

CUORE VITA

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*Merry
Christmas*

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02 Editorial
03 Letter from the President
04 Four Questions to Bianca Caruso
06 Health in San Marinese Philately
07 Talking about School Snacks

08 Four Questions to Gianfredo Angeli
09 Arterial Hypertension
10 The Family Doctor...
11 Some Prevention considerations
12 Life according to... Vito

13 How to teach children..
14 Curiosities from the World of
Science
15 Health and the Commonplace of
Medicine



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“Welcome back”

Editorial by:

Dr. Giovanni Michele Zangoli

Christmas is coming, it's the opportunity for large family gatherings around tables laden with all good things. Some **traditions** are beyond reproach and it's not even the case to overly blame your self for tasting a dish or more than usual or to drink a toast out of schedule. The nutritionist will turn a blind eye for the occasion on the assumption that it makes no sense to skimp on calories from Christmas to New Year if there was a healthy and balanced eating habit from New Year to Christmas. It is precisely the year round that you will win the battle against the scales, possibly without undergoing strict diets that almost always hide contra-indications. Better brush up (if there were any doubt you'd forgotten) on the old and nevertheless always valid **Mediterranean diet** that is not a diet as such, rather, a dietary pattern that, if accompanied by regular physical activity, remains a great elixir of longevity. It is not just a problem of scales but of health, especially the **health of our heart**. We speak of the specialist muscle par excellence, the one that has to pump blood throughout the body to supply blood and oxygen to the basic organs such as the brain, kidneys, liver and heart through the coronary arteries. And blood must arrive in sufficient quantity so that our hearts may pulsate without fatigue. The heart is the engine of our 'machine', and so the more we care for it the further it will take us. Having said that, in the absence of particular diseases, it won't be some small Christmas transgression to break the equilibrium. Moreover a laden table puts everyone in a **good mood**, and this too, after all, **is good for the heart as well as the spirit.** *Happy holidays to all*

LETTER FROM *the President*

Associazione Cuore-Vita

Dott. Giovanni Iwanejko



At this time of year-end and the beginning of the new, I would like to thank those who believed in us, who through their membership and participation gave us the opportunity to strengthen and better organize ourselves and who, through their advice, allowed us to improve and be more and more useful. Finally and above all, thanks to all the members of the Board and of the Scientific Committee, who, through their commitment and a shared identification of purpose and of views, contributed decisively to the realization of this year's projects; thanks also to the team effort.

If I may, let me remind you of our most important initiatives, **much work done with much heart:**

- We participated in: Sports at the Fair event with our stand and meetings with some pupils from the middle school providing moments for health education and
- World Heart Day by producing a poster that was hung at healthcare facilities, schools, shopping centres.
- We published a comic magazine on healthy lifestyles and donated them to the Primary and lower Middle Schools.
- Our Association has partnered with Active Mind and other voluntary associations to the creation of a cultural event entitled "However free to choose" on the occasion of the International Day of the Rights of Persons with Disabilities. "
- We also began work on a major project that, despite being in its preliminary stages, will see the light next year. **The cardiac rehabilitation of heart disease**, is the name of the project and will be another highlight of our Association's work, with the donation of equipment dedicated to the State Health Service, ISS, for the physical rehabilitation of cardiopaths. This equipment is ideal for use in a gym within the hospital; a gym that will have as its goal to promote clinical stability, to reduce disability resulting from the disease, **to support the maintenance and recovery of an active role in society and to improve the quality of life and positively affect overall survival.**

And so I urge you to support our initiatives, both proactively with commitment in the field, and equally, by joining our new membership campaign for the year 2015 which will allow Cuore-Vita to carry out better and worthier initiatives. (see end cover for details) "Alone you go faster, but together you go further"

Heartfelt wishes for a special Christmas and a good 2015

Four Questions to Dr. Bianca Caruso

Director General of ISS, Institute for Social Security
Republic of San Marino

By Dr.
Giovanni Michele Zangoli



What impact did you experience on becoming Director of ISS in a country that already enjoys good welfare?

A very positive impact because there are organizational entities here that don't exist in Italy. An example? The presence of **health centers**, I saw these as something similar to the Italian health care homes that have yet to find their full evolution, while San Marino already has a tradition of centers characterized by a range of services offered.

In particular I was struck by the 'Atlas' health center: it's in a shopping center where there's an offer of services that varies from primary to specialist care. Other things I was struck by, for example, the fact that general practitioners are employees of ISS, this works for the benefit of a **hospital-community integration**.

I saw departments that need restructuring and others that are beautiful and comfortable such as obstetrics and gynaecology and then cardiology attached to resuscitation which suggests a high intensity level of care. These are just a few examples; overall I've seen people who want to work well.

It is said that a good way of life often prevents visiting your doctor and pharmacist.

Should this not form part of the guidelines in health communication and awareness of the citizen?

And so it will, both in health and social and the general guidelines. We are working together with the Director of 'Authority' to address **prevention** because the 2020 directive of the World Health Organization's European region, to which we belong, is basically characterized by a strong focus on prevention and lifestyle, particularly in the **fight against pathological addictions** such as **smoking** and **alcohol** and **obesity** in youth and adults.

It is utopian to expect schools to teach concepts such as good nutrition, to do motor activity ...
So, healthy lifestyles?

It's by no means a utopia, rather it is an institutional duty and also a family duty. The ISS, Institute of Social security is an institution just as is the school, both together should ensure the carrying out of integrated policy; A policy that sees our professionals who go to schools and welcome this issue with interest. Just as important are the teachers in raising **students' awareness**, teachers motivated on a personal level too because for example you can't talk about obesity, if you are obese. **Families** in turn have an incisive role in terms of nutrition, I also say this as a mother. A good understanding of basic rules (to get children used to homemade food, preparing their food portions ...) combined with a dose of good will are a good starting point.



San Marino is among the countries where mortality from heart disease is no longer in first place. In the wake of this success how do you see the construction of an enabled gym for the rehabilitation of heart attack sufferers?

I see this as perfect because mortality is reduced both in the field of pharmaceutical research and through interventional surgery. **Rehabilitation** is the key element post discharge, when the patient returns home after admission, it's the key element that allows the **recovered cardiopath to start a new lifestyle**. In this sense, one can't be other than in favour of the creation of a structure destined for this purpose.

To all of you my heartfelt wishes for a Merry Christmas and a Happy 2015, that brings hope, solidarity and good health.

Bianca Caruso

Health in Sammarinese Philately

By Dr.
Daniele Cesaretti

On 19 September 1975, the Republic of San Marino issued a stamp dedicated to the International Congress "**Eurocophar**" held in San Marino 21 to 23 October that year. The value is L.100, showing a series of crosses, symbol of pharmacy, is issued to commemorate **the pharmaceutical art as science in the service of public health**. The Eurocophar, acronym for European Pharmaceutical Cooperative, was the international association based in Paris, embracing, at that time, the owners of pharmacies in Belgium, France, Germany, Italy, Netherlands and Spain.

Drawing by Giancarlo Valentini. Rotogravure printing sheets of 25 at Hélio Courvoisier, La-Chaux-de-Fonds. Circulation 750,000 copies (Sassone catalog no. 944)



On October 19, 1977 San Marino issued a stamp with a value of L.170 called "**herbal**", in memory of the congress UTIFAR, (Italian Pharmacists Union of Technique), held in San Marino September 23.

The subject exalts plants as the oldest medication and proposes the following medicinal plants: **mallow, linden, chamomile, borage, cornflower** (*Centaurea cyanus*) and **juniper**. The UTIFAR, founded in 1957, is a free association that aims to bring its exclusively pharmacist membership up to date professionally and technically and to promote specialization for its 2,000 members.

Design Hélio Courvoisier. Rotogravure printing sheets of 50 at Hélio Courvoisier. La-Chaux-de-Fonds. Circulation 740,000 copies (Sassone n. 996)



Talking about Snacks at School

By Nutritionist
Dr. Marina Corsi

I am the mother of Maria Alessia, a 12 year old girl who attends middle school and I'm very concerned about my daughter's diet, especially regarding the type of snacks she eats at recreation finding them in snack distributors located in places along the corridors of the school building. How can I make her understand which foods are best to eat during the mid-morning snack? Thank You

Dear Maria, your concerns are legitimate and remember, a **proper nutritional education** in the first instance comes from you, especially if you teach your daughter to have a proper breakfast before leaving for school, for example.

Bear in mind also that this is a particular age where **many teens refuse breakfast** considering it a meal for children, preferring snacks and drinks of various kinds with peers. In this case be unwavering and try to raise awareness of those responsible for education and the other parents about **the role that education plays within school nutrition and health** by promoting campaigns aimed at the removal of junk food from vending machines and encouraging the distribution of more appropriate food, such as fruit, yogurt, water and juices.

I urge you, however, **to avoid taking an exasperated attitude** in imposing healthy foods on Alessia because you might stimulate behavior that's just as distorted and dangerous to the health of your daughter. Often you do not need to preach too much, just continue to put all



the sound principles that you know on the table and offer them regularly to your loved ones. You may continue to prepare a snack for your daughter to take to school yourself. Remember, a yogurt (in winter an economic refrigerator for maintenance you can use is the window of the classroom) or a fruit or some small biscuits are more than enough. In fact, the snack should provide an energy intake of no more than 10% of the daily requirement: snacks that are too filling are likely to affect school performance and skip lunch!

And so, Courage! Persevere and don't let others make you give up the desire to want the best for your daughter. So even if the social models and advertising often take us away from **healthy lifestyles**, it is totally the case that you as Mamma do not give up and gradually, you will be able to bring your daughter around to your side, and not only but also her peers, other parents, and those who are responsible for the control and distribution of food in school buildings.

Please submit your questions MAIL TO: info@cuore-vita.sm

Four question to Gianfredo Angeli

By Dr.

Giovanni Michele Zangoli

How would you define your heart attack, a hiccup or, in hindsight, something to reproach in terms of your lifestyle?

It was a totally **unexpected accident**. I weighed 78 kilo and did not smoke. No, I would say that it was totally unpredictable. The irony of fate, my father was the victim of a heart attack just 15 days before it hit me, but I don't think that this affected my case in any way. It just happened and that's that.

Is it more difficult on a physical or mental level to overcome this crisis?

Physically I wouldn't say so because **cardiology** assisted me in every step of the way, so I felt I was in good hands. From the psychological viewpoint perhaps more help wouldn't have hurt, even if, to make up for it, my wife was a great support to me in the management of this particularly delicate phase. **It is important to have the right people close by when you're in crisis.**

In the rehabilitation phase, what was most instrumental, apart from the support of the cardiologist?

The will to live has certainly played a key role. I walked more often every day sometimes under the pretext of walking the dog and my wife was always close. So there was never a moment where I stopped to twiddle my thumbs, let

alone feel sorry for himself, because with **the family** on the one hand and cardiology on the other, I've been pampered like a chick in cotton wool. It was down to me then and my willingness to react. Looking ahead is essential after getting over the worst.

Once over the crisis, are you the same as before or does some trail remain below at the psychological level?

No, **you won't forget**, but you've got to find the strength to move forward step by step even with the knowledge of what was risked. The first months were heavy because the narrow escape keeps bouncing back in your brain. But with the will and the help of those around you, you get over this too. After 4-5 years, there was even a sort of involution if we want to call it that. A dinner with friends was enough, a meal, a drink, laugh and they even made me try a 'toscano' cigar. Now, weighing 96 pounds in fact, I have my life back. It's as if subconsciously I wanted to dispel that bad experience by coming back to my old habits. In my electrocardiogram track, the heart attack can be seen, moreover I had just 25 percent of cardiac functionality and my life hung by a thread. So the past is not forgotten, but there is the awareness of what was risked, as I mentioned above, **the will to live can make a difference.**



High blood pressure: The Dark Knight

By Dr,

Emidio Troiani cardiologist

U.O.C. Primary Care and Health in the Territory, ISS

“High pressure” that is, high blood pressure, frequently affects the adult population, and we all know that is a major risk factor for stroke or heart attack. It is **very important to know** your own blood pressure, measuring it with the right instrument (sphygmomanometer), bearing in mind that high blood pressure is rarely a major symptom, ‘though this habit should not become an obsession.

In 2013 the European Society of Cardiology presented new guidelines on hypertension where over 25 researchers and as many as 5 scientific societies defined risk parameters and ideal pressure values.

First of all one speaks of hypertension when the **systolic pressure** is greater than or equal to 140 millimeters of mercury (mmHg) and / or **diastolic** blood pressure greater than or equal to 90 mmHg. These values should be reconfirmed at least two visits. The ideal pressure values are below 140/90 mmHg.

Of course these values are only indicative and should be assessed by the physician on a case by case basis in order to optimize the possible care, not to mention our **lifestyle** and **our diet**.

Lifestyle is a cornerstone of both the prevention and cure of “high blood pressure”

and in particular:

- A daily salt consumption to around 5 g
- Moderate consumption of alcohol and sugar
- A rich daily consumption of colored vegetables and moderate fruit
- A reduction in body weight if overweight
- Abstention from smoking, both your own and that of others’ smoking
- The reduction of stress accompanied by adequate hours of sleep
- Frequent physical activity of moderate intensity

Certainly drug therapies are effective in lowering blood pressure but they lose much of their usefulness if they are not associated with a **lifestyle that is healthy**, that, as well as helping us keep the pressure low, it makes us feel better and fit. Often **it only takes small changes in our daily habits to get great results**.



The family doctor and the importance of proactive medicine towards high cardiovascular risk Patients.

By Dr. Tiziano Bugli

Director U.O.C. Primary Care and Health in the Territory

First, who are the people that are **considered to be at high cardiovascular risk**? They are patients who have had a myocardial infarction, or angina pectoris or suffered cardiac revascularization, stroke or transient ischemic access, have an important kidney damage, diabetes mellitus, a severe hypertension, peripheral vascular disease, or with an estimated risk algorithm Heart Project equal to or greater than 20% at 10 years. Every General Practitioner who works at the Primary Care Institute for Social Security, cares for more than 1500 patients, and of these she assists more than 150 people with these characteristics. Sometimes not all of these patients are recognized as such. It's clear the professional responsibility and importance of the role of the primary care physician is to identify, manage and monitor these patients to reduce the risk of serious complications and disability. The **Proactive Medicine** that the primary care doctor can exercise for the benefit of these patients, is to first **identify those at high risk through the use of risk** charts and targeted laboratory tests with the help of computer tools.

The General Medic actively intervenes to **reduce the occurrence of cardiovascular events** by controlling **blood pressure**, lower **cholesterol** levels and the use of **drugs** effective in reducing complications and mortality. **Non-pharmacological measures**, with measures aimed at **cessation of smoking**, prescription of **physical activity** (at least 30 minutes are sufficient for most days of the week), and education on **proper nutrition**, should be insisted on. To achieve this, the patient should be given full responsibility to take care of his own health (empowerment).

The management of patients at high risk of CV requires structured interventions and controls to deadlines, in close collaboration and **integration with the specialist cardiologist**. Patients with multiple cardiovascular risk factors typically take several drugs and the General Medical Practitioner has the ability to check that the patient properly **takes prescribed medications**, providing instructions about possible side effects and involving carers, especially for seniors taking many drugs.

Today improving preventive interventions and control of patients at high cardiovascular risk is an emergency and general medicine can make a vital contribution. Proactive medicine, through a structured and organized approach, addressed to the whole group of patients at high risk, is a **model of medicine** that does not wait for the disease to manifest in all its drama, but it anticipates the onset and outcomes. A medicine thus oriented is the best weapon possible against chronic epidemics and is proven to be a tool that can lead to an improvement in the quality and duration of life for patients, by reducing complications, hospital admissions and, not least, health care costs.



Some considerations on the prevention of cardiovascular disease.

*By Dr. Giampaolo Rolli
Vice President Association Cuore-Vita*

In industrialized societies **cardiovascular diseases** are the main cause of disability. And according to the WHO (2008) myocardial ischemia is placed at the top of the top 10 causes of death in the world, and immediately following the stroke.

Important **scientific and technological progress** has made it possible to dramatically reduce the in-hospital mortality, to improve the prospects of recovery and, thanks to the support of **post-infarct rehabilitation**, to offer the cardiac a better quality of life. High mortality remains in those who, suffering from an acute event, do not survive long enough to be hospitalized promptly and adequately treated.

The health actions on which it is intended to focus efforts today are basically two: one, preventing damage of the arteries; two, making timely recovery to the patient who has suffered a heart attack. **Correct information** given to citizens who refer to family physicians, cardiologists and voluntary associations becomes fundamental.

The main recommendations to combat cardiovascular disease are:

- 1.** Avoid smoking both active and passive.
- 2.** Check blood pressure and, if it is high, take medicine suited to normalize it every day and for life.
- 3.** Check the blood levels of cholesterol, triglycerides and blood glucose regularly.
- 4.** Limit fatty foods and salt (5 grams a day).
- 5.** Try to maintain a healthy weight by choosing a healthy, balanced diet and get regular physical activity.
- 6.** Therefore, avoid as much as possible the sedentary life working out every day, at least 30 minutes of physical activity of moderate intensity, to keep the heart and cardiovascular system in training.
- 7.** Fight stress by improving lifestyle and ... sometimes, laugh.
- 8.** Know your overall cardiovascular risk.



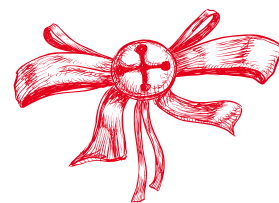
Life according to Vito

Cartoon by
Gigi Belisardi



“RESOLUTIONS FOR 2015: NO SMOKING, A LITTLE SALT, HEALTHY AND
BALANCED DIET, LOTS OF EXERCISE”

How to teach children to eat properly



By Dietitians *C.Capella, M. T. D'Anselmo, A. Ercolani*
Dietology Service, State Hospital RSM

Healthy eating habits learned in childhood, along with **physical activity**, directly shape body growth, promoting well-being over time. The introduction of **healthy food** should be early, giving a taste imprint and making the choices permanent. It is clear that even mom and dad have to follow a **proper diet**, because younger children are inclined to imitate the behavior of parents and are still independent from the influences exerted by the media and peers; the earlier the start of this dietary imprinting, the greater the acceptance by the children. Parents should set an example in openness to new ingredients. Not only to satisfy taste, but also for health: for different foods assimilate different elements, and no food alone is able to ensure our daily nutrients and micronutrients needs.

Faulty nutrition is associated with a **monotonous diet**, an **incorrect distribution of caloric needs during the day**, **absence or insufficiency of breakfast**, **inadequate meals interspersed with numerous snacks**.

WHAT SHOULD I COOK FOR MY CHILD?

- Start by doing healthy grocery shopping (**no to Junk food**): we prefer natural, not pre-cooked foods.
- Fruits and vegetables: always! (5 servings a day)
- Shapes and colors: the presentation of food is important for the child, indeed, it's crucial. Then, remember that the emotional climate in which you eat meals can contribute to connecting foods or dishes to moods or moments, that are more or less pleasant.
- Taking the time to eat meals, starting with breakfast, which should never be skipped.
- Pay attention to the quantities (portions) and avoid second helpings of portions;
- Parents need to be first in setting a good example for a varied diet;
- The one dish meal (e.g. pasta with meat sauce or pasta with beans and so on) is an excellent strategy to monitor intake and create colorful and nourishing dishes;
- Involve your child in the kitchen;
- To appreciate plants, experiments with growing a plant on the balcony of the house can be engaging;
- Respect the weekly frequencies recommended by the food pyramid: meat three times, fish three times, vegetables three times, cheese once or twice, egg once or twice, moderate salami and condiments.

For proper nutrition of children, in the first place, these rules: the family eats the same foods together (**a good example is fundamental!**); avoid pressure, prohibitions and rewards; on the contrary, stimulate curiosity in food.

Curiosities from the scientific world

By Dr.
Niksa Simetovic

Aspartame (sweetener) does not increase risk of cancer according to American Cancer Society

In a study published by the Journal of Nutrition, ACS researchers who studied 100,000 elderly men and women, concluded that **moderate use of sweeteners** is not associated with an increased risk of non-Hodgkin lymphoma.

US study, eating less slows aging ...

SD Ginsberg, author of the research shows that calorie restriction is practically able to stop the aging gene expression. This does not mean eating less may be the fountain of youth, but there are some elements of evidence to support the view that **eating "light" may delay the effects of aging and certain neurodegenerative diseases.**

Neuro-degeneration and amyloid accumulation (substance which increases with aging) are not always indicative of Alzheimer's disease

As pre-clinical Alzheimer's become a target for therapeutic intervention, overlap between imaging (radiological) abnormalities typically associated with aging and those associated with Alzheimer's disease, should be acknowledged. The accumulation of amyloid in the brain and neuro-degeneration are practically inevitable with advancing age, but many people are able to maintain a normal cognitive function despite these imaging abnormalities.



Obese men showed higher risk of diabetes not taking into account the metabolic health

A study in the journal Diabetes Care reveals a persistent risk of diabetes among overweight and obese males despite having a normal metabolism. The researchers note a significant **increase in the risk of disease in patients of any weight with alterations of basal metabolism.**

High fat diet increases abdominal fat (a risk factor for cardiovascular disease) in adolescents

The journal Clinical Nutrition shows that adolescents who consumed between 33.6% and 41.4% of all calories from fat, had from 2% to 7% more abdominal fat than their peers who ate less fat.



Health and the Commonplace of medicine

By Dr.
Daniele Cesaretti

Airplane chemtrails are poisoning us!

This is a current issue that some have interest in publicizing. The **"owners" of the earth want to poison us**. All of us, without distinction. But no one knows why. Strewing who knows what, blindly, using passenger airlines. Then take an illustrated book of history, consult the pages of the **Air Battle of Britain (1940)** and you will see in the photographs **the most dense network of trails imaginable** condensation: this is their name. **Water vapour**. Just like that of natural clouds. But there are those who will have us believe otherwise, not having a minimum of technical or physical or science background to explain the origin of the trails that are observed in the sky each day. The argument therefore proceeds as an executive debate. With appropriate technical questions.

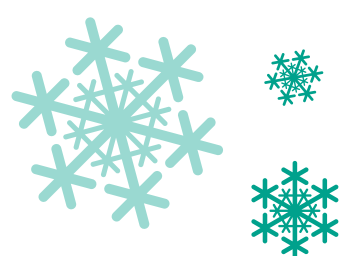
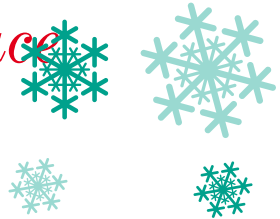
What substances are involved? How do they work? In what measure? Are they traced in the air or soil? Which industry or multinational produces them? Which means are used to transport them? Where are they stored? Who are the staff for their transport, storage, use? Do the attendants develop, perhaps, a professional pathology?

Who has trained the staff? Where? Are there are training courses? When? Promoted by whom? Is it possible that there isn't an attendant who has taken a Selfie on the scene of the crime? In which tanks of the planes are the substances inserted? Who controls the suitability of the tanks? How do the release valves work? Which is the release button in the cockpit? Which airlines use it? Are the companies are paid for ... the friendly service? By whom and how? Substances fall to the

ground along the vertical? Are they released, and then wasted, even during transoceanic flights? Do North Korean airlines use it (... would be its first form of international collaboration!)? Are they really effective?

Has anyone ever got sick? What does the WHO, World Health Organization, say? And we could go on, endlessly, with other questions of a precise technical nature. But One thing is certain. **They are a useful parameter to measure popular credulity and anxiety**. Conspiracy's are liked. It is always news. It helps to structure the anxiety that would otherwise be free and visible. **Chemtrails, the REAL ones, are very different** but paradoxically they arouse less concern because they are concrete, tangible and even measurable. They are especially effective because they **kill**.

These are the deadly Chemtrails released in the **Land of Fires** (in the Campania region) and **Eternit factories**. And what about **cigarettes? Isn't Ilva of Taranto** more effective than aircraft? But these trails arouse less interest precisely because they're real, scientifically documented and not the fruit of an intrigue. Instead no, **this time, there is a conspiracy! Because no one was found responsible and liable for the deaths!** Now that's conspiracy-mongering. In broad daylight.



Cuore-Vita

is inviting your much appreciated support that enables us to deliver excellence in health education programs and facilities such as defibrillators and other life saving equipment for the people of the Republic of San Marino

Therefore please donate, if it is possible for you to do so.

Every donation you make is put to immediate good use by our Association.

Grazie di Cuore! (info@cuore-vita.sm)

Merry Christmas!

Sponsor:



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