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From left to right, The Magee-Womens Heart Program at UPMC Passavant-Cranberry staff: Office Coordinator Jaysree Modi, Practice Coordinator Christy Minnis, Venmathi Indramohan, MD, and Lindsay Maurer, RN.

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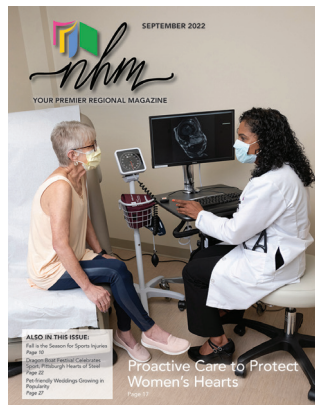
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Proactive Care to Protect Women's Hearts

Women and men are not the same when it comes to heart disease. In fact, the symptoms—and risks—of heart disease and heart attack can be quite different in women and are often overlooked. At the Magee-Womens Heart Program at UPMC Passavant, women living north of Pittsburgh can receive the specialized care they need, closer to home.



The UPMC Heart and Vascular Institute at UPMC Passavant–Cranberry provides cutting-edge technology, including a D-SPECT camera system, used in nuclear cardiac stress tests. Patients can benefit from increased comfort, reduced scan time, and advanced imaging. From left to right, Margaret Thomas, RN, Carrie Manna, RN, Nuclear Medicine Technologist Joel Conrad, and Venmathi Indramohan, MD.

According to the Centers for Disease Control and Prevention, heart disease is the leading cause of death for women in the United States, killing more than 300,000 (about one in every five deaths) each year. But only about half of all women believe heart disease is their greatest health threat.

That is partly because heart disease is still considered a man's disease, says **Venmathi Indramohan, MD**, a cardiologist who sees patients at the Magee-Womens Heart Program at UPMC Passavant with **Lydia Davis, MD**. The program is a collaboration between UPMC Magee-Womens Hospital and the UPMC Heart and Vascular Institute.

"When people think of a heart attack, they picture a man clutching his chest," says Dr. Indramohan.

"But heart disease does not only happen to men. It is equally present in women, who tend to have additional sex-related risk factors and present with atypical symptoms."

DIFFERENT SYMPTOMS AND RISK FACTORS

Women tend to wait longer than men before getting cardiac care—in part because their symptoms can be different. When they do seek help, they can be misunderstood, misdiagnosed, and/or treated less aggressively.

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"Women do not have to experience textbook symptoms like crushing chest pain going down the left arm," says Dr. Indramohan. "Sometimes, they just do not feel well, have excessive fatigue or may be out of breath, and they cannot climb steps without stopping to rest."

Other heart-related symptoms that are more common in women include:

- Atypical pain, such as pain mimicking acid reflux
- Nausea
- Sweating

Women also tend to have different anatomy and pathology when it comes to heart disease. They are more prone to have microvascular angina—caused by blockages in the heart's tiniest blood vessels, which are difficult to detect. Women also tend to have more diffuse non-obstructive coronary artery disease, and symptoms can be disproportionate.

Certain heart conditions like mitral valve prolapse predominantly occur in women, who can have symptoms that come and go, including a fluttering or rapid heartbeat.

"She may feel like her heart is pounding, but it doesn't show up on a test easily," says Dr. Indramohan. "As a doctor, I cannot dismiss it. I must believe what she says to look further, so I do not miss the diagnosis or dismiss patients' symptoms."

Spontaneous coronary artery dissection (SCAD) is a rare but serious condition found more in younger women. Traditionally, young, healthier, or pregnant women have been considered to be at risk. It occurs when a tear forms in the lining of the coronary artery, blood flow slows down and forms a clot—blocking blood flow to the heart. This mimics a heart attack.

"If a younger woman shows up with symptoms of a heart attack but no signs of cholesterol plaque on an angiogram, we look for SCAD," says Dr. Indramohan.

Men and women do share certain risk factors for heart disease, such as high blood pressure, high cholesterol,



Patients at the UPMC Heart and Vascular Institute at UPMC Passavant–Cranberry can be tested for heart disease and other heart conditions with an echocardiogram (pictured above with Echocardiographer Kayla Godkin), a test that uses sound waves sent through a small device called a transducer, that makes moving pictures of their hearts.

family history, and smoking. But women also have unique risk factors, including:

- Autoimmune diseases, such as lupus and rheumatoid arthritis, which are more common in women
- Breast cancer (related to treatment with certain chemotherapy or hormonal agents)
- Hormone changes due to menopause
- Pregnancy-related complications, such as high blood pressure, gestational diabetes, or preeclampsia—a serious disorder involving high blood pressure and increased protein in the urine

SPECIALIZED CARE FOR WOMEN

"The key to combating heart disease is early and accurate detection," says Dr. Indramohan. "That's why it's important for women to understand their risks and not ignore symptoms."

The Magee-Womens Heart Program at UPMC Passavant, established as part of the UPMC Magee-Womens Heart Program under the direction of **Katie Berlacher, MD**, offers complete cardiovascular care for women in every stage of life. Services are offered to women who have been diagnosed with heart disease or who have worrisome symptoms or risk factors. Initial evaluations are provided at UPMC Passavant–Cranberry.



The Magee-Womens Heart Program at UPMC Passavant provides complete care for women, like Jackie, who are at risk for or have heart disease.

“Women have a unique biology and risk factors compared to men. They need care tailored to their specific needs,” says Dr. Indramohan. “Being treated in a women’s heart program means that you get attention to problems specifically related to women.

“On their own, the tests we use to diagnose and treat women are no different than what we use for men. But we might order extra tests to screen for risk factors. Diagnosing heart disease earlier makes all the difference.”

The program offers women a wide range of assessments, testing, and treatments right in the North Hills, including:

- Assessment of cardiac risk related to hormone therapy, chemotherapy, and radiation
- Diagnostic testing like stress tests, ultrasounds, CT scans, and cardiac catheterizations
- Sex-specific risk assessment for heart disease

- Treatment of chronic conditions that can lead to heart disease in women, such as high cholesterol, diabetes, and autoimmune diseases

If a heart problem is found, cardiovascular experts at the Magee-Womens Heart Program work closely with a patient’s other specialists, including primary care doctors, oncologists, endocrinologists, obstetricians, maternal fetal medicine specialists, gynecologists, and surgeons.

“If you have risk factors or you are experiencing symptoms, it’s better to be evaluated by someone who has knowledge of women’s unique biology, can listen to your concerns, and tailor treatment for you,” says Dr. Indramohan.

To schedule an appointment with a specialist at the Magee-Womens Heart Program at UPMC Passavant, visit [UPMC.com/WomensHeartPassavant](https://www.upmc.com/WomensHeartPassavant) or call 412-748-6484.

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Did you know?

If you are a woman, you have a greater risk of developing heart disease if you have:

- An autoimmune disease, such as lupus or rheumatoid arthritis
- Breast cancer and undergoing chemotherapy or prior extensive radiation therapy
- Early menopause
- Pregnancy-related high blood pressure, preeclampsia, or gestational diabetes

"Women are different. You can't treat them the same."

Gibsonia resident Jackie Stogoski had been dealing with heart disease for more than 20 years when she met Dr. Indramohan during a trip to the UPMC Passavant–McCandless Emergency Department (ED) in 2019.

"I was having chest pain three or four times a week. It was my normal, but I had a crippling fear of dying," says Jackie, now 70. "That's what sent me to the ED. But Dr. Indramohan listened to me, and she paid attention. She asked the right questions to get the right answers."

After reviewing Jackie's history and records and ordering a heart catheterization (a procedure to evaluate certain heart conditions) that ruled out any new blockage, Dr. Indramohan suggested a change in her medicine regimen. "Before she walked out of the room, I asked her if she'd be my doctor," recalls Jackie, a retired UPMC nurse.

A LONG HEART HISTORY

Dr. Indramohan says Jackie is a "perfect example" of someone who would have benefited from earlier care through the Magee-Womens Heart Program at UPMC Passavant.

"Early diagnosis and treatment are vital to preventing long-term complications," she says.

Jackie's history with heart disease is long and complicated. Diagnosed with coronary artery disease in 1997, she underwent two balloon angioplasty procedures to remove blockages in the arteries leading to her heart. Two years later, she began experiencing odd chest pain at night—diagnosed to have worsening angina—and was placed on a regimen of cardiac medicines. In addition, Jackie was diagnosed with breast cancer in 2004 and received extensive chemotherapy and radiation treatments.

Over the next decade, Jackie was diagnosed with several more cardiovascular-related conditions, including hypertension, diabetes, and kidney disease. Between 2013 and 2015, she underwent two heart catheterizations and had stents inserted after experiencing a coronary artery blockage and a heart attack. The angina continued to plague her until she met Dr. Indramohan at UPMC Passavant.

INDIVIDUALIZED TREATMENT PLANS

"Women are different from men. You can't treat them the same," says Jackie. "Dr. Indramohan understands this—not because she's a woman, but because she understands women and heart disease.



After reviewing Jackie Stogoski's history, records, and ordering a heart catheterization (a procedure to evaluate certain heart conditions), Dr. Indramohan suggested a change in her medicine regimen. Now, Jackie is able to walk 13,000 steps a day.

"When she adjusted my medication, she truly gave me my life back," adds Jackie, who soon returned to walking and gardening. "I didn't realize how much I was missing."

Dr. Indramohan continues to manage Jackie's care, addressing her various cardiovascular issues and working closely with her UPMC primary care doctor, **Helen Thornton, MD**, to ensure she's on the right medicine regimen. Her kidney function, glucose, and cholesterol levels have all improved. Although she has developed heart failure, Jackie still walks about 26 flights of stairs and 13,000 steps a day.

"I highly recommend the Magee-Womens Heart Program at UPMC Passavant. They want you better and they'll keep working to get you there," says Jackie. ■