Heart & Stroke

SUSAN LUCCI

The Emmy®-winning actress shares why you should never ignore these surprising symptoms of heart disease

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"An interprofessional team-based approach helps stroke survivors navigate challenges and improves long-term outcomes."

Bernadette Mazurek Melnyk, Ph.D., APRN-CNP, Chair, National Forum for Heart Disease and Stroke Prevention

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"Early, aggressive treatment of diabetes and its risk factors is essential to improve cardiovascular health."

Charles German, M.D., M.S., FAHA, FASPC, Director of Preventive Cardiology, Medstar Georgetown University Hospital

Life After Stroke: Why Interprofessional Team-Based Care Matters

Recovering from a stroke is complex and requires more than just medical care. An interprofessional team-based approach helps survivors navigate challenges and improves long-term outcomes.

Life after a stroke often brings big challenges — physical changes, emotional struggles, financial hardships, and the stress of managing care and medications. These hurdles can last long after leaving the hospital. That's why a person recovering from a stroke needs more than just a follow-up appointment; they need a full healthcare team of different types of medical professionals and a plan that follows evidence-based clinical guidelines. Many stroke survivors face lasting problems because they don't have enough support, miss medications, or aren't connected to the right care.

One major issue is not taking medications as prescribed, also called medication nonadherence. It's a quiet crisis that causes serious harm. The American Heart Association reports that missing medications leads to about 125,000 deaths every year in the United States. It also costs healthcare purchasers $300 billion each year due to extra healthcare provider visits, emergency room trips, and hospital stays. For stroke survivors, missing medication can lead to another stroke or slow down recovery.

Pharmacists can help fill the gaps

Here's some good news: Pharmacists can play a huge role in helping stroke survivors stay on track. Research shows that when pharmacists manage a patient's care, especially for conditions like high blood pressure, high cholesterol, and diabetes, it leads to better health outcomes. These improvements lower the chances of returning to the hospital and can improve quality of life.

For pharmacist-led care to be most effective, strong communication between healthcare providers is key. While hospitals often have systems to support this teamwork, there's a growing opportunity to strengthen coordination in community clinics, primary care practices, and pharmacies.

Why an interprofessional team approach works

Recovering from a stroke is complicated, and no single provider can do it all. That's why an interprofessional team approach is so important. A strong stroke care team might include:

- Doctors and nurse practitioners to diagnose and treat
- Nurses to monitor and educate patients
- Pharmacists to manage medications
- Nutritionists to help with healthy eating
- Community Health Workers to connect patients with services and support
- Families and caregivers to provide ongoing emotional support, assist with daily activities, and ensure adherence to treatment plans.

Together, this team makes sure patients don't fall through the cracks.

The power of policy in stroke recovery

Surviving a stroke is only the beginning. Recovery depends on more than individual strength; it also relies on systems that provide coordinated care, access to medication, reliable transportation, and community support. Policies that support interprofessional team-based care can turn a long-term struggle into lasting recovery.

WRITTEN BY
Bernadette Mazurek Melnyk, Ph.D., APRN-CNP, FAANP, FNAP, FAAN
Chair, National Forum for Heart Disease and Stroke Prevention; Professor Emeritus, The Ohio State University College of Medicine and College of Nursing

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Reaching New Heights: How Innovative Stroke Tech Is **Helping Survivors Regain Upper-Limb Function**

Recovering from an ischemic stroke can be frustrating. If your stroke has impacted arm and hand function, you may feel especially discouraged: Will I ever peel an orange again? Button my shirt on my own? Write?

Although conventional stroke rehabilitation therapy can help patients regain upper limb function, the results during the first six months after a stroke may only be incremental and after that recovery can plateau. There is now innovative technology that can enhance these results.

One medical device, the Vivistim® (pronounced: vĭh-vĭh-stĭm) System, is an FDA-approved implantable device that helps improve upper limb function for chronic ischemic stroke survivors. There is growing clinical and real-world evidence validating the effectiveness of Vivistim® Paired VNS® Therapy. In a May 2025 article published in the peer-reviewed medical journal Stroke, new findings demonstrate that stroke survivors treated with Paired VNS Therapy for upper extremity deficits post-stroke had improvements in impairment, activity, participation and quality of life for at least one year after completing therapy. The Stroke findings follow a 2021 pivotal trial published in The Lancet that report when Vivistim® is used with stroke therapy, arm and hand function improves two- to threefold compared to intense therapy alone.

Of the nearly 800,000 annual stroke survivors in the United States, an estimated 200,000 may qualify for Vivistim. One survey suggests 98% of Vivistim® users were satisfied with the results.

"Vivistim has been life-changing," said Contessa Siders, who had a stroke 10 years ago. "Within the first six-weeks of Vivistim Therapy, I picked up my 6-year-old son and held him for the first time since my stroke. When I came home for Thanksgiving, I had enough function in my affected hand to hold a fork up and cut my own food."

What stroke survivors can expect

Vivistim® is implanted under the skin in the upper left chest wall and neck area during an outpatient procedure. Two to three weeks after that, survivors begin Vivistim Therapy with a therapist who uses a remote that sends a wireless signal to the device through a laptop computer. The device delivers a brief, gentle pulse to the vagus nerve while the stroke survivor performs high-repetition, task-specific occupational or physical therapy based on the stroke survivor's recovery goals.

The simultaneous pairing of the therapy task with vagus nerve stimulation helps increase neuroplasticity to strengthen neural connections with the aim of making therapy more effective.

Vivistim Therapy has helped stroke survivors regain more hand and arm function so they can bathe independently, get dressed, tie their shoes, play the piano, hammer a nail, flip burgers on the grill, write or sign their name, type on a keyboard, and many more activities of daily living.

Stroke survivors using Vivistim® are encouraged to use the therapy at home as well. By swiping the Vivistim Magnet, they can kick off a session while doing routine tasks.

"For 14 years after my stroke, I had limited function in my left hand and arm," said Capt. Ronald A. Beasley, a retired U.S. Navy Captain who began Vivistim Paired VNS Therapy in November 2024. "Now, I have personal experience as to how Vivistim restores dignity for stroke survivors who are motivated and willing to work hard in therapy. When I take my wife out to eat now, I can use eating utensils to cut my own food and eat; I can pick up and roll our luggage when we travel, and most importantly I can hold my granddaughter without fear of dropping her."

Written by **Melinda Carter**

To find out if you're a strong candidate for Vivistim, consult your healthcare team and scan the QR code below to access a survey. You can also visit **visitim.com/safety** for more information.

Vivistim
by MicroTransponder Inc.

Echocardiography: A Powerful Tool for Early Detection of Heart Disease

As a diagnostic imaging tool, echocardiography plays a crucial role in the early detection of various heart conditions across the lifespan.

Echocardiography is a safe, non-invasive imaging technique that uses ultrasound waves to create images of the heart. An echocardiogram is portable, painless, and can give providers quick results, which makes it an ideal choice for patients who might be at risk of heart disease.

One of the primary advantages of echocardiography is the ability to provide real-time images of the heart. This technology allows cardiac sonographers and cardiologists to observe the heart's chambers, valves, walls, and blood flow. With early detection, conditions like heart failure, valve disorders, and congenital heart defects can be identified at a stage when interventions are most effective.

Another benefit of echocardiography is its versatility. There are different types of echocardiograms tailored to various clinical needs, including fetal echocardiography, a transthoracic echocardiogram, and stress echocardiography.

Echocardiography is a valuable tool for the early detection of heart disease. For patients, this means better management of heart health and a reduced risk of serious complications. Early detection is key to a healthier heart and a better quality of life.

WRITTEN BY
Lucy Safi, D.O., FASE
Director of Interventional Echocardiography, Mount Sinai, New York

WRITTEN BY
Jennifer Acevedo, ACS, RDCS, FASE
Cardiac Sonographer, Ann & Robert H. Lurie Children's Hospital of Chicago

Susan Lucci's Wake-Up Call: Recognizing the Signs of Heart Disease in Women

Emmy®-winning Acctress Susan Lucci, who played Erica Kane on the ABC soap opera "All My Children" for more than 40 years, shares the life-threatening symptoms she nearly ignored — and why she's urging women to prioritize their heart health.

Susan Lucci | Photo courtesy of American Heart Association

Can you tell us what happened the day you first felt something was wrong?

My husband and I were waiting to be seated at a restaurant when I felt a very light pressure on my chest. It passed quickly. Two weeks later, I felt it again, this time radiating around my ribcage to my back. A week after that, I felt something I couldn't ignore — the sensation of an elephant pressing on my chest. I had heard a woman in an interview say many years ago that women's symptoms for a heart attack can be different from men's, and what she had felt was an elephant pressing on her chest.

I didn't have any health issues before and didn't even have a cardiologist, but my husband did. I called his cardiologist, who told me to come in because my symptoms were substantial. Still, on the way there, I honestly believed it would just go away.

When we got there, the results of a cardiac CT scan showed a 90% blockage in my main artery and 75% in the adjacent one. I had two stents placed.

How did this change your perspective on self-care?

Talk to your doctor about your family history. My doctor told me that this all came from my dad. It's a calcium buildup. Keep reevaluating where you are in terms of your diet and your exercise. Go to your doctor and tell him your family history, and again, take good care of yourself. Do the exercise you like to do, keep on moving, keep on eating healthy, make smart choices for yourself, and remember to tell your family history to the doctor.

You've become a strong advocate for heart health. What has that journey been like?

It's been one of the most rewarding parts of my life. Everywhere you can think of, people come up to me and thank me. I can't tell you how important that is to me and how gratifying it has been. There's nothing more fulfilling than knowing your story helped someone else live.

Read our full interview with Susan Lucci at ***futureofpersonalhealth.com****.*

Tackling Hypertension and Cholesterol: A Modern Approach to Cardiovascular Disease Prevention

Cardiovascular disease remains the leading cause of morbidity and mortality worldwide, driven in large part by two modifiable risk factors: high blood pressure (hypertension) and high cholesterol (hypercholesterolemia).

Despite significant advances in treatment, a substantial proportion of patients remain undertreated or unaware of their cardiovascular risk. Addressing these challenges requires a multifaceted approach that combines early identification, personalized treatment strategies, and a commitment to lifestyle and pharmacologic interventions.

The silent epidemic of hypertension

Hypertension, often referred to as the "silent killer," affects nearly half of the U.S. adult population. Its asymptomatic nature leads many individuals to remain undiagnosed until complications arise, such as stroke, heart attack, or heart failure. Guidelines emphasize the importance of early and accurate diagnosis, yet blood pressure control rates remain suboptimal.

Recent updates in hypertension management advocate for a more aggressive approach, particularly in high-risk populations. The 2017 ACC/AHA Hypertension Guidelines lowered the diagnostic threshold to a systolic blood pressure (top number) of 130 mmHg or a diastolic blood pressure (bottom number) of 80 mmHg, reflecting growing evidence that even "mild" elevations contribute to increased cardiovascular risk. Home blood pressure monitoring and ambulatory blood pressure measurements now allow for more accurate diagnosis and treatment adjustments.

Beyond lifestyle modifications, such as sodium reduction, weight management, and increased physical activity, pharmacologic treatment remains central to achieving blood pressure targets.

Cholesterol management: A paradigm shift

Cholesterol management has evolved significantly over the past decade, driven by evidence demonstrating that lower low-density lipoprotein cholesterol (LDL-C) levels are associated with reduced cardiovascular risk. Beyond optimizing lifestyle, statins remain the foundation of lipid-lowering therapy, given their well-established benefits in reducing cardiovascular events.

The introduction of non-statin therapies is particularly impactful for patients with familial hypercholesterolemia (FH), who often require intensive LDL-C lowering from a young age.

By integrating early screening, personalized treatment strategies, and innovative therapies, we can make meaningful strides in reducing the burden of cardiovascular disease, ultimately improving outcomes for millions at risk.

WRITTEN BY
Michael D. Shapiro, D.O., MCR, FACC, FAHA
Director, Center for Prevention of Cardiovascular Disease, Department of Cardiovascular Medicine, Wake Forest University School of Medicine; President, American Society for Preventive Cardiology

Obesity and Heart Health: A Team Approach to Reducing Stroke and Cardiovascular Disease

As obesity remains prevalent, it is important for patients and clinicians to understand its impact on cardiovascular health. Discussions about weight management can guide prevention and treatment strategies.

Obesity is a well-established risk factor for heart disease and stroke. Obesity medications can be part of a comprehensive treatment plan, especially for individuals with high cardiovascular risk, type 2 diabetes, and/or hypertension. These medications help patients follow a heart-healthy nutrition plan and physical activity routine. The most prescribed obesity medications work through different mechanisms.

- GLP-1 receptor agonists mimic a natural hormone that regulates appetite, slows digestion, and improves insulin sensitivity, leading to reduced food intake and weight loss.
- Phentermine-topiramate suppresses appetite and increases calorie burning.
- Naltrexone-bupropion helps reduce cravings and supports behavioral changes.

By combining lifestyle changes with medical interventions when needed, patients can take a proactive approach to reducing their risk of heart disease and stroke.

WRITTEN BY
Nisha Kuruvadi, D.O., DipABOM, DipABLM
Triple Board-Certified Internal Medicine, Obesity Medicine, & Lifestyle Medicine Physician; Primary Care Physician and Medical Weight Management Specialist

Removing Barriers to Healthcare and Promoting Equity and Access Are Key to Community Health

Recently, a patient of mine was late for her appointment, and was asked to reschedule. She began crying. She told me she woke up at 5 a.m. to make her appointment at 8 — but she missed her bus. Here in the United States, these sorts of barriers are far too common.

We must meet our patients where they are — to educate, foster trust, and bring healthcare to them.

Our "CATCH 5 in 5" initiative (Collaborative Actions Toward Community Health), aims to add five years to the lives of our community members over the next five years by addressing the factors that influence life expectancy. To accomplish this goal, we must connect individuals to the care that will enhance their lives and longevity.

Photo courtesy of Abbott

Social drivers of health

Just because something is available does not mean it is accessible. Thousands of my patients have no way to access healthcare. The bus routes do not go everywhere. They may not have refrigerators in their homes for insulin — or homes at all. The actual care provided influences just 20% of healthcare outcomes. Transportation, food security, housing, community support — the social determinants of health (SDOH) — are far more impactful.

Overcoming these barriers requires trust. You can't build trust over the phone. You have to go where your patients are and bring healthcare to them.

Mobile healthcare

Our mobile screenings are about treating the whole person — not just a symptom or disease. We ask people, "Do you have food to eat at home? Do you have a house to live in? Do you have a cell phone? Do you have broadband?"

Mobile screening vans allow us not only a place to see patients, but also to perform blood pressure screening, blood sugar checks, cholesterol testing and patient education. Point-of-care tests enable early detection of risk factors and intervention for health conditions such as diabetes, cardiovascular diseases and metabolic disorders on the spot. For example, if we see a patient at risk for developing diabetic ketoacidosis (DKA), which can be potentially life-threatening, we can offer them a continuous glucose monitor (CGM).

Now they have more control over their health because they know their glucose numbers, and have more trust in their provider because it's shared decision-making.

The second key is education. People don't know that they have resources available for quality care even if they don't have insurance. We can educate on smoking cessation, exercise, and chronic diseases such as diabetes, empowering them to better manage their health. We can even organize group visits, where people can learn from each other.

Know your numbers

In the end, this is about building trust. It's not about what's the matter with them, it's about what matters to them. People are very busy. One appointment with a doctor might mean a whole day, maybe missing work, and so many people do not even know they have diabetes, pre-diabetes, or high cholesterol. That's why you must know what matters to them, so you can identify the barrier and bring healthcare to them in a way they can access, in an environment they trust.

That's my mission. I want everyone to live a long, healthy life. If we can bring healthcare to where people are, we can bridge those gaps and bring true healthcare equity everywhere.

WRITTEN BY
Olugbemiga E. Jegede, M.D.
Senior Vice President and Chief Health Equity and Community Impact Officer, Cone Health

To learn more, scan here:

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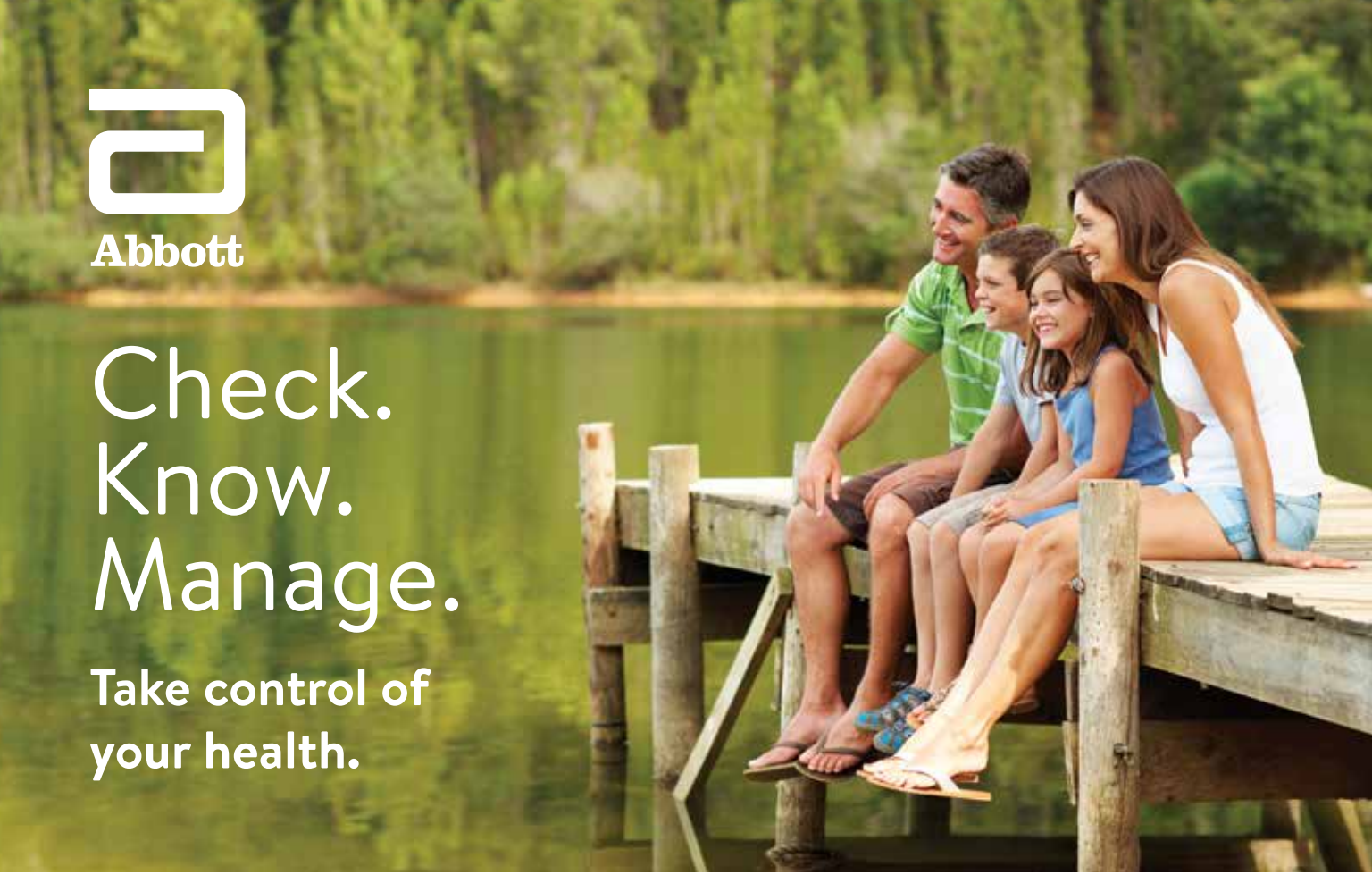

Cardiovascular-kidney-metabolic (CKM) syndrome is a health condition that combines the risk factors of obesity, diabetes, chronic kidney disease, and cardiovascular disease.

If you have any of these conditions, or if they run in your family, talk to your doctor, pharmacist, or community health center about Afinion™ 2 HbA1c and ACR, and the Cholestech LDX™ lipid profile. Results are available in 5 minutes or less, so you can know your numbers and take action to prevent or combat CKM.

Your health matters. Know your numbers.
Scan to learn more.

To learn more about Heart and Stroke,
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