



YAYASAN JANTUNG MALAYSIA
(The Heart Foundation of Malaysia)

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

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NO SMOKING – NO SMOKE



Datuk Dr J S Sambhi
Chairman

One of the biggest curses to good health at present is smoking. Non-smokers being exposed to secondary smoke environments, whether in the house, work place, public and private areas or even in cars are prone to the same risk factors as smokers.

Millions of unnecessary deaths and undue sufferings can be reduced by not smoking. It is estimated that about 100,000 Malaysians die every year from smoke-related illnesses. Manpower and money (billions) are spent to “cure” or treat the diseases directly related to smoking.

The risk of smoking in Malaysia is regrettably high – 25% smoke – majority being males, but unfortunately the incidence in females, especially the young is increasing rapidly. The good news is – if you can call it good news - that if you stop smoking, you can reduce your risks (as shown below) within 5 to 10 years almost to the same as non-smokers. Even if you had a heart attack, by stopping smoking you reduce your additional attacks by almost 50%.

Smoking causes or increases the risks of the following: ... and many more

**HEART DISEASE
HIGH BLOOD PRESSURE**

**KIDNEY
DISEASE**

STROKE

CANCERS

- Lung: 4 out of 5
- Throat larynx oesophagus
- Stomach and duodenum
- Bladder
- Kidneys

LUNG DISEASES

- Chronic bronchitis
- Asthma
- Emphysema

**PERIPHERAL
ARTERY
DISEASE**
(Leg amputation)

**PREGNANCY
COMPLICATIONS**

- Miscarriage, stillbirth, Underweight baby
- Delayed physical & mental development in early childhood

INFERTILITY – LOW SPERM COUNT

EARLY AGEING – LOOKING OLD

BAD BREATH AND MOUTH ULCERS

REDUCES LIFE SPAN



All the above diseases cause a burden not only on the one who is suffering but places very large responsibilities on the spouse, children and family.

AIM FOR A HEALTHY AND HARMONIOUS LONG FAMILY LIFE BY NOT SMOKING.

IMPORTANT MESSAGE
DO NOT START SMOKING. STOP SMOKING.

DATUK DR J.S. SAMBHI
P.J.N., M.B.B.S., F. R.C.O.G. (London), F.A.M.M
Chairman



**YAYASAN JANTUNG
MALAYSIA**
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Editor's Note

Taking Heart Health Seriously

As the year draws to a close, let us take a step back to reflect on the state of our health, especially on our heart health. The heart is the hardest-working organ in your body. It works non-stop every day without ever taking a break, yet many of us take our hearts for granted.



Over the past three decades, heart disease has been the number one killer in Malaysia. The Ministry of Health (MOH) lists heart disease as the primary cause of death and the fifth cause of admission in MOH hospitals nationwide. Globally, heart disease claims a staggering 17.5 million lives every year!

Preventing heart disease is possible, and it begins by making lifestyle changes such as adopting a healthy diet and an active lifestyle. Controllable heart disease risk factors include high cholesterol, high blood pressure, diabetes, high fat intake, overweight and obesity issues, and smoking.

Every year, the Yayasan Jantung Malaysia (YJM) hosts the annual World Heart Day celebration in an effort to promote awareness of heart disease and ways to manage its myriad risk factors.

This year's celebration took place on Sept 29 at Taman Tasik Titiwangsa, Kuala Lumpur, with the theme, "Take the Road to a Healthy Heart." In line with this theme, we encouraged Malaysians to embrace an active lifestyle by participating in the "Walk-A-Mile" event at the same location. The event was launched by YABhg Tun Dr Mahathir Bin Mohamad and the Big Walk was flagged off by YABhg Tun Dr Siti Hasmah Mohd Ali.

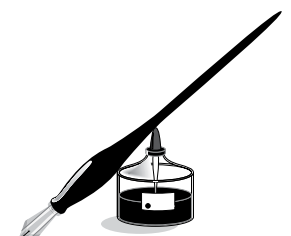
As a continuation of last year's efforts to promote the prevention of cardiovascular diseases in women and children, this year's theme emphasises on inculcating healthy lifestyle habits in youth. We need to educate our young on the dangers of heart disease, as modern living often entails unhealthy lifestyle habits that could be a precursor to heart problems.

While heart disease is commonly regarded as a male concern, women are equally predisposed to developing heart problems. In fact, it is the leading cause of death in Malaysian women, accounting for one in every three deaths.

Change does not happen overnight, but I hope that our efforts in promoting heart health will encourage the Malaysian public, especially mothers with young children, to start taking steps to mitigate heart disease risks.

Healthy lifestyle habits begin from home, and are bound to set an example for children, who will carry them into adulthood. With that, I look forward to our journey towards becoming a heart-healthy nation.

DATO' DR KHOO KAH LIN



YJM ACTIVITIES

List of Activities/Programmes:

1. Community Programme

- a. Kota Marudu: July 3, 2013
- b. YMCA Brickfields, Kuala Lumpur: July 6, 2013
- c. Sg Jerik, Jengka, Pahang: October 5 – 6, 2013
- d. ELKEN, KL: October 9, 2013
- e. Chukai, Kemaman, Terengganu: October 26, 2013



2. Heart Week Programme

- a. Kota Kinabalu: August 17 – 22, 2013



3. World Heart Day 2013

- a. Taman Tasik Titiwangsa: September 29, 2013



4. School Programme

- a. SMK Seremban 2: July 3, 2013
- b. MRSM, Muar, Johor: October 22, 2013





2013 ACC/AHA Blood Cholesterol Guidelines

By **Dato' Dr. Khoo Kah Lin**

This is long-overdue since the Adult Treatment Panel III in 2001. The guideline presents a statin-centric approach supported by evidenced-based clinical trials. The new guideline may be summarized in the form of a table from the article by Stone, et. all.¹

What's New in the Guideline?

1. Focus on Atherosclerotic Cardiovascular Disease Risk Reduction : 4 statin benefit groups (ASCVD)
 - Based on a comprehensive set of data from RCTs that identified 4 statin benefit groups which focus efforts to reduce ASCVD events in secondary and primary prevention.
 - Identifies high-intensity and moderate-intensity statin therapy for use in secondary and primary prevention.
2. A New Perspective on LDL-C and/or Non HDL-C Treatment Goals
 - The Expert Panel was unable to find RCT to support continued use of specific LDL-C and/or non HDL-C for treatment targets.
 - The appropriate intensity of statin therapy should be used to reduce ASCVD in those most likely to benefit.
 - Non-statin therapies do not provide acceptable ASCVD risk reduction benefits compared to their adverse-effects in the routine prevention of ASCVD.
3. Global Risk Assessment for Primary Prevention
 - This guideline recommends the use of the new Pooled Cohort Equation to estimate 10-year ASCVD risk in both white and black and women.
 - By more accurately identifying higher risk individuals for statin therapy, the guidelines focuses on statin therapy on those most likely to benefit.
 - It also indicates, based on RCT data, those high-risk groups may not benefit.
 - Before initiating statin-therapy, this guideline recommends a discussion by clinician and patients.
4. Safety Recommendations
 - This guideline used RCTs to identify important safety considerations in individuals receiving treatment of blood cholesterol to reduce ASCVD risk.
5. Role of Biomarkers and Noninvasive Tests
 - Treatment decisions in selected individuals who are not include in the four statin benefit groups may be informed by other factors as recommended by the Risk Assessment Work Group Guideline.
6. Future Updates to the Blood Cholesterol Guideline
 - This is a comprehensive guideline for the evidence-based treatment of blood cholesterol to reduce ASCVD risk.
 - Future updates will build on this foundation to provide expert guidance on the management of complex lipid disorders and incorporate refinements in risk stratification based on critical review of emerging data.

The Pooled Cohort Equation is a new risk calculator to estimate the 10-year ASCVD risk in individuals with and without diabetes. It includes risk of ASCVD in AfroAmericans. It also includes the risk of stroke as well. This web-based calculator may be downloaded from the website² with an example of how to do the calculation. The risk is considered high when it is above 7.5%.

Pooled Cohort Risk Assessment Equations

Predicts 10-year risk for a first atherosclerotic cardiovascular disease (ASCVD) event

Risk Factor of ASCVD (Pooled Cohort Equation)

Gender	<input type="button" value="Male"/>	<input type="button" value="Female"/>
Age	<input type="text"/>	years
Race	<input type="button" value="White or other"/> ▼	
Total Cholesterol	<input type="text"/>	mg/dL ▼
HDL Cholesterol	<input type="text"/>	mg/dL ▼
Systolic BP	<input type="text"/>	mmHg
Receiving treatment for high blood pressure (if SBP (Systolic Blood Pressure) > 120 mmHg)	<input type="button" value="No"/>	<input type="button" value="Yes"/>
Diabetes	<input type="button" value="No"/>	<input type="button" value="Yes"/>
Smoker	<input type="button" value="No"/>	<input type="button" value="Yes"/>
<input type="button" value="Reset"/>		<input type="button" value="Calculate"/>

↔ US units

ASCVD Risk Interpretation

- A 10-year risk of $\geq 7.5\%$ is considered elevated risk for ASCVD.
- In diabetics (40-75 years, LDL: 1.8-4.9 mmol/l), a high-intensity statin should be considered with a 10-year ASCVD risk $\geq 7.5\%$.
- In individuals not receiving cholesterol lowering drug therapy, recalculate the 10 year ASCVD risk every four to six years (assuming age 40-75 years, no clinical ASCVD or diabetes, and LDL: 1.8-4.9 mmol/l).

Four main groups who would benefit from statin therapy to prevent ASCVD based on RCT were identified.

Patient Groups Who Would Benefit from Statin Therapy

1. Clinical atherosclerotic cardiovascular disease (ASCVD)
2. Primary elevated LDL cholesterol >4.9 mmol/l likely to be genetic origin.
3. Aged 40-75 years with diabetes (1.8 to <4.9 mmol/l) and without clinical ASCVD.
4. Without clinical ASCVD or diabetes and with LDL cholesterol 1.8 to <4.9 mmol/l and an estimated 10-year ASCVD risk of $>7.5\%$ based on the new risk calculator – the Pooled Cohort Equation.

The Expert Panel did not find evidence to support titrating cholesterol-lowering drug therapy to achieve optimal LDL-C because the clinical trials were essentially fixed dose trials.

The next table shows high-moderate-low intensity statin therapy as used in the RCT.

High-Moderate-and Low-Intensity Statin Therapy

High-Intensity Statin Therapy	Moderate-Intensity Statin Therapy	Low-Intensity Statin Therapy
Daily dose lowers LDL-C on average, by approximately $\geq 50\%$	Daily dose lowers LDL-C on average, by approximately 30% to $<50\%$	Daily dose lowers LDL-C on average, by $<30\%$
Atorvastatin (40[†]) – 80 mg Rosuvastatin 20 (40) mg	Atorvastatin 10 (20) mg Rosuvastatin (5) 10 mg Simvastatin 20 – 40 mg[‡] Pravastatin 40 (80) mg Lovastatin 40 mg <i>Fluvastatin XL 80 mg</i> Fluvastatin 40 mg bid <i>Pitavastatin 2 – 4 mg</i>	<i>Simvastatin 10 mg</i> Pravastatin 10 – 20 mg Lovastatin 20 mg <i>Fluvastatin 20 – 40 mg</i> <i>Pitavastatin 1 mg</i>

The guideline was hotly debated at the November 2013 AHA meeting, followed by editorials from the Residual Risk Reduction Initiative, PACE, Lancet, NEJM, American Medical Association, JAMA.

It is pointed out that the new guideline has not addressed management of lipoprotein beyond LDL-atherogenic dyslipidemia, basically high triglycerides with low HDL. Others have pointed out the new risk calculator – the Pooled Cohort Equation have overestimated the risk by 75-150% and hence, increased the number of people taking statins for primary prevention.

On the whole, this new cholesterol guideline has updated and taken into consideration all the RCT since 2001 when the NCEP ATP III was published and hope it will help clinician in the management of high blood cholesterol.

¹ Stone NJ, Robinson J, Lichtenstein AH, Bairey Merz CN, Lloyd-Jones DM, Blum CB, McBride P, Eckel RH, Schwartz JS, Goldberg AC, Shero ST, Gordon D, Smith Jr SC, Levy D, Watson K, Wilson PWF, 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults, Journal of the American College of Cardiology (2013), doi: 10.1016/j.jacc.2013.11.002. Accessed at: <http://content.onlinejacc.org/article.aspx?articleid=1770217>

² <http://www.cardiosource.org/ScienceAndQuality/Practice-Guidelines-and-Quality-Standards/2013-Prevention-Guideline-Tools.aspx>

Take the Road to a Healthy Heart!



Sunday 29th September 2013: This year's World Heart Day celebration was truly a hearty affair. On this day, YJM organised its annual heart-health celebration at the Titiwangsa Lake Gardens, Kuala Lumpur. The event was launched by former Prime Minister, YABhg Tun Dr Mahathir Mohamad. Carrying the theme "Take the Road to a Healthy Heart", this year's World Heart Day calls upon all Malaysians to take charge of their own, and family's heart health.

Notable guests include our former Prime Minister YABhg Tun Dr Mahathir Mohd and his wife Tun Dr. Siti Hasmah, YJM's President – YABhg Tun Ahmad Sarji bin Abdul Hamid, Vice-President – YBhg Tan Sri Dato' Kamaruzaman Shariff, Chairman – Datuk Dr J.S. Sambhi, Vice-Chairman – Dato Gurbakhash, Director of Nestle – Mr Alois Hofbaeur, CEO of the National Heart Institute – Tan Sri Dato' Seri Dr Robaayah Zambahari, and Health Director of DBKL – Dr Hayati Abdullah.

In support of heart health, around 1000 people turned up at this year's event. They received free T-shirts with printed logos of the World Heart Federation and red heart-shaped balloons.



WORLD HEART DAY 2013

TAKE THE ROAD TO HEALTHY HEART

29th SEP 2013 | 7⁰⁰ am - 10³⁰ am | Taman Tasik Perdana
 Dirasaskan oleh: Yayasan Jantung Malaysia



The main attraction of this year's celebrations was the Walk-A-Mile event which was flagged off by YABhg Tun Dr Siti Hasmah. The Lake Gardens was brightened with moving red heart balloons as participants of all ages clutched one balloon each during the Walk-A-Mile.

After the big Walk and some cooling down exercises, the public had a chance to engage in other activities such as poster exhibitions, health screening and consultation (for cholesterol and glucose, blood pressure as well as a BMI test), lucky draws, nutritional talks, as well as enjoy healthy breakfast meals from Nestle. There were even performances by the Line Dance Group, Kumpulan Silat Fatani Kuala Lumpur, Jump rope performers and Cheer Leader Association to entertain the crowd.

Other organisations that participated included the Police Academy (PULAPOL), Pantai Nursing College, KLMU Nursing University, University Malaya Nursing College and Consist College.





Behind Every Great Man is A Great Woman

Datin Margaret Sambhi, Director of YJM and Wife of Chairman Datuk Dr J.S. Sambhi, shares her views and experience in YJM.

I was already involved in YJM from the day it began. At first, I played a relatively minor role, but I was involved in everything right from the beginning. It was a standing joke amongst most of the other Board members as I had to attend all the meetings 'by invitation' until I was finally elected to the Board 10 years ago!

The moment I really started to become more involved, was shortly after YJM's third secretary left. In the vacuum that was created, I had to handle a lot of the day-to-day administrative details, especially interviewing candidates for various positions. One thing led to another, and I ended up shouldering the duties of the secretary but it was a challenge, which I enjoyed.

The New Building & ½ Way House

As somewhere around the time our new building was being built, I became even more intensely involved with all the work and duties. There were thousands of tiny little details that needed to be sorted out and I was kept busy with all sorts of preparations during construction. Things like the colour schemes, tile selection, choosing the right furniture for the various rooms, matching curtains blinds with the interior décor, and even meetings with architects made it such a mammoth task! The end result is quite satisfying. It now looks like a Resort!

Although it was hectic, I really enjoyed it. In retrospect, it was quite an exciting time as it felt like I was building my own house from the ground up! After the construction got underway, I was still kept busy as I had to drop by to supervise and to basically keep an eye on things to make sure that everything ran smoothly (which, of course, they did not!). But I still have great pleasure in walking around the grounds on my "Inspection Days"!

Experience matters

I suppose that my background as a registered nurse/mid-wife with managerial experience was a big help to me as it made it easier for me to handle various duties. However, at the same time, I faced quite a lot of difficulty because of two things, firstly, I am a woman, and secondly I am English! I suppose these problems would be inevitable as Malaysia's history with Colonial British rule was not too happy a one, from what I have learnt! I feel that, it did unfortunately colour the perceptions of a few Malaysian's towards me, initially, but I persevered and survived!

If only...

Looking back, my only regret was not going for community visits and other programmes or activities that target rural and urban communities, especially those that target children. I would have dearly loved to have travelled with the Awareness Programme Team, especially Sarawak and Sabah.

As it is, age, makes it more difficult to be running around travelling, besides my Bahasa Malaysia is not that good and the children probably won't understand what I have to say!

Get them before they smoke!

I feel strongly that the main focus of all of YJM's intervention programmes, especially the anti-smoking ones, should be targeted at primary school children. We should be capturing them whilst young.

Most of the programmes target adolescents and adults, but by that time they are probably already puffing away behind toilets or someplace else! YJM's anti-smoking programmes should target primary school children, as this will bring the message across to the younger ones, who in turn might influence or educate their parents, (that is my wishful thinking!).

Still the status quo

Another point that strikes me is how YJM's message has yet to reach Malaysians? Despite all our best efforts, we are **still** repeating the same message from when we first started our activities 30 years ago! Heart disease is still Malaysia's number one killer but sadly Malaysians are **still** reluctant to change their life style!

The Public choose to ignore health. Just look at all the fast food outlets in Malaysia – burgers, fried chicken, and let's not forget all the other unhealthy local foods like nasi lemak, roti canai, kway teow and fried mee! The list of deliciously 'unhealthy' food just goes on and on and on, which of course leads to other problems ie: Obesity, Hypertension and Diabetes, etc.

I could go on forever, but the moral of story is **EAT** sensibly and **EAT** moderately and don't **FORGET TO EXERCISE!**

DIABETES & The HEART

Diabetics have higher risks of developing Heart Disease

Heart disease has been the major cause of death among Malaysians for the past 5 decades. The modifiable risk factors for heart disease are associated with an unhealthy lifestyle, with one of the major factors being sustained high blood sugar level or diabetes. Heart disease and stroke are two of the most important health risks for people with diabetes.

- Heart disease strikes people with diabetes almost twice as often as people who don't have diabetes.
- People with diabetes tend to develop heart disease at a younger age than people without diabetes.
- Two out of three people with diabetes die from either heart disease or stroke.

Diabetes occurs because of defects in the body's ability to produce or use insulin—a hormone required to convert blood sugar or glucose into energy. If the pancreas doesn't make enough insulin or if cells do not respond efficiently to insulin, blood sugar levels get too high, which can lead to serious chronic health problems.

In 2011, our National Health and Morbidity Survey showed that **15.1%** of the population is diabetic equating to **2.6 million** Malaysians. Shockingly, authorities believe the realistic figure could be doubled as for every diabetic person reported, there is another one undiagnosed.

The Diabetes & Dietary Fiber Intake Connection

Oats, especially oat bran, consist of exceptional amounts of a unique soluble dietary fiber known as beta-glucan. The health benefits of beta-glucan have been extensively studied, with the most well-known benefit is to lower blood cholesterol, thereby reducing the risk of cardiovascular diseases. But there is so much more to oat beta-glucan, and now many health professionals promote its inclusion in diets for individuals suffering from or are at-risk for Type 2 diabetes. For instance, studies conducted by Harvard University on male health professionals and female nurses both found that a diet high in **cereal fiber** was linked to a lower risk of Type 2 diabetes. Furthermore, the same study also found that a diet low in cereal fiber and rich in high glycemic-index foods (which cause big spikes in blood sugar) doubled the risk of Type 2 diabetes¹.

*This article is brought to you by Legosan (M) Sdn. Bhd.
For more information, please dial 03-7956 2220 or email
your enquiry to info@biogrow.com.my.*

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Managing Diabetes with Oat Beta-Glucan

The European Food Safety Authority (EFSA) has concluded that the consumption of oat beta-glucan contributes to the reduction of the glucose rise after a meal. The Malaysian Ministry of Health also approves the health claim: "oat soluble fiber (beta-glucan) helps to lower the rise of blood glucose, provided it is not consumed with other food."

The mechanisms of which oat beta-glucan are shown to aid in managing diabetes include:

(1) Oat beta-glucan slows down the increase in blood sugar level after a meal by delaying gastric emptying. When oat beta-glucan within a meal is digested, it forms a gel which makes the contents of the stomach and the small intestine more viscous. Through this, digestion is delayed and the uptake of carbohydrates into the blood stream takes longer thus preventing sudden fluctuations in blood sugar levels.

(2) Positive glycemic response produced by ingesting oat beta-glucan has been shown to improve insulin sensitivity, which may prevent the incidence of Type 2 diabetes. A consistent decrease in insulin secretions was dose-dependently observed in overweight individuals in response to oat beta-glucan, with significant changes reported at a dose of at least 3.8g of oat beta-glucans in a meal².

A daily intake of 3 – 5g beta-glucan from oats has been shown to help normalize blood sugar and reduce bad cholesterol effectively. Research suggests that 80% of heart disease is preventable.

Start your prevention programme today by adopting a healthy lifestyle and incorporating functional foods like **Biogrow Oat BG22™** into your daily diet. **Biogrow Oat BG22™** is made of oat bran powder imported from Sweden. Take 2 scoops (approx. 18g) a day will provide more than 3g of oat beta-glucan for optimal cholesterol-lowering effect. Consumers of **Biogrow Oat BG22™** will enjoy improved vitality, better heart health and most importantly, lowered cholesterol levels & regulated blood sugar levels.



Strategi Pencegahan Penyakit Jantung



Ainon Hj Kuntom

Terdapat beberapa strategi yang boleh dilakukan bagi mengawal dan mencegah penyakit jantung (kecuali sekiranya kita mempunyai latar belakang keturunan yang menghidap penyakit jantung). Selain itu, kita juga boleh mengurangkan risiko menghidap penyakit ini melalui penjagaan jantung dengan amalan gaya hidup sihat dan positif.

Makanan

Sejak kecil, makanan yang diambil atau diberi kepada anak-anak kita hendaklah makanan yang sihat, seperti sayur-sayuran dan buah-buahan. Kurangkan makanan berlemak, berminyak serta kurangkan gula dan garam. Ambil karbohidrat seperti nasi dengan kadar yang disarankan, dan perbanyakkan pengambilan serat seperti roti bijirin penuh. Elakkan mengambil ubi-ubian (seperti ubi kentang) atau mi (seperti spaghetti dan makaroni) terlalu kerap. Seain itu, gunakan cara memasak yang lebih sihat seperti rebus, kukus, atau bakar dan pastikan masakan mentah dimasak sepenuhnya.

Banyakkan pengambilan makanan seperti ikan dan daging putih (ayam) serta kurangkan mengambil daging merah. Bagi yang sudah berumur pula, disarankan untuk memperbanyakkan makanan dari jenis kekacang (legumes), seperti kacang kuda, dal dan sebagainya. Minum air masak atau air mineral dengan banyak terutama sebelum tidur. Kurangkan minum air yang mengandungi pewarna, perisa dan berkarbonat kerana ia mengandungi gula berlebihan. Kurangkan pengambilan gula dan cuba gantikan dengan manisan tiruan seperti stevia. Elakkan juga makanan yang diproses kerana ia mengandungi bahan pengawet, tinggi kandungan garam serta bahan-bahan lain yang tidak segar.

Rokok

Mengikut kajian yang dikeluarkan dalam talian, Newsletter Kesihatan Mayo Clinic

dari Amerika, jangan sekali-kali merokok atau mengambil sebarang jenis tembakau. Merokok mendatangkan risiko paling tinggi untuk serangan jantung serta lain-lain penyakit yang berkait rapat dengan penyakit jantung. Bahan kimia yang terdapat dalam tembakau boleh merosakkan jantung dan saluran darah dan menyebabkan penyempitan saluran darah yang dikenali sebagai "atherosclerosis".

Semua jenis tembakau/rokok sama ada "rendah tar" atau "rendah nikotin" masih berisiko tinggi seperti asap rokok biasa. Malah nikotin dalam asap rokok mendorong jantung kita bekerja dengan lebih keras lagi untuk mengepam oksigen di samping menaikkan kadar denyutan jantung dan kadar tekanan darah. Hal ini disebabkan asap karbon monoksida dalam rokok akan mengurangkan dan menghalang oksigen yang penting untuk darah manusia. Akibatnya, jantung terpaksa bekerja kuat untuk mengepam oksigen ke saluran-saluran darah dan menyebabkan tekanan darah meningkat.

Pengambilan pil perancang oleh wanita dan merokok dalam masa yang sama juga meningkatkan risiko mendapat serangan jantung. Risiko ini akan bertambah lima kali ganda sekiranya umur wanita melebihi 35 tahun. Walaupun kita tidak merokok tetapi berada hampir dengan perokok juga boleh memberikan risiko terhadap kita kerana asap rokok yang turut memasuki saluran pernafasan kita. Keadaan ini juga menyebabkan berisiko untuk mendapat masalah jantung. Jadi kita mesti menjauhi perokok atau menasihati mereka supaya berhenti merokok. Bagi perokok yang berhenti merokok, risiko mendapat serangan jantung juga akan menurun selepas setahun.

Riadah, bersenam dan berjalan kaki.

Amalan berjalan kaki, bersenam, dan bersukan yang dimulakan sejak awal juga akan mengurangkan risiko mendapat penyakit jantung. Amalan kerap beriadah juga boleh membentuk tubuh badan yang sihat dan lansing serta membantu mencegah penyakit jantung. Melakukan senaman dengan cara yang betul boleh mengelakkan obesiti, jika disertai dengan pengambilan makanan mengikut diet yang sihat. Melakukan senaman selama 30-60

minit seminggu atau sepuluh minit sehari sudah cukup untuk memastikan badan kita berada dalam keadaan yang sihat lebih-lebih lagi, jika kita menghirup udara yang nyaman di sekitar tempat rekreasi. Kita boleh juga bersenam dengan berkebun di sekeliling rumah, mengemas rumah, ataupun berjalan di kompleks membeli-belah pada waktu makan tengah hari di pejabat. Selepas waktu pejabat kita boleh mengisi masa lapang dengan menyertai kelas aerobik atau senaman.

Menjalankan ujian saringan jantung sekurang-kurangnya dua atau sekali setahun di hospital.

Kita perlu membuat ujian saringan jantung di hospital atau klinik yang berdekatan setahun sekali atau 2 kali setahun, bagi menentukan kesihatan. Anda juga perlu berbincang dengan doktor jika mengalami sakit bahu, dada, tidak boleh menaikkan tangan, rasa loya, kerap pening kepala, bercakap secara tidak lancar, kerap membuang air secara tidak terkawal, sakit pinggang, dan sebagainya. Maklumkan kepada doktor supaya melakukan ujian darah bagi menentukan tiada petanda penyakit jantung di badan mahupun lain-lain penyakit yang berkaitan yang boleh memudahkan jantung, seperti penyakit buah pinggang, limpa, dan lain-lain.

Kita juga perlu memastikan tubuh kita bebas daripada penyakit 3 serangkai (iaitu darah tinggi, kencing manis dan obes). Menentukan IJT (indeks jisim tubuh), serta ukuran pinggang dan pinggul yang bersesuaian adalah perlu bagi menentukan berat badan yang seimbang dengan saiz ketinggian sesuai dengan umur kita. Jangan lupa berjumpa doktor untuk membuat ujian stress. Ujian ini perlu bagi menentukan bagaimana diri kita menghadapi tekanan di samping dapat mengelakkan serangan jantung.

Demikianlah strategi yang perlu dibuat bagi mengelakkan serangan jantung. Pengamalan gaya hidup sihat, dengan berat badan yang bersesuaian akan memastikan hidup kita akan penuh bermakna hingga ke akhir hayat, Insyaallah...

Event Diary

PLANNER FOR 2013 / 2014

Month	Date	Programme	Venue
November	9	Community	Kuala Kangsar
	16-17	Go Red For Women	Tba
	23-28	Heart Week	Aeon Seri Manjung, Perak
December	8	Community	Jasin, Melaka
	14-15	Community	Kelantan
January	5	Community	Tg. Karang, Selangor
	22	School	Melaka
	26	Community	Rembau, Negeri Sembilan
February	4-5	School	Smk Seremban 2
	11	School	Tba
	23	Community	Kluang
	24	School	Kluang
March	4-6	Workplace	Mnrb Holdings, Damansara
	15-19	Heartweek	Kuantan Parade, Kuantan, Pahang
	26-30	Heart Week	Centre Square, Sg Petani, Kedah
April	8	School	Selangor
	13	Community	Pahang
	15	School	Pahang
	24-28	Heart Week	Ipoh Parade, Ipoh, Perak

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

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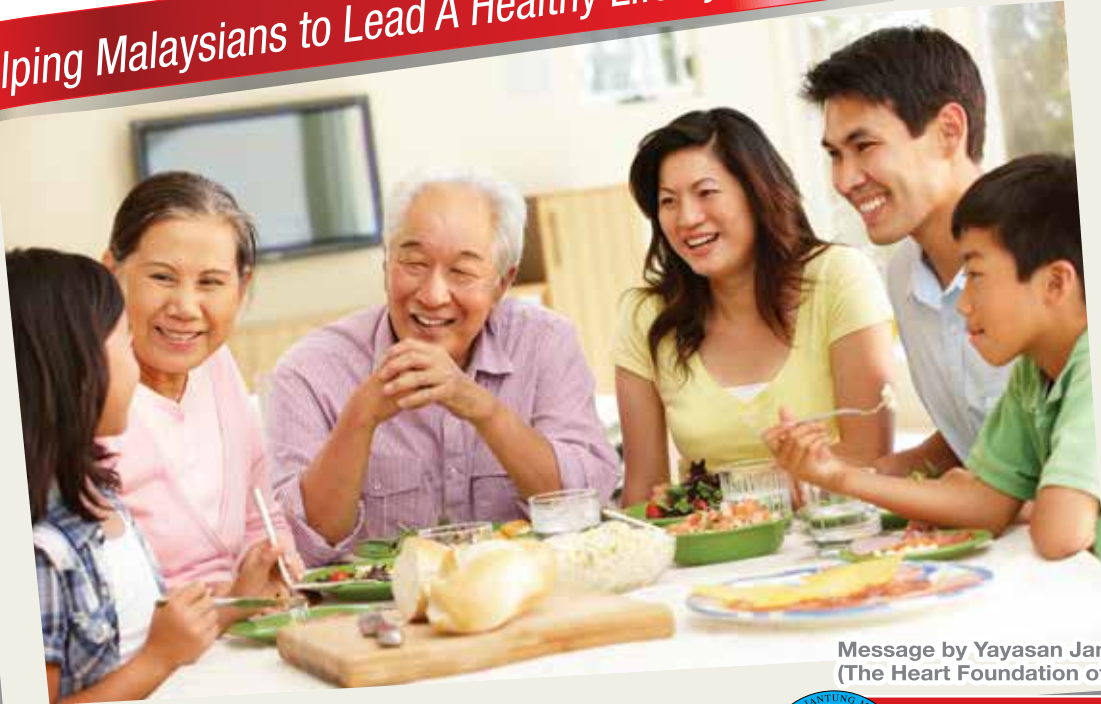
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