



Editorial

Every now and then we think it's a worthwhile exercise to look back at past issues to see if there are items that deserve repeating. The process can provide us and established members with a reminder or reinforcement element, and act as new and helpful advice for members who have joined since the issues.

Issue 56 – Spring 2008: The versatility of the English language provides many ways to express a desired sentiment, utter a pleasing observation, deliver an uplifting message or offer some timely advice that helps another person to overcome a vexing problem.

This observation is especially potent if an on-going health condition exists. That is the time to be extra kind, encouraging, positive and cheerful to ourselves as an extra aid in the management of the condition. It takes very little effort to allow a health condition to adversely affect and dictate quality of life...it takes a degree of effort and willingness to develop and maintain a health-enhancing positive influence.

Issue 68 – Spring 2011: *The challenge of change.* Few people find it easy to accept an immediate change because it's often the source for upheaval, disruption and the end of entrenched aspects of life that one would not give up if they had the choice.

Having to make forced changes in set routines, established habits, interesting hobbies or things taken for granted is rarely something that people would volunteer to do. When it happens, often due to the onset of a medical condition, there are vital disciplines to be adopted and enforced, new challenges to face and attitudes to examine and alter in order to cope with a changed lifestyle environment.

A helpful hint: Don't grieve over the things that have gone...concentrate on creating positive substitutes for **what is** and **will be**.

Issue 64 – Spring 2010: The "Cardiomyopathy What's Working?" Seminar provided a reassuring insight in to the future directions and achievements that will be possible for the management and maintenance of cardiomyopathy.

Each seminar speaker provided positive facts, figures and general information that indicated the promise that a relatively normal lifestyle can be achieved and enjoyed by both those who have lived with the condition for a considerable time and those who have recently contracted the condition.

Future breakthroughs may include: Better identification of at-risk patients along with devices able to collect more information about the pressures inside the heart and other devices capable of automatically delivering heart failure or heart rhythm medications.

Our favourite quote from past issues.

Patience is a virtue...Tolerance is a blessing.

Margot and John

Newsletter editors

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President 's & National Executive Report

Dear Members and Readers

I am devoting most of this report to the launch of the new website with apologies to those of you who do not use computers. Many of you are in awe of your grandchildren whose fingers fly over the keyboard with clear understanding of what they are doing. The new website has been well received and I hope those of you who don't normally use computers will ask family or friends to log on for you at www.cmaa.org.au to see what we are talking about.

Approximately half of our membership has elected to receive their newsletters as an email attachment which reduces costs to CMAA allowing us to contain membership costs and devote funds to providing services. This is not to dissuade members who prefer to receive printed copies with which they are more comfortable. The newly opened facility on the website allows members to update their details including the option to request that they receive their newsletter electronically. Of course they may print out all or extracts locally.

We note that some of you who do receive notices on-line have not yet opened the email announcing member access facilities. We invite you to do so taking note that in some cases emails may have gone into the junk/spam folder, your mail box may be full or simply you haven't advised change of E-address. If you have not received an email or you have other issues concerning change of email address online or other personal particulars please email the Membership Secretary at membershipSecretary@cmaa.org.au **n.b. only the Membership Secretary can change email addresses.**

Please find below steps to find your details in CMAA website.

Step 01 – Go to the website - www.cmaa.org.au

Step 02 – Click the Membership Tab

Step 03 – Click the link on top ([Click here](#) to Login to the Member Area for features available to you)

Step 04 –Enter your email and temporary password and members can find their details.

Step 05- Finally you can submit your email address to reset your password.

Please record changes of address, phone numbers etc on the database if possible, otherwise mail changes to the Membership Secretary, P.O.Box 273, Hurstbridge Vic 3099. Please note that the Annual General Meeting and Seminar will be held in Melbourne at Epworth Hospital, Richmond on Saturday 13 September 2014.

We will be watching proceedings at the World Congress of Cardiology 2014 to be held in Melbourne in May and trust that cardiomyopathy gains the prominence it deserves. Given the opportunity we will man a stall to promote awareness.

Best wishes to you all.

Alistair Kerr

President

Dear Young Members' Group... and a big warm welcome to 2014!

ENERGY DRINKS ... As a young person living a full and quite often hectic and tiring life I am often tempted to drink a can of 'V' to give me that extra boost especially at the end of the day. The availability of these drinks in most food retailers gives the false sense that they must be safe. Not only that, they are marketed to people just like you and I- young, busy and looking for a pick me up when three thirty-ititis sets in.

These so called energy drinks are dangerous and latest statistics are showing a growing trend in young adults being admitted to hospital after downing too many.

Professor Chris Semsarian has written multiple articles and I have had the pleasure of hearing him speak on this subject of which he is very passionate about. He has made recommendations to have their warning labels changed. Stating that, **"Anyone with a family history of sudden cardiac (or unexplained) death or unexplained fainting/ passing out (known as syncope) should avoid energy drinks altogether."**

There are so many risk factors these drinks pose, they have increased caffeine and other 'active' energy boosting ingredients that when all added together researchers have found that a single can, can have more caffeine than the recommended daily dose for an adult. Not only that but they are generally downed in one go not sipped like a hot cup of coffee. There is even the 'energy shot' now available in petrol stations and corner stores.

We all know that as heart patients these drinks are risky at best and potentially fatal for us to consume but my concern is their marketing strategy is aimed directly at us. It's just another thing out there for us to be strong enough to avoid.

So what are our alternatives? I have lived with this condition long enough to know that I will fall into any trap if I haven't got a plan of how to avoid the enemy. I carry a piece of fruit on me at all times. Especially at work where the need for an energy boosting, sugary snack can be high. I find that it quenches my thirst with minimal fluid intake as well as giving me that afternoon boost I am looking for, teamed with a handful of nuts and cold water it is a great energy lifter. Bananas are particularly good too. I also like freshly squeezed juices but again I watch my fluid. The potential health risks of energy drinks aren't just limited to those of us living with a heart condition, they can also unmask an underlying condition in a seemingly healthy person. I feel it is a very important lesson for all of us to remember and to talk about with our families too as we can all benefit from avoiding them altogether.

You can read Prof Chris Semsarian's full article on energy drinks on the Australian Genetic Heart Disease Registry website.

Thanks again for your support,

Miranda Hill miranda82@ymail.com



Cardiomyopathy Australia's Young Members' Group

Contact Miranda to express *your interest*. See details above



Man's best friend can contract Cardiomyopathy

As we know, Cardiomyopathy refers to disease of the heart muscle (the myocardium)

In dogs there is a breed predisposition to dilated cardiomyopathy in giant breeds, as well as in Doberman pinschers and boxers. Dilated cardiomyopathy is not the most common cause of heart failure in dogs in general. However, this is the most common cause of heart failure in large breeds of dogs. Small breeds are only occasionally affected. The most commonly affected breeds are Boxers, Doberman Pinschers, and Great Danes. Occasionally, medium sized breeds, notably Cocker Spaniels and English Springer Spaniels, are also affected.

Dilated cardiomyopathy is a condition characterized by a variety of changes in the heart muscle that result in pump failure. As the name implies, the heart chambers are usually dilated or enlarged, and the heart muscle itself is usually thin and weak, contracting with much less vigor than normal. The heart works harder to compensate for the loss of contractility, eventually leading to congestive heart failure. Dilated cardiomyopathy is by far the most common type in the dog. There is dilation of the chambers of the ventricles of the heart with some increase (hypertrophy) in the heart muscle mass, and a loss of the normal contracting abilities of the ventricles. Dilated cardiomyopathy, or DCM, occurs when the heart muscle is thin, weak, and does not contract properly. DCM most commonly affects large or giant purebred dogs, but it also can be seen in smaller breeds such as cocker spaniels, and in mixed breed dogs. The condition can lead to congestive heart failure, in which fluid accumulates in the lungs, the chest or abdominal cavities, or under the skin. Because of reduced blood flow to the rest of the body, DCM also can result in weakness, fainting, and exercise intolerance. Abnormal heart rhythms, or arrhythmias, frequently accompany DCM, and can complicate the treatment of dogs with this disease. It is also common for dogs with DCM to show signs of both right and left heart failure. These signs can include weakness and exercise intolerance, and difficulty breathing with increased activity. Weight loss is common in dogs with DCM that do not retain fluid. Some animals exhibit signs due to reduced blood flow to tissues, including pale mucous membranes, bluish color to the mucous membranes, and cold feet and legs. Fainting may occur if abnormal heart rhythms are present, or if the heart's output is severely reduced. Hypertrophic cardiomyopathy is a form of cardiomyopathy, where there is a tremendous increase in

the mass of the heart muscle in the ventricles, with a resultant decrease in chamber size. Relatively few cases of hypertrophic cardiomyopathy in dogs have been reported, and no significant breed predisposition has been identified. Male dogs are most affected.

Blood and urine tests do not give direct information about heart function, but they allow an understanding of other disorders in the body that may impact on heart function and treatment of heart disease. Chest x-rays provide the best look at the lungs and a view of the size and shape of the heart. In most cases, dilated cardiomyopathy causes tremendous enlargement of the heart. These changes are usually very apparent on x-rays and an ECG. This is an assessment of the electrical activity of the heart. It accurately determines the heart rate and to more accurately identify any arrhythmias which might be present. Ultrasound examination (Sonogram, Echocardiogram) uses sound waves which bounce off the structures of the heart and are read on a TV-like monitor. It gives the most accurate determination of the size of each heart chamber, and permits measurement of the thickness of the heart walls. This is seen on the monitor in actual time so the contractions of the heart can be evaluated. Certain measurements can be taken which allow the actual strength of the heart's contraction to be measured as a number and compared to the normal animal. Ultrasound may not be available in all private veterinary practices because of the additional training needed to learn how to perform the examination and because of the cost of the equipment.

If the dog has a sudden onset of heart failure, rapid administration of the proper drugs is essential to survival. The following drugs may be used at various stages of treatment. Diuretics drugs stimulate the kidneys to remove excess fluid from the body. Lasix is most commonly used, although others will be selected in certain circumstances. Beta blockers directly block the compensation system that has gotten out of control. Vasodilators drugs dilate the arteries and/or the veins of the body so that the heart doesn't have to generate as much pressure to eject blood. They may be used long-term because they continue to be effective, as opposed to the short-term effects of nitroglycerin. Dogs treated with these drugs should be carefully watched for toxicity and need enough rest on pet beds. Loss of appetite, vomiting, diarrhea, and lethargy should be reported to the veterinarian immediately.#