



YAYASAN JANTUNG MALAYSIA
(The Heart Foundation of Malaysia)

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

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CELEBRATING

YJM's 30th Anniversary: The Mission Continues



Ahmad Sarji

Tun Ahmad Sarji bin Abdul Hamid
President

The year 2014 marks the 30th anniversary of Yayasan Jantung Malaysia (YJM).

In looking back over the years, the Yayasan has grown from a small core of volunteers into what it is today, and great credit goes to the Board of Directors and the Yayasan stayers.

Heart disease is the number one killer of Malaysians. The Yayasan mission remains: namely to heighten the awareness amongst Malaysians about heart disease and how it can be prevented.





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Secretariat	
6, Lorong Lai Tet Loke 2, Off Lorong Gurney, 54100 Kuala Lumpur. Tel: 03-2693 4709 Fax: 03-2693 3267 Email: jantung1@streamyx.com Website: www.yjm.org.my	
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Keeping The Beat



As we start the year off, we look forward to generating greater awareness amongst Malaysians regarding their state of health. Our health is something that should be close to our hearts. The heart is one of the most important organs in our body and should be given full attention.

Its importance cannot be underestimated as heart diseases are acknowledged by the Ministry of Health (MOH) as the number one killer in Malaysia over the past three decades. According to MOH, heart diseases are the primary cause of death in MOH hospitals. In the global scene, it is estimated to claim 17.5 million lives every year!

High blood pressure or hypertension is a common yet often under-treated disease. It is known as the silent killer as it often present without any symptoms. If the condition is uncontrolled, it can lead to many complications, including heart attack, heart failure, and stroke. However it is preventable, simply by changing and managing your lifestyle routine. In this issue, I have penned a basic guideline of the management of high blood pressure in adults.

The Heart Exhibition held last year enables us to reach out to the public to raise their awareness of the risk that their hearts face. I am happy to say that it managed to attract over 30,000 health enthusiasts. I sincerely hope those who have attended are now more aware of the danger that heart disease brings and that they will take the necessary preventive measures.

The year 2014 will be no different as Yayasan Jantung Malaysia embarks on yet another quest to deliver the message to all Malaysians that a healthy heart is critical for good health. As a means to achieve this end, YJM advocates prevention as the best cure, and the best way to prevent heart disease is through healthy living. Let's all be more proactive and take immediate action to prevent exposure to risk factors such as lack of physical activity, an unhealthy diet and tobacco smoke, which will have a positive impact on your health.

In addition to this, I have also recently released a book entitled "My Cholesterol Journey in Malaysia". It is a book written by a Malaysian, on Malaysians, for Malaysians, about cholesterol and heart disease in Malaysia. Further details about the book launch which took place on 9th January 2014 will be highlighted.

As we celebrate our 30th anniversary, we will persist in our effort to conduct more activities for greater awareness amongst the public. With that, we hope that 2014 will be an exciting and fruitful year for YJM. We look forward to having you with us on our journey towards a nation of healthier hearts.

DATO' DR KHOO KAH LIN



List of Activities/Programmes:

Heart Week Programme



Kluang • November 8 – 10, 2013.



Manjung • November 22 – 24, 2013

Community Programme



Kulim • December 29, 2013



Tanjong Karang • January 25, 2014



Update on the Management of Hypertension 2014

By *Dato' Dr. Khoo Kah Lin*

2014 Evidence – Based Guideline for the Management of High Blood Pressure in Adults – Report of the Eight Joint National Committee (JNC 8)

This new hypertension guideline is an update of JNC 7 published 10 years ago. The report is an executive summary of additional Randomized Clinical Trials (RCT) and uses the 2011 Institute of Medicine (IOM) report on quality standards for practice guidelines instead of following the practices of earlier JNC panels. The JNC 7 committee produced a comprehensive overview of the management of hypertension.

The panel focused on 3 critical questions that address thresholds and goals for pharmacologic treatment of hypertension:

1. In adults with hypertension, does initiating antihypertensive pharmacologic therapy at specific blood pressure thresholds improve health outcomes?
2. In adults with hypertension, does treatment with antihypertensive pharmacologic therapy to a specific blood pressure goal lead to improvements in health outcomes?
3. In adults with hypertension, do various antihypertensive drugs or drug classes differ in comparative benefits and harms on specific health outcomes?

Results (Recommendation)

Recommendations for Management of Hypertension

Recommendation 1

In the general population aged ≥ 60 years, initiate pharmacologic treatment to lower blood pressure (BP) at systolic blood pressure (SBP) ≥ 150 mmHg or diastolic blood pressure (DBP) ≥ 90 mmHg and treat to a goal SBP < 150 mmHg and goal DBP < 90 mmHg. (Strong Recommendation – Grade A)

Corollary Recommendation

In the general population aged ≥ 60 years, if pharmacologic treatment for high BP results in lower achieved SBP (eg, < 140 mmHg) and treatment is well tolerated and without adverse effects on health or quality of life, treatment does not need to be adjusted. (Expert Opinion – Grade E)

Recommendation 2

In the general population < 60 years, initiate pharmacologic treatment to Lower BP at DBP ≥ 90 mmHg and treat to a goal DBP < 90 mmHg. (For ages 30-59 years, Strong

Recommendation – Grade A; For ages 18-29 years, Expert Opinion – Grade E)

Recommendation 3

In the general population < 60 years, initiate pharmacologic treatment to lower BP at SBP ≥ 140 mmHg and treat to a goal SBP < 140 mmHg. (Expert Opinion – Grade E)

Recommendation 4

In the population aged ≥ 18 years with chronic kidney disease (CKD), initiate pharmacologic treatment to lower BP at SBP ≥ 140 mmHg or DBP ≥ 90 mmHg and treat to goal SBP < 140 mmHg and goal DBP < 90 mmHg. (Expert Opinion – Grade E)

Recommendation 5

In the population aged ≥ 18 years with diabetes, initiate pharmacologic treatment to lower BP at SBP ≥ 140 mmHg or DBP ≥ 90 mmHg and treat to a goal SBP < 140 mmHg and goal DBP < 90 mmHg. (Expert Opinion – Grade E)

Recommendation 6

In the general nonblack population, including those with diabetes, initial antihypertensive treatment should include a thiazide-type diuretic, calcium channel blocker (CCB), angiotensin-converting enzyme inhibitor (ACEI), or angiotensin receptor blocker (ARB). (Moderate Recommendation – Grade B)

Recommendation 7

In the general black population, including those with diabetes, initial antihypertensive treatment should include a thiazide-type diuretic or CCB. (For general black population: Moderate Recommendation Grade B; for black patients with diabetes: Weak Recommendation – Grade C)

Recommendation 8

In the population aged ≥ 18 years with CKD, initial (or add-on) antihypertensive treatment should include an ACEI or ARB to improve kidney outcomes. This applies to all CKD patients with hypertension regardless of race or diabetes status. (Moderate Recommendation – Grade B)

Recommendation 9

The main objective of hypertension treatment is to attain and maintain goal BP. If goal BP is not reached within a month of treatment, increase the dose of the initial drug or add a second drug from one of the classes in recommendation 6 (thiazide-type diuretic, CCB, ACEI, or ARB). The clinician should continue to assess BP and adjust the treatment regimen

until goal BP is reached. If goal BP cannot be reached with 2 drugs, add and titrate a third drug from the list provided. Do not use an ACEI and an ARB together in the same patient. If goal BP cannot be reached using only the drugs in recommendation 6 because of a contraindication or the need to use more than 3 drugs to reach goal BP, antihypertensive drugs from other classes can be used. Referral to a hypertension specialist may be indicated for patients in whom goal BP cannot be attained using the above strategy or for the management of complicated patients for whom additional clinical consultation is needed. (Expert Opinion – Grade E)

The table below shows the dose of the current antihypertensive drugs based on RCTs.

Table 2. Evidence-Based Dosing for Antihypertensive Drugs

Antihypertensive Medication	Initial Daily Dose, mg	Target Dose in RCTs Reviewed, mg	No. of Doses per Day
ACE inhibitors			
• Captopril	50	150-200	2
• Enalapril	5	20	1-2
• Lisinopril	10	40	1
Angiotensin receptor blockers			
• Eprosartan	400	600-800	1-2
• Candesartan	4	12-32	1
• Losartan	50	100	1-2
• Valsartan	40-80	160-320	1
• Irbesartan	75	300	1
β-Blockers			
• Atenolol	25-50	100	1
• Metoprolol	50	100-200	1-2
Calcium channel blockers			
• Amlodipine	2.5	10	1
• Diltiazem extended release	120-180	360	1
• Nitrendipine	10	20	1-2
Thiazide-type diuretics			
• Bendroflumethiazide	5	10	1
• Chlorthalidone	12.5	12.5-25	1
• Hydrochlorothiazide	12.5-25	25-100 ^a	1-2
• Indapamide	1.25	1.25-2.5	1

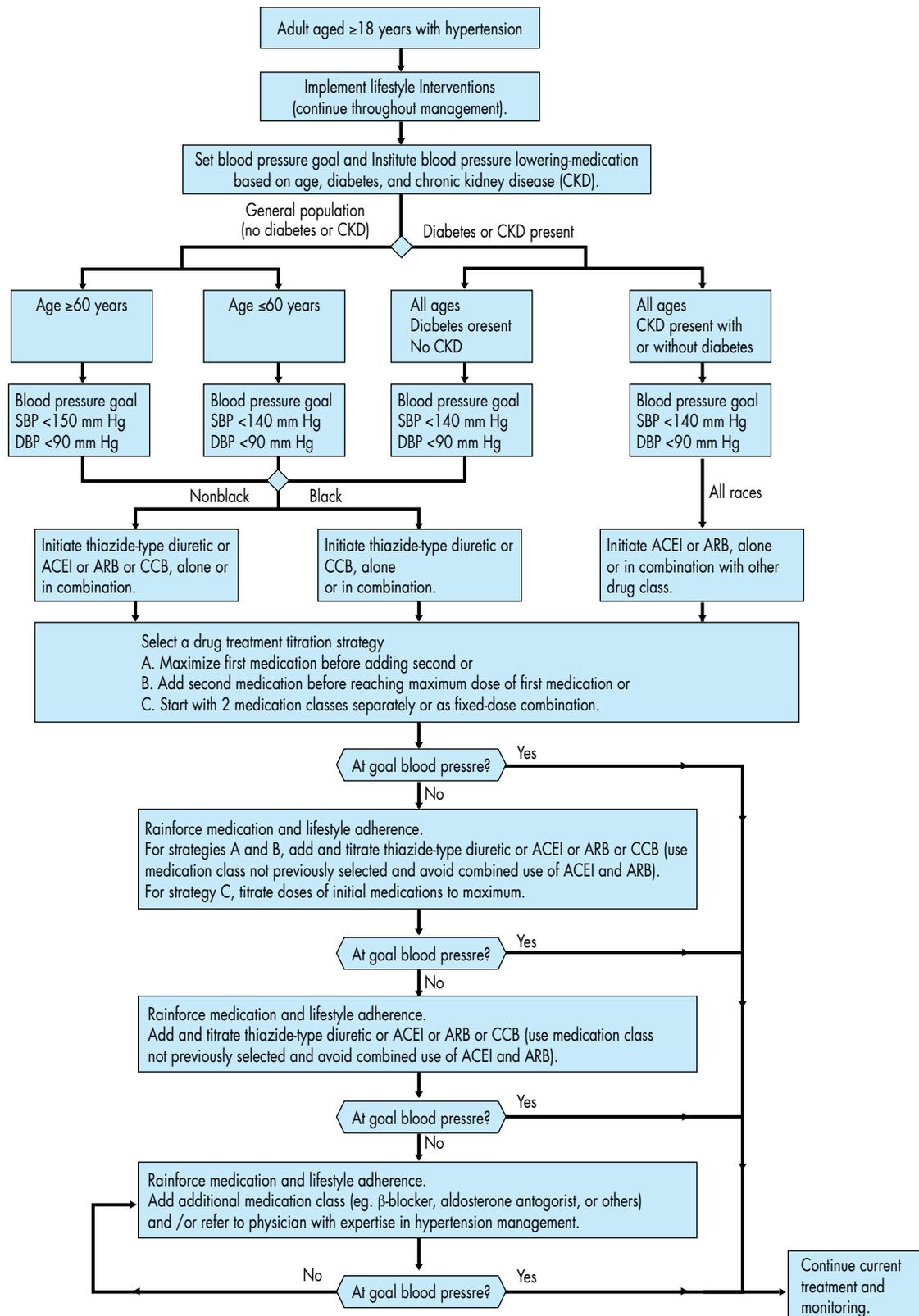
As there are no known RCTs to guide clinicians titrate and combine antihypertensive drugs, the panel relied on expert opinion. The table below shows three strategies have been used in RCTs of high BP treatment.

Table 3. Strategies to Dose Antihypertensive Drugs

Strategy	Description	Details
A	Start one drug, titrate to maximum dose, and then add a second drug	<ul style="list-style-type: none"> If goal BP is not achieved with the initial drug, titrate the dose of the initial drug up to the maximum recommended dose to achieve goal BP. If goal BP is not achieved with the use of one drug despite titration to the maximum recommended dose, add a second drug from the list (thiazide-type diuretic, CCB, ACEI, or ARB) and titrate up to the maximum recommended dose of the second drug to achieve goal BP. If goal BP is not achieved with 2 drugs, select a third drug from the list (thiazide-type diuretic, CCB, ACEI, or ARB), avoiding the combined use of ACEI and ARB. Titrate the third drug up to the maximum recommended dose to achieve goal BP.
B	Start one drug and then add a second drug before achieving maximum dose of the initial drug	<ul style="list-style-type: none"> Start with one drug then add a second drug before achieving the maximum recommended dose of the initial drug, then titrate both drugs up to the maximum recommended doses of both to achieve goal BP. If goal BP is not achieved with 2 drugs, select a third drug from the list (thiazide-type diuretic, CCB, ACEI, or ARB), avoiding the combined use of ACEI and ARB. Titrate the third drug up to the maximum recommended dose to achieve goal BP.
C	Begin with 2 drugs at the same time, either as 2 separate pills or as a single pill combination	<ul style="list-style-type: none"> Initiate therapy with 2 drugs simultaneously, either as 2 separate drugs or as a single pill combination. Some committee members recommend starting therapy with ≥2 drugs when SBP is >160 mm Hg and/or DBP is >100 mm Hg, or if SBP is >20 mm Hg above goal and/or DBP is >10 mm Hg above goal. If goal BP is not achieved with 2 drugs, select a third drug from the list (thiazide-type diuretic, CCB, ACEI, or ARB), avoiding the combined use of ACEI and ARB. Titrate the third drug up to the maximum recommended dose.

The figure is an algorithm summarizing the recommendations.

Figure 2014 Hypertension Guideline Management Algorithm



The JNC 8 offer clinicians an analysis of what is known and not known about BP treatment thresholds, goals and drug treatment strategies to achieve those goals based on RCTs. They are not a substitute for clinical judgement. Hopefully the algorithm may be helpful to a busy clinician in implementation of the currently most updated recommendations in the management of hypertension.

Reference

James PA, Oparil S, Carter BC et al. 2014 evidence-based guideline for the management of high blood pressure in adults: report from panel members appointed to the Eight Joint National Committee (JNC 8) JAMA. doi:10.1001/jama.2013.284427.



Mirror, mirror on the wall, who is the *Smartest* Consumer of them all...

The Malaysian Ministry of Health (MOH), European Food Safety Authority (EFSA) and US Food Drug Administration (FDA) have approved the health claim for the maintenance of heart health based on the fact that **3 g oat beta-glucan per day can help reduce cholesterol**. The question is – **Are you taking a sufficient amount of oat beta-glucan every day to effectively lower your cholesterol?** Currently, oat brands in Malaysia contain about three to five percent of beta-glucan which translates to roughly two bowls of oatmeal (70 g) for consumption. If that is too many mouthfuls for you, why not try oat bran powder with a higher concentration of oat beta-glucan at a much lower daily dosage?

Not All Oat Bran Powder is Created Equal!

As a smart consumer, it is imperative to know how to choose the best oat bran product with substantiated cholesterol-lowering efficacy. Use the selection criteria below as your know-how guidelines:

- ✓ **Go for 100% oat bran powder.** Some oat bran products in the market are added with thickeners, fillers or artificial ingredients to produce extra gelling effect. Make sure you check the ingredient list on the packaging of the product.
 - ✓ **Good solubility and gel-forming ability in water.** Make sure the oat bran powder can dissolve completely in water because the lumpy texture will affect the palatability of the mixture. *The higher the solubility which ensures better gel formation, the better the cholesterol-lowering effect.
 - ✓ **Check the oat beta-glucan content on the label.** Don't be misled by numbers associated with the brand name of a product. High number does not necessarily imply that the product contains high amount of the active ingredient, in this case, oat beta-glucan. Make sure you check the beta-glucan content at the nutrition information on the product packaging.
- In the Malaysian context, the maximum amount of oat beta-glucan allowed in food products is only **20 g per 100 g or 20%**.
 - ✓ **Check the carbohydrate content on the label.** Some oat bran products in the market contain a high amount of carbohydrates (monosaccharides & starch) which do not favour individuals with elevated blood sugar level and/or overweight problem. Make sure you check the nutrition information on the packaging for carbohydrate content.
 - ✓ **Cholesterol lowering effect of the oat bran powder is substantiated with clinical studies and human trials.** Make sure you find out more information about the source of the oat bran powder and check if the oat bran powder was used as the research material in the clinical studies and published journals.

What you need to know about Biogrow Oat BG22™ ...

 **Biogrow Oat BG22™** is fully made of **OatWell®** oat bran powder imported from Sweden, rich in viscous soluble fiber oat beta-glucan with high molecular weight. Numerous clinical trials have proven the physiological effect of **OatWell®** oat bran on cholesterol reduction and blood sugar response. **OatWell®** oat bran has more than 30 scientific publications worldwide. ****3 g or more OatWell®** oat beta-glucan per day has been shown to help reduce cholesterol effectively.

Ruedi Duss, global business manager for **OatWell®** oat beta-glucan at DSM Nutritional Products, discusses how **OatWell®** can be used to add value to food products:

“To help people achieve the recommended daily intake of beta-glucan, DSM has added **OatWell®** oat beta-glucan to its ingredient portfolio.

Part of the ever-expanding **OatWell®** product family is **Biogrow Oat BG22™** which is high in 20% beta-glucan developed in a proprietary way to retain the highest molecular weight for higher viscosity produced in the upper gut, in order to reduce blood cholesterol level effectively. Compared to other oat products, **Biogrow Oat BG22™** provides the highest amount of beta-glucan per serving.”

-  2 scoops (≈ 18 g) of **Biogrow Oat BG22™** a day deliver **more than 3 g of oat beta-glucan**, which is higher than the amount recommended by the Ministry of Health for a cholesterol-lowering effect.
-  **Biogrow Oat BG22™** is high in dietary fiber, protein, magnesium, iron & zinc. Very low in sodium (salt).
-  **Biogrow Oat BG22™** is all natural with no added sugar, preservatives and food additives.

* Wolever et al. 2010; Am J Clin Nutr doi: 10.3945/ajcn.29174.
** EFSA Journal 2010; 8(12):1885. [15 pp.] doi:10.2903/j.efsa.2010.1885.

How to consume **Biogrow Oat BG22™** ?

Mix one scoopful / sachet of **Biogrow Oat BG22™** with 200 ml of cold or lukewarm water and drink immediately before meals, at least twice a day for the maintenance of healthy cholesterol levels. It also tastes great when mixed with honey, soy milk or fruit juices.

Remember, healthy cholesterol level is the key towards a healthy heart!



2 sachets (≈ 18 g) = more than 3 g beta-glucan

This article is contributed by Legosan (M) Sdn. Bhd.

For more product information, please call 03-7956 2220 or email your enquiries to info@biogrow.com.my.

THE HEART 2013

Exhibition

Organisers:



INSTITUT JANTUNG NEGARA
National Heart Institute



YAYASAN JANTUNG MALAYSIA
The Heart Foundation of Malaysia

Attracted over 30,000 Malaysian Hearts

The Heart Exhibition 2013, Malaysia's premier heart-health event, saw over 30,000 health conscious individuals and enthusiasts through the Exhibition to learn more about their heart functioning whilst indulging in retail therapy of heart-health products offered by over 100 brands, all whom are industry leaders on the heart-health and wellness platforms.

Celebrating its third year of overwhelming success, The Heart Exhibition is jointly-organised by Yayasan Jantung Malaysia (YJM) and Institut Jantung Negara and is the only annual national-level event to commemorate World Heart Day in Malaysia.





The most popular attraction was the free health screening which saw over 4,500 individuals being tested for risk factors of heart disease such as high blood cholesterol, diabetes, obesity and hypertension. Brisk sales were seen at all participating booths with many consumers clamoring for heart-healthier options available.

We thank our Platinum Sponsors for 2013: BioGrow Oat BG22™, Kordel's Health Supplements, Marigold HL Milk, Nestle Omega and Quaker Oats and numerous other Gold & Silver sponsors for their support.



This year, The Heart Exhibition 2014 returns with an even bigger bang and we anticipate to receive over 45,000 visitors with the support of the industry's stakeholders.

Details of The Heart 2014 Exhibition are as follow:

Date : September 27 & 28, 2014
(in conjunction with World Heart Day 2014)

Time : 10.00am – 9.00pm

Venue : Mid Valley Exhibition Centre • Hall 1 & 2

On behalf of Institut Jantung Negara and Yayasan Jantung Malaysia, we extend an invitation to interested corporate companies to support and partner with us for The Heart Exhibition in this strategic Experts-corporate collaboration.

For more information on The Heart Exhibition and how you can participate, please contact the following representatives from our Official Appointed Secretariat: VersaTrend Sdn. Bhd – Hsieng Loong (012 216 1866) or Mei Chieng (012 288 0866). Alternatively, drop us an email at marketing@theheart.com.my or visit www.theheart.com.my.

Book Launch



L – R: Dato' Dr Khoo Kah Lin, YAB Tun Ahmad Sarji, Datin Dr Liew Yin Mei, and Datuk Dr J.S. Sambhi during the launch.



L – R: Dato' Dr Khoo Kah Lin, YABhg Tun Dr Mahathir, YABhg Tun Dr Siti Hasmah, Tun Ahmad Sarji, and Datin Dr Liew Yin Mei.



Sharing a light moment.



YAB Tun Ahmad Sarji giving his speech.



Dato' Khoo Kah introducing his book.



Welcome Address & Introduction by Datin Dr Liew Yin Mei.

Everything Malaysian

By Datuk Dr J.S. Sambhi

The book "My Cholesterol Journey in Malaysia" was launched on 9th January 2014 by YABhg Tun Ahmad Sarji Abdul Hamid, the President of the Heart Foundation of Malaysia, at the Academy of Medicine of Malaysia Building, Kuala Lumpur. At this ceremony, attended by more than 200 guests, we were extremely happy to welcome two "walk-in" special guests who graced the occasion. They were none other than our beloved former Prime Minister, YABhg Tun Dr. Mahathir Mohamad, and his wife, YABhg Tun Dr Siti Hasmah Mohd Ali, who were presented with copies of the book.

Other notable attendees included the former Director General of Health Tan Sri Dr Ismail Merican, the founder of the Malaysian Psychiatric Association Tan Sri Dr M. Mahadevan, the President of Malaysian Medical Association Dato' Dr N.K.S. Tharmaseelan, Immediate Past President Dr S. R. Manalan, President of National Heart Association of Malaysia Datuk Dr Azhari bin Rosman, President of Nutrition Society of Malaysia Dr Tee E Siong and President Elect of the Academy of Family Physicians of Malaysia, Datuk Prof Dr. D.M. Dr Thuraiappah.

"My Cholesterol Journey in Malaysia"

It is the first book ever written about cholesterol and heart disease that is specific to Malaysia that have been written by a Malaysian, on Malaysians, for Malaysians. While the subject matter can be very technical, Dato' Khoo has made every effort to make it easily understood by lay people.

Dato' Khoo's purpose in writing this book was that more doctors will take up the challenge to help this special group of patients. On top of this, it also records Dato' Khoo's lifelong and dedicated work in this specialized field.

It starts by documenting Dato' Khoo's research and journal articles over the past four decades, and highlights scenarios that are specific and unique to Malaysia, which includes the eating habits, lifestyle, and the abnormal lipid genes.

Dato' Khoo is an eminent consultant Cardiologist for the past 40 years who has succeeded in detecting various types of gene mutations causing lipid disorders such as LDL-R gene defect, the Apo B100 gene defect, lipase gene defect, ABCA1 gene defect.

He has successfully identified, treated and managed many Malaysians who have been diagnosed as having Familial Hypercholesterolaemia. His other contributions include producing numerous international publications on cholesterol and Cardiovascular Diseases.



Pictures with Guests of Honour YABhg Tun Dr Mahathir and Tun Ahmad Sarji



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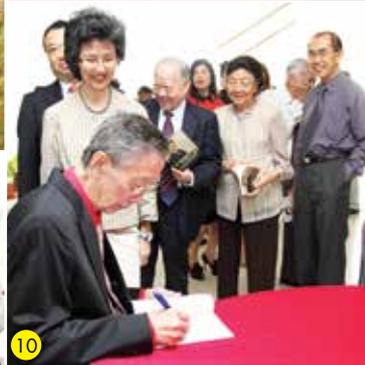
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1. L – R: Dato' Dr. Khoo Kah Lin, YAB Tun Ahmad Sarji, Datin Dr Liew Yin Mei, and Datuk Dr J.S. Sambhi.
2. Engrossed Audience.
3. Dato' Dr. Khoo presenting his book to YABhg Tun Dr Mahathir.
4. L – R: Dato' Dr. Khoo Kah Lin, Tan Sri Ismail Merican, and Ewe Kheng Huat.
5. L – R: Sir Steven Soh and Dato' Dr. Khoo Kah Lin.
6. VIP Guests (seated L – R) YABhg Tun Dr Mahathir, Tun Ahmad Sarji, Tun Dr Siti Hasmah, and YTM Tunku Sofiah Jewa.
7. Autographed book for Dr Tee E Siong.
8. L – R: KN Chuang, KY Pang, LH Ong, Tan Sri Ariffin Yusuf, Dato' Khoo Kah Lin, and Tan Sri Ismail Merican.
9. L – R: Dato' Dr. Khoo Kah Lin and YAB Tun Sri Dr Abdul Samad bin Hj Alias.
10. Autograph session.
11. L – R: Datin Mohandas, Datuk Dr Mohandas, and Dato' Dr. Khoo Kah Lin.
12. Malaysian Medical Association buddies. L – R: Dato' Dr. Tharmaseelan, Dr. Manalan, Dato' Dr. Khoo Kah Lin, and Dato' Dr. Sarjib Singh.
13. With mentor YABhg Tun Dr Siti Hasmah.
14. L – R: Dr. PK Yoon, Dr. Tan Hong, Dato' Dr. Khoo Kah Lin, and Aneeta Sunderaraj.
15. More autographs.



From the Very Beginning

Dato' Haji Kamarulzaman Mohamed,
Honorary Treasurer of Yayasan Jantung Malaysia (YJM)

Being the Honorary Treasurer of Yayasan Jantung Malaysia (YJM) can be a tough job, but Dato' Haji Kamarulzaman Mohamed is more than up to the challenge. In fact, he has been with YJM since its inception 30 years ago. Back then, he was deeply involved with the KL Rotary Club and Datuk Dr J.S. Sambhi invited him to join him. Together, they began to initiate the formation of YJM, with the intention of advising the general public on matters of heart disease and bringing awareness regarding heart health. This is crucial since heart disease is the No. 1 cause of death in Malaysia.

A passionate calling

His passion for YJM's cause is palpable as he enthuses "We help the public to understand and advise them and their families on how to live or cope with heart disease. For instance, we teach them about the kinds of exercises they can do or what type of foods are good for them. Apart from that, we also encourage early detection and a healthy living lifestyle. If a person experiences even the slightest symptoms of heart complications, we want them to go and have their heart checked."

As YJM hits the 30-year mark, Dato' Haji Kamarulzaman reminisces, "We are fortunate to have Tun Ahmad Sarji's guidance and we have a good team. It is a great privilege for us to be graced by the presence of DYMM Sultan of Pahang who will personally officiate the dinner event that marks our Pearl Anniversary."

He also pointed out that he tries to be a good role model as it translates well to the public that he meets.

While finding funds has always been a challenge, there has been no shortage of support from some quarters.

A measure of success

Looking back at YJM's past achievements, one which has stood out is the half-way house. This project provided the families of patients who are not from the vicinity of Kuala Lumpur with the basic facilities and amenities.

The intention of this half-way house is to help lessen the burden on the families of heart patients who were sent to Institut Jantung Negara (IJN) for operations or other treatments. This facility was set-up to help poor families that face difficulties in finding a place to stay.

"I've spent 50 years dedicated to this foundation. I hope to continue and help people and volunteer as well as settle down," emphasises Dato' Haji Kamarulzaman.

Heart disease and smoking

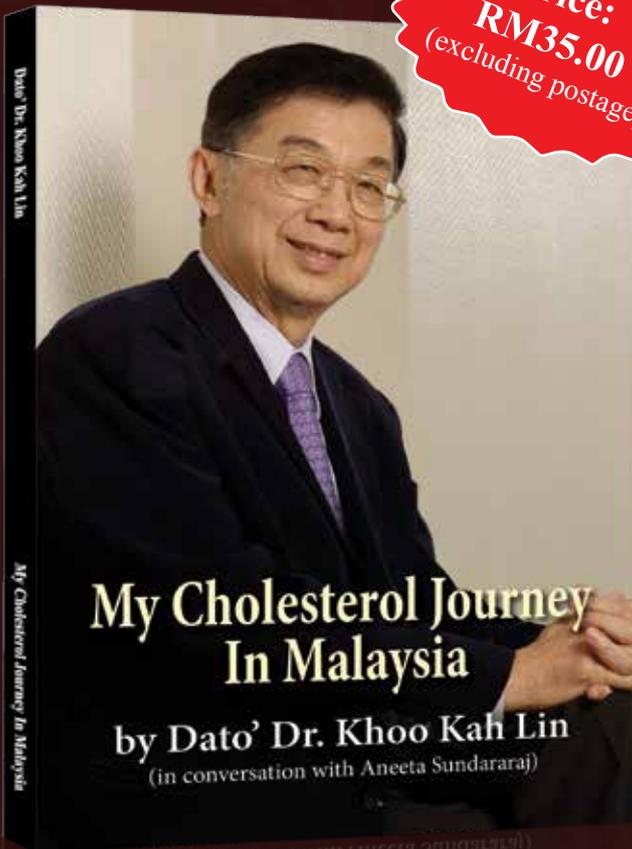
"While heart disease remains a blight upon the health of Malaysians, getting a handle on it is not easy. Despite the difficulties, YJM will continue to soldier on in our efforts to combat the number one killer of Malaysians. One of the biggest risk factors is smoking, which is what we are targeting," he points out.

He also pointed out that YJM has always run anti-smoking campaigns as it is one of the fundamental health-risks that the public needs to be aware of. Also on-going are the campaigns from the previous year which target women and children.

My Cholesterol Journey in Malaysia

by Dato' Dr. Khoo Kah Lin

ISBN: 978 967 121 6200



Price:
RM35.00
(excluding postage)

According to the World Health Organisation, approximately 10 million people worldwide suffer from Familial Hypercholesterolaemia (FH). In Malaysia, this number is 1 in 500. This means that there are close to 56,000 Malaysians suffering from premature heart disease and many of them do not know it. This book chronicles one man's journey to study the prevalence of FH among Malaysians and the monumental effort he made to ensure that they obtained all the necessary support, medication and treatment.



Normal Tendo Achilles



Thickened Tendo Achilles

If you have thickened tendo Achilles,
and your LDL level is 5 mmol/l and above,
you are clinically an FH patient.

'Dato' Dr. Khoo Kah Lin ... worked tirelessly and almost alone to throw a lifeline to young people genetically programmed to self-destruct prematurely. This book is an inspiration for doctors, researchers and patients in Malaysia, the region, and the world.'

*Dato' Dr. Joseph Eravelly
Past President, National Heart Association of Malaysia
Past Master, Academy of Medicine, Malaysia*

Proceeds of the sale of this book will be channelled to the Heart Foundation of Malaysia (Yayasan Jantung Malaysia) in support of the Cholesterol Dialysis Programme.

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Aionon Hj Kuntom

"Kenapa Generasi Muda Masa Kini Lebih Mudah Mati"

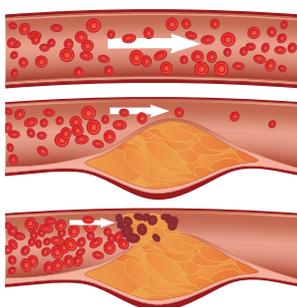


Proses kemerosotan jangka hayat semakin menjadi-jadi dalam kalangan generasi muda. Sel adalah struktur kehidupan yang berfungsi dan dikenali sebagai organisma hidup yang paling kecil yang menjadi asas kehidupan.

Manusia mempunyai 10 trillion sel dan setiap hari kita kehilangan sel dengan banyak. Sel-sel dalam badan kita akan tumbuh setiap 1½ tahun dan sel cuma boleh hidup paling lama selama 1½ tahun sahaja. Tiada sel yang boleh hidup lebih daripada jangka masa tersebut. Tetapi mengapakah kita tidak kelihatan semakin muda?

Jawapan bagi persoalan ini adalah, semakin kita meningkat usia, semakin kurang nutrisi yang kita ambil, lebih-lebih lagi kita sentiasa terdedah

disebabkan oleh pengambilan makanan yang kurang sihat, tidak bersenam atau beriadah serta tidak mengamalkan cara hidup yang sihat.



Ramai saintis dan doktor pakar bersetuju bahawa tekanan oksidatif yang berterusan dalam 'Aterosklerosis' (menyempitkan dan mengeraskan saluran arteri) mengakibatkan:-

- Penyakit jantung dan transformasi sel menjadi penyakit kanser.
- Penyempitan pembuluh darah dan menyebabkan stroke.
- Menyebabkan kerosakan organ (seperti otak, ginjal, jantung, hati dan usus) dan menyebabkan penyakit-penyakit lain yang lebih berbahaya.

Apakah Proses Kemerosotan Utama Yang Mengakibatkan Wujudnya Pelbagai Penyakit.

Terdapat tiga jenis penyakit yang berkaitan:

- Kardiovaskular
- Neoplastik Degeneratif yang mengakibatkan sistem urat saraf
- Penyakit kardiovaskular utama adalah penyakit tiga serangkai iaitu darah tinggi, kencing manis dan obesiti – kardiopati, termasuk penyakit koronari dan serangan jantung (infark miokardium) dan serangan angin ahmar – kematian yang mendadak berpunca

daripada kekurangan oksigen yang mengalir dalam saluran darah ke otak (CVAs) (serebrovaskular)

- Neoplastik merupakan barah yang mudah untuk disingkirkan jika mendapat rawatan awal (tumor benigna).
- Proses penyakit kemerosotan sistem urat saraf adalah seperti penyakit Alzheimer dan Parkinson (Penyakit ini menghalang manusia daripada bergerak secara aktif akibat daripada masalah urat saraf yang tidak berfungsi dengan sempurna).

Kesemua penyakit di atas boleh mengakibatkan badan manusia tidak boleh bergerak dengan aktif dan mendapat penyakit ketegangan sendi, kerapuhan tulang (osteoporosis), organ-organ dalam badan tidak berfungsi dan lumpuh.

Menurut penyelidikan di atas, gaya hidup yang tidak sihat yang diamalkan oleh generasi muda kini mengakibatkan pelbagai jenis penyakit seperti yang disebut di atas. Ia mula menghampiri generasi muda oleh sebab tekanan hidup untuk meningkatkan taraf hidup tanpa memikirkan kesihatan diri. Dalam mengejar kehidupan yang lumayan, ada kalanya perhatian terhadap nutrisi makanan tidak dihiraukan apatah lagi untuk beriadah dan bersenam. Ramai dalam kalangan generasi muda kurang kesedaran diri dan tidak mahu membuat saringan kesihatan dan berjumpa dengan doktor untuk mengetahui tahap kesihatan masing-masing. Amalan gaya hidup sihat tidak pernah difikirkan. Akibatnya ramai generasi muda kini meninggal dunia secara mengejut dalam lingkungan umur yang masih muda.

Petikan dari Dr. William Li, Heads of the Angiogenesis Foundation.

*Diterjemahkan oleh:
Aionon Haji Kuntom*

dengan tekanan hidup. Oleh yang demikian, pertumbuhan sel-sel itu mengandungi kurang tenaga pertumbuhan yang baik di mana pertumbuhan itu merupakan kesan pertumbuhan struktur sel yang lemah. Dengan kata lain proses penuaan dalam badan manusia adalah akibat daripada kekurangan nutrisi dan ketegangan tekanan hidup.

Proses kemerosotan penyakit berpunca daripada fungsi struktur tisu atau organ yang merosot yang



PLANNER FOR 2014

Month	Date	Programme	Venue
January	5	Community	Tg. Karang, Selangor
February	11	School	Sekolah Beaconhouse
	15	Community	Bestari Jaya
	27	General	YJM Dinner
March	4 – 6	Workplace	MNRB Holdings
	15 – 19	Heart Week	Ipoh Parade
	26 – 30	Heart Week	Central Square, Sg Petani
April	6	Community	Cheras Perdana
	8	School	MRSM Kuala Kubu Bahru
	13	Community	Rembau, N. Sembilab
	24 – 28	Heart Week	Kuantan Parade
May	10	Community	Dungun, Terengganu
	15	School	Bukit Mertajam, Penang
	22 – 26	Heart Week	AEON Tebrau City JB
June	20 – 22	Heart Week	Sibu, Sarawak

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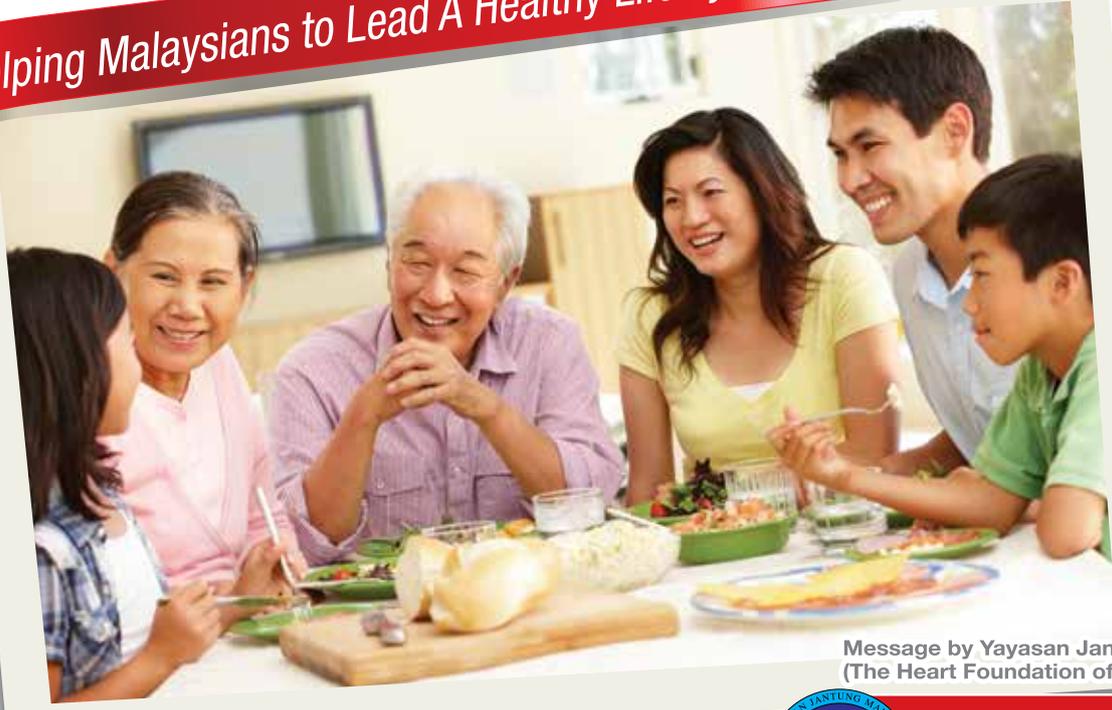
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