

Esteem plays role in women's health

High self-esteem arrests or reverses the impact of heart disease among elderly women, researchers reported recently in the publication, *Journal of Women and Aging*.

"In general, these results indicate that stress and self-esteem are more powerful predictors of maintenance or improvement in health functioning over a 12-month period than are a wide

array of demographic and clinical factors, especially among women," the researchers said.

Specifically, women older than age 60 with heart disease who had self-esteem scores above the lowest quartile at the beginning of the study were five to nine times as likely to maintain or improve their physical and psychological functioning, the researchers said. Women with

higher self-esteem also experienced less stress, while those who were unmarried suffered worse functioning one year later.

A growing body of evidence suggests that self-esteem, stress, and social support impact recovery from acute illnesses in older adults.

Source: PeoplesResearch.com

Safety from page D4

lower your center of gravity and move slowly

Boat safety tips from AAA

■ Attach a safety whistle to each PFD on your boat to be used in emergencies. PFDs will keep you afloat and preserve your core body heat to protect against potentially fatal hypothermia, or rapid cooling of body temperature. Cold water robs body heat 25 to 30 times faster than air.

■ File a "float plan." Tell friends where you will be and when you will return.

■ Be aware of changing weather. Know and heed the current forecast. Carry or install a marine-band radio and keep it on to learn of approaching threatening conditions. Other items to have on board include a cellular phone and Global Positioning System device.

■ If caught in a storm, put on your PFD and stow anything that might attract lightning, including radio masts. Unplug unnecessary electrical equipment and head for safety. Approximate the miles you are from an approaching storm by counting the number of seconds between a lightning flash and thunder and dividing by five.

■ If the storm hits while you're still on the water, take the heaviest gusts of wind and biggest waves on the bow, approaching waves at a 45-degree angle, and stay low in the boat to minimize the possibility of capsizing.

■ Avoid alcohol. Four of last year's 33 boating deaths and 25 of the 233 total boating accidents involved alcohol. The combined effects of sun, glare, wind and motion on the water bring on "boaters fatigue," which slows reactions as if you were drunk. Alcohol significantly compounds this reaction.

■ Avoid a false sense of security on small lakes and rivers. Twenty-three of last year's 33 fatalities occurred on inland lakes or rivers.

■ Take a safe-boating class. Nearly two-thirds of boat operators involved in fatal accidents in the United States had no training.

■ Always carry a strong white light if fishing at night and use it when moving to watch for hazards and to warn approaching boats. Use proper lights if moving or anchored.

■ Watch for potential low water and other hazards, including sandbars, pilings, rocks, logs and other obstacles, and ask about them if boating in a new area. When under way, always scout for marked hazards.

■ If your boat capsizes or you fall overboard, stay calm. Stay with your boat. Most will float even if upside down. Huddle with others or keep knees close to the chest to reduce heat loss. If possible, crawl on top of the boat to get out of the water or hang on until help arrives.

Pressure test predicts need for angioplasty

The pressure of blood flow through moderately clogged arteries, rather than the amount of blockage, may be more indicative of which individuals need balloon angioplasty, researchers report in *Circulation: Journal of the American Heart Association*.

A coronary angiogram — a diagnostic X-ray examination of the heart — is often used alone or along with a stress test to determine whether individuals with chest pain should have balloon angioplasty. This procedure involves inserting a balloon-tipped catheter into a clogged artery to widen it. However, because an angiogram is a two-dimensional picture, a cardiologist often cannot tell how serious a moderate narrowing may be.

"The narrowing may seem mild on the angiogram, but in reality, may be much more severe," says senior author Dr. Nico H. J. Pijls, professor of cardiology at Catharina Hospital in Eindhoven, The Netherlands. "It is not the appearance of the narrowing that is important, but the impeding of coronary blood flow."

Doing an unnecessary angioplasty carries several risks, including the potential for accelerating atherosclerosis and the chance that the treated

artery will close off completely, which might cause a disabling or fatal heart attack.

Pressure

Pijls and colleagues investigated whether a catheter test to measure the pressure of blood flow in an artery given at the time of coronary angiography might help physicians decide how best to handle individuals with only moderate artery blockage.

The test measures fractional flow reserve — the pressure of blood flow through a coronary blockage compared to the normal pressure of blood flow. A person with a FFR of 0.75 has 75 percent of normal flow pressure. Previous research has indicated that those with a FFR below 0.75 should undergo either angioplasty or coronary artery bypass surgery.

This study included 325 patients without documented evidence of an inadequate supply of oxygen to the heart due to narrowing of coronary arteries who were randomly divided into two groups.

Those with blockages that did not impede blood flow, as evidenced by a FFR of 0.75 or greater, were randomly divided into two groups. Ninety underwent angio-

plasty and were called the performance group; while 91 people did not have angioplasty (the deferral group). One hundred forty-four people with an FFR of less than 0.75 had the procedure and were called the reference group.

At the end of two years, researchers had complete data on almost all of them. Patients in the deferral group and the performance group had statistically similar outcomes, although the numbers were slightly better among those who did not have angioplasty.

At two years, 89 percent of those in the deferral group versus 83 percent of those in the performance group had not died of heart disease, suffered a nonfatal heart attack, undergone angioplasty or coronary bypass surgery, or had a treatment-related complication that required major therapy or a long hospital stay. In the reference group, 78 percent were "event-free."

Wilson suggests that measuring FFR would allow doctors performing coronary angiograms to decide more precisely who needs angioplasty or bypass surgery.

The above information is not a substitute for medical treatment, and the AHA recommends consultation with your doctor health care professional.

Knees from page D4

ing, he said.

"Patients use a walker for two to three days and start physical therapy right away in the hospital."

In Crain and Clarke's cases, the June 12 surgery went smoothly. Both sisters were patients at Botsford General Hospital and left the hospital four days after surgery with walkers. "Cathy walked down to my room first," said Clarke.

"That motivated me. I figured if she could do it so could I. It was a wonderful thing. I never got scared or down because I knew Cathy was there."

The sisters look forward to

returning to their active lifestyles — free from the pain and discomfort they suffered from for so long. Upon their return from the hospital, and as patients of the Botsford Joint Replacement Program, the women have been receiving physical therapy in Crain's home three times a week and progressed from a walker, to a cane and now nothing. They will soon begin rehabilitation at Botsford's Total Rehabilitation and Athletic Conditioning Center.

"I tell my patients that we put them in but we can't make them work. Physical therapy is critical to their success rate. I saw Sally

and Cathy today, so that would be almost two weeks after the surgery, and they are doing great," said Swienckowski. "They have very early range of motion and haven't called with any problems."

About 94 percent of the total joint replacement surgeries last in upwards of 15 years, he said. "In the next five years we hope to see 90 percent will last 20 years. That's how much things are changing."

For more information about the Botsford Joint Replacement Program call (248) 615-7338 to schedule an appointment with a care coordinator.

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