position. Would you like to leave a parting message to the public?***



# Penyakit Jantung – Apa yang kita perlu tahu mengenainya

Oleh Dr. Azmee Ghazi (Pakar Jantung, Institut Jantung Negara)  
Diterjemah dan diolah oleh Puan Hajjah Ainon Hj Kuntom

Jantung merupakan sejenis otot yang memerlukan darah yang membekalkan oksigen dan zat untuk berfungsi. Darah dibekalkan di aorta (pembuluh utama dalam jantung) yang berlingkaran cabangnya ke seluruh jantung.

Pembuluh jantung seperti lain-lain saluran darah dalam badan manusia sering berhadapan dengan ketegangan pengecilan pembuluh disebabkan proses timbunan kolesterol yang dinamakan "plaques" yang menimbun di merata-rata tempat dalam pembuluh. Sekiranya timbunan kolesterol ini menyekat pengaliran darah dalam pembuluh, ianya akan mengakibatkan tekanan sakit jantung yang dinamakan "angina". Serangan penyakit jantung atau "cardial infarction" akan berlaku apabila pembuluh yang diasak dengan timbunan kolesterol pecah, lalu mengakibatkan pembekuan darah yang menyekat saliran darah dalam pembuluh berfungsi. Jika keadaan ini berterusan, ia boleh memudaratkan pesakit dan akan mematikan otot jantung, serta boleh membawa maut kepada pesakit.

Risiko penyakit jantung boleh dibahagikan kepada dua faktor:

1. Boleh diubah-suai (modifiable)
2. Tidak boleh diubah-suai (unmodifiable)

Faktor risiko yang boleh diubah-suai atau dirawat dan dicegah ialah seperti meninggalkan

tabiat merokok, mengurangkan/ mengawal tekanan darah tinggi dan kolesterol, kencing manis serta obesiti, atau kegemukan.

Risiko yang tidak boleh diubah-suai atau dipulihkan adalah daripada aspek keturunan dan peningkatan umur.

Risiko yang boleh diubah	Risiko yang tidak boleh diubah
Tabiat merokok	Sejarah keluarga
Kolesterol tinggi	Peningkatan usia
Tekanan darah tinggi	
Kencing manis	
Kegemukan	

Jadual 1: Risiko yang boleh dan tidak boleh diubah yang menggalakkan penyakit jantung

Adalah mustahak bagi kita untuk menjaga tahap kesihatan kita supaya penyakit jantung boleh dirawat dan dicegah dengan kadar segera.

Pesakit koronari selalunya mempunyai tanda-tanda yang senyap, pembuluh telah diisi dengan timbunan kolesterol yang mula menyempitkan saliran darah, dan tekanan sakit mulai meresap keluar sedikit demi sedikit, daripada perlahan ke tahap kesakitan yang rancak dan lebih ketara. Kebiasaannya pesakit tidak akan menyedarinya sehinggalah serangan jantung datang secara

mendadak, sehingga kadangkala pesakit tidak sempat dihantar ke hospital atau unit kecemasan. Ada keadaannya pula pesakit tidak mahu menerima hakikat bahawa dia menghadapi penyakit ini dan tidak mahu mendapat rawatan oleh pakar jantung.

## Bagaimana Penyakit Jantung Didiagnosa dan Dirawat

Penyakit ini didiagnosa dan dirawat melalui penceritaan tentang sejarah keturunan pesakit, pengalaman kesakitan yang dialami, dan kemudiannya pesakit akan diuji dengan penggunaan alat-alat seperti electrocardiogram (ECG dan EKG), ujian tekanan (Stress Test), dan echo cardiography, kajian perfusion, ujian tomography berkomputer, penggunaan catheter atau coronary angioplasty.

Selalunya penyakit koronari akan dirawat secara bersepadu (multi step approach), di mana pesakit dan doktor akan bekerjasama untuk mendapatkan tindakbalas antara ujian dan rawatan yang sebaiknya bagi pesakit.

## Pencegahan Penyakit Jantung

Kunci bagi setiap penyakit adalah pencegahan. Ini boleh dilakukan melalui jalinan hidup yang sihat secara bersepadu dengan beriadah, bersenam, berjalan kaki, mengurangkan pengambilan gula, minyak dan karbohidrat, tidak



merokok, serta menyeimbangkan berat badan dengan Index Jisim Tubuh (Body Mass Index). Minuman beralkohol hendaklah dikurangkan atau dihentikan pengambilannya.

### Mengubah-suai Faktor Risiko Penyakit Jantung

Walaupun pesakit tidak boleh menolak faktor keturunan, sekiranya faktor-faktor risiko yang lain dapat dibendung dengan pengambilan makanan yang seimbang dan mengikuti program gaya hidup sihat, tekanan darah tinggi, kencing manis, kolesterol dan lain-lain tahap lipid, akan berjaya dicegah. Tabiat tidak merokok adalah amat penting dan bermakna untuk terus mengekalkan jantung yang sihat dan seterusnya membolehkan kita hidup dengan lebih sempurna dan sejahtera sepanjang masa dalam lingkungan umur yang lebih panjang.

### Pengambilan Ubat untuk Tujuan Rawatan

Pengambilan ubat bagi rawatan jantung bertujuan membolehkan otot-otot jantung berfungsi dengan lebih efisien untuk menghindari penyempitan saliran pembuluh terjadi, seterusnya menjauhkan daripada penyekatan pembuluh koronari.

Aspirin merupakan ubat yang digunakan bagi merawat penyakit

jantung. Ia dapat mencegah penggumpalan platlet, apabila perjalanan darah bergemuruh dan mula menyempitkan saliran darah untuk berterusan mengalir dalam pembuluh.

Beta blockers mencegah tindakbalas adrelin di jantung untuk mencergaskan denyutan jantung ke tahap yang lebih efisien, dengan mengurangkan tekanan di jantung supaya otot-otot jantung bergerak kurang agresif. Jenama ubat ini adalah seperti atenolol, metoprolol, bisoprolol dan carvedilol. Nitroglycerin akan mengembangkan saluran darah dan boleh digunakan dengan mengesipkannya di bawah lidah bagi rawatan angina.

### Angioplasty Dan Stenting

Semasa menjalankan ujian angiogram sekiranya terdapat penyempitan pembuluh dengan begitu ketara, pakar jantung akan cuba merawat dengan menggunakan belon dimasukkan ke dalam catheter, disalurkan ke pembuluh yang tersekat atau sempit, dengan meniupkan belon untuk mengembangkan supaya saraf kolesterol yang tersekat dapat ditembusi dan saluran pembuluh dibesarkan dengan menggunakan koronari 'stent' saluran palsu atau 'metal cage' bagi membolehkan pengaliran

darah dalam pembuluh akan berterusan melalui pintasan palsu. Proses ini dinamakan angioplasty.

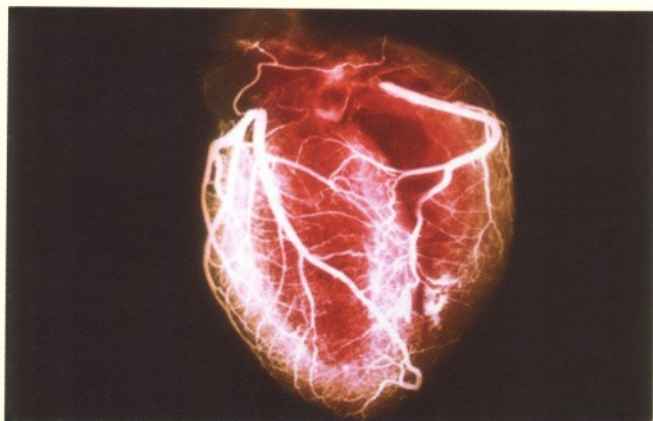
### Pembedahan

Bagi pesakit yang mempunyai beberapa pembuluh yang tersekat maka pembedahan jantung melalui pintasan 'grafting' akan dijalankan.

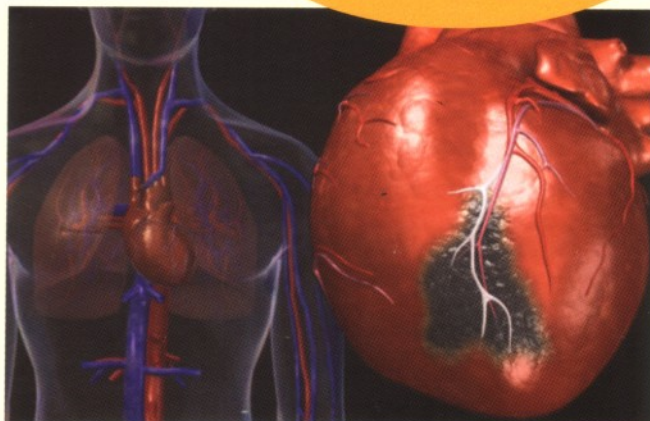
Kesimpulannya, pembuluh koronari yang tersekat menjadi pembunuh utama, bukan sahaja di Malaysia malahan di seantero dunia. Sebanyak 100,000 orang pada setiap tahun dianggarkan mendapat serangan jantung, di mana 25% di antaranya menemui ajal sebelum sempat dihantar ke hospital untuk rawatan. Diagnosa dilakukan melalui sejarah keturunan pesakit secara menyeluruh diikuti dengan ujian-ujian tertentu, boleh merawat seterusnya mencegah penyakit jantung. Kadangkala tanda-tanda penyakit ini tidak dapat dikesan oleh pesakit melainkan ia didiagnosa. Rawatan yang perlu adalah berbeza bagi setiap pesakit. Rawatan perlu dibuat secara individu dan secara peribadi oleh pakar jantung mengikut pengalaman yang dilalui oleh pesakit.

#### PERINGATAN:

Pencegahan itu adalah kunci utama bagi mengelakkan penyakit jantung.



Gambarajah 1: Pembuluh Koronari



Gambarajah 2: Serangan Jantung atau Myocardial Infarction





# MAKE MALAYSIA HEART-HEALTHY

[www.myhealthyheart.com.my](http://www.myhealthyheart.com.my)



YB Datuk Rosnah, Deputy Minister of Health Malaysia, officiated the launch of Quaker Make Malaysia Heart-Healthy Campaign.

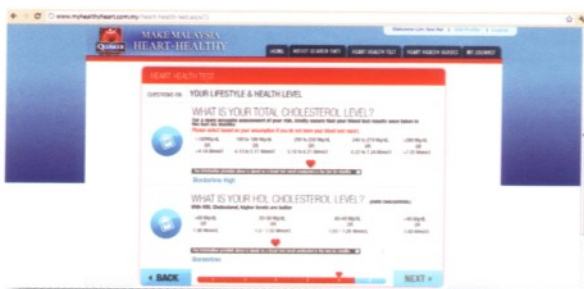


YB Datuk Rosnah participated in the "Heart-Health Tool" accompanied by Quaker, YJM & other collaborators.

With escalating statistics of heart disease in Malaysia, YJM & Quaker joins hands in a mission to 'Make Malaysia Heart-Healthy'. This campaign aims to help Malaysians reduce their risks of heart disease by lowering their cholesterol levels. With this, it is hoped that the prevalence of heart disease will be reduced in the long run.

Launched earlier this year in January, the official ceremony was graced by the Deputy Minister of Health, Malaysia, YB Datuk Rosnah Haji Abdul Shirlin. In YB's speech, she commented that the MMHH Campaign is a timely collaboration between the private sector and NGOs as heart disease has been the number one killer of this nation for the past three decades.

The main highlight of the MMHH campaign consists of a website that features the online Heart-Health Test. This Heart-Health assessment tool, being the first of its kind in Malaysia, is jointly developed by YJM and Quaker Oats. Just by answering a few simple questions, members of the public can find out their risks of developing heart disease. To date, more than 12,000 individuals have participated in the Heart-Health assessment tool that can be accessed on [www.myhealthyheart.com.my](http://www.myhealthyheart.com.my).



The Heart-Health assessment tool was conceptualised by Dato' Dr Khoo Kah Lin and Datin Dr Liew Yin Mei; the basis was drawn from the Framingham Heart Study and subsequently localized into the Malaysian context. Both Dato' Khoo & Datin Liew have painstakingly invested great efforts to develop this assessment tool largely to increase the awareness of heart disease amongst Malaysians with the aim of lowering the incidence of heart disease.

For more information regarding the 'Make Malaysia Heart-Healthy' campaign please visit the website at [www.myhealthyheart.com.my](http://www.myhealthyheart.com.my)



# Event Diary

## AWARENESS PROGRAMMES YEAR 2011

NO	DATE	VENUE
<b>HEALTH CHECK / HEART WEEK</b>		
1	21-26 July	TESCO Kota Bharu, Kelantan
2	8 – 11 September	Upwell, Kuala Pilah, Negeri Sembilan
3	24 – 30 October	AEON Bukit Tinggi, Klang
4	17 – 23 November	Ipoh Parade, Perak
5	2 – 5 December	Batu Caves, Selangor
6	15 – 20 December	Mesra Mall, Kijal, Terengganu
<b>WALK-A-MILE / WORLD HEART DAY</b>		
1	25 September	Taman Tasik Titiwangsa
<b>COMMUNITY</b>		
1	14 August	Selayang, Selangor
2	8 – 9 October	Jerteh, Terengganu
<b>SCHOOL</b>		
1	18 – 19 July	SMK Kota Bharu, Kelantan
<b>CARDIOPULMONARY RESUSCITATION (CPR)</b>		
1	27 July	SMK Saujana Impian, Kajang, Selangor

**F O R I N F O R M A T I O N**

### YAYASAN JANTUNG MALAYSIA

The Heart Foundation of Malaysia

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: (O) \_\_\_\_\_ (H) \_\_\_\_\_

☐ I am enclosing my comments.

☐ Please include my name in the mailing list of Yayasan Jantung Malaysia for future publications.

☐ I am enclosing herewith cheque/draft/money order for RM\_\_\_\_\_ being my donation.

(Tax-exempt receipt will be issued)





**100%**  
**wholegrain oats**  
**lower cholesterol**  
**naturally**



Only Quaker  
oatmeal goodness.  
Nothing added,  
nothing removed.



Message by:  
**Yayasan Jantung Malaysia**



*Helping Malaysians  
Lead Healthy Lives*

*Make oatmeal part of your low fat,  
low cholesterol diet and healthy lifestyle  
to reduce the risk of heart disease.*