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Grant Fisher, Recipient Coordinator, and Jennifer-Anne Meneray, Dietitian, recently presented at the annual conference of the International Transplant Nurses Society, and here are brief summaries of the information.

Body mass index and cardiac transplant patients

By Grant Fisher and Jennifer-Anne Meneray

Heart transplantation is an accepted treatment for end-stage heart disease, and patient survival has improved over the years. Because cardiac transplant patients can live a normal life, we are now seeing health issues that are similar to the general population. Obesity has become a worldwide problem, and is especially prevalent in North America so we wanted to look at this issue in our patients.

This study looked at patients' body mass index (BMI), both before and after transplant. **We wondered if BMI had an impact on patient survival.** Previous studies have shown varying results so there is no clear-cut answer to this. Adults with a BMI of 30 or higher are considered obese so we divided our patients into two groups: those who had a BMI less than 30 and another group with a BMI of 30 or greater.

In this study, which included all heart transplant recipients at LHSC over a 10-year period (1997-2006), we found that differences in BMI did not affect patient survival (both normal weight people and overweight people had similar success rates). However, patients who are heavier may have to wait longer for a suitable size-matched donor to become available. Also, larger donors have to be closely assessed in order to make sure their weight has not adversely affected their heart and that it is still suitable for transplant.

Continued on page 2

We also wanted to compare our patients' BMI before their transplant and afterwards to see if this changed over the years. Our results show that at every time point (1, 3 and 5 years after transplant), patients' weight had increased. As we mentioned earlier, this could be indicative of general health in our society, but it's alarming when we look at the specific results. Before transplant, almost half our patients (43%) had a normal weight, 34% were overweight and 18% were obese. [Underweight patients only accounted for 5%.] When we looked at these numbers again at 1, 3, and 5 years after transplant, we found that more and more patients were becoming overweight. The most recent numbers (at year 10) show that only 29% of patients were within a normal weight range, 29% were overweight and 42% were obese.

We need to stress to all our heart recipients that good nutrition and regular exercise are important in helping them to maintain good health over the long term. You may also want to read "Why activity is good for you" on page 3, which mentions some of the other health benefits from regular exercise.

"Hello: I am a living heart donor": Ten-year follow-up of a heart-lung recipient and her domino recipient

By Grant Fisher

In this presentation, I discussed a rare situation in which a person who needed a heart-lung transplant was also able to become a living heart donor. This type of transplant is called a 'domino', and it is not performed in great numbers anywhere in the world.

So, how is a domino transplant possible? In 1997, we had a 23-year-old patient, Angela, who had primary pulmonary hypertension, which meant she needed a heart-lung transplant even though her own heart was still functioning well. By receiving a heart-lung bloc from a deceased donor, Angela's heart was healthy enough so it could be transplanted into another patient, Jacquie, on the waiting list.

It's now ten years later, and both Angela and Jacquie are healthy and doing well. They keep in touch with each other and visit annually during their check-ups at University Hospital. Both took part in the Recipient Gift of Life Quilt, and you can read their stories on-line. Because Angela was also a living donor, her story is also featured on the Donor Gift of Life Quilt.



Here's her story: www.lhsc.on.ca/Ways_to_Give/MOTP/Share_Your_Story/Rec66.htm

Here is Jacquie's story : www.lhsc.on.ca/Ways_to_Give/MOTP/Share_Your_Story/Rec67.htm

Why activity is good for you!

Helps prevent high blood pressure developing, and can help lower high blood pressure.

High blood pressure is one of the main risk factors for coronary heart disease, and has many causes. Regular moderate exercise, such as walking or dancing, helps lower high blood pressure or prevents it from developing.

Helps improve cholesterol levels

People's HDL cholesterol (the protective type) levels appear to be raised by physical activity. To maintain any benefit, it is important to do regular physical activity.

Helps prevent blood clots

Blood clots can occur in the coronary arteries, causing heart attacks. Regular physical activity can help prevent blood clots.

Helps to achieve or maintain a healthy weight

Besides what you eat, regular physical activity is hugely important in reaching or maintaining a healthy weight. Overweight people are more likely to have high blood pressure and unhealthy cholesterol levels, and are therefore at a higher risk of coronary heart disease.

Helps people with diabetes

Men with diabetes are around three times more likely to get coronary heart disease than men without diabetes, while the risk factor for diabetic women is four or five times more. Physical activity can help prevent you developing diabetes, and help control it if you already have diabetes.

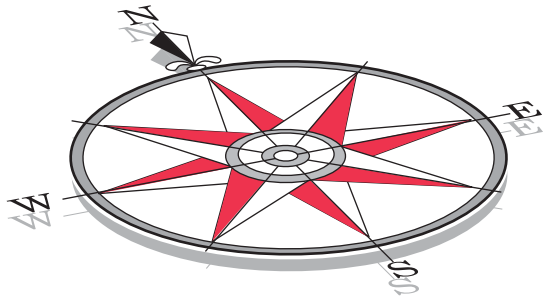
Helps if you've had a heart attack

There is evidence to suggest that cardiac rehabilitation under medical supervision can relieve anxiety and depression, which appear to be factors that slow down recovery after a heart attack.

Source:

The Living Proof (Issue 22, Winter/Spring 2008), a newsletter of the Canadian Transplant Association (www.organ-donation-works.org).





From here a

William Hall (September 2006) says that he is doing great, and he's enjoying taking the dogs for walks. He's spending time with his family (Jacquiline, Jennifer and Breanna) in Hamilton, and passes along his thanks to all the Transplant Program staff for "...the great work that you are doing."

Charlie Mannell (November 1997) is keeping busy with his bakery in St. Catharines. In October, Charlie donated some diabetic baked goods for the Transplant Unit's bake sale.



Harold Brain (June 1999) was married in 2001, and after seven years, he and his wife are still happily married. Harold says their life is great, living in their newly renovated home and he's enjoying his good health.



Kathleen Miller (September 2006) had a visit with Paul Myers in the Outpatient Clinic the last time she was in London. Kathleen is back at work, and up walking her dog daily at 5 am. She's doing very well, and wants to express her appreciation to the donor's family as she's grateful for "my new heart and a second chance at life."

and there...



Irene Krahn-Csengody (August 2006) says her best Mother's Day was in May 2007, after her transplant. She's feeling well, and enjoying life being a Mom to her sons, Evan (16) and Troy (21).



Paul Fortier of London is waiting for a heart transplant, and making sure he doesn't miss any Physio appointments. On Halloween, Paul "earned his wings" from Nancy Howes!

Simple Pleasures - Special Treasures

Refinishing an old piece of furniture and making it better than new.
Seeing your wife create a work of art that started out as a hobby.
Being able to help those on whom you were so dependant for so long.
Seeing the kaleidoscope of colourful fish while snorkeling along a reef.
Helping and talking with others who are now travelling the same path you once followed.
Walking your daughter down the nuptial aisle.
Being able, once again, to play my favorite sports.
Walking through the woods on a warm summer day.
Listening to shrieks of glee as children toboggan down a slope on freshly fallen snow.
The cries of delight of grandchildren on Christmas morning.
Watching your children grow to adulthood.
Recapturing what you thought were lost dreams.
A walk along a sun-drenched beach in the middle of winter.
Making a snowman.
Hitting a golf ball and seeing it land far away in the middle of the fairway.
Making snow angels.
Being healthy.
Watching my wife's eyes light up when she opens that unexpected package on Christmas morning.
Being strong.
Enjoying old friends and discovering new ones.
Visiting new places.
Not worrying about the future.
Working with another's fears and unknowns and helping put them to rest.
Being able to do physical activities.
Seeing the smiles of joy as couples leave a health care facility.
Watching young transplant recipients go on to lead full lives and challenging careers.
Trimming the Christmas tree.
Sharing precious moments with my wife, family and friends.

This was submitted anonymously by a heart transplant patient, along with this message:

"These are some of the things that have made my transplant so meaningful. It isn't winning the lottery – I won that the day I received my new heart. It's what I've been able to do, experience, discover and enjoy now that I can. It's having the luxury of time to become a better person and share it with others. It's being able to mentally say 'Thank You' to my donor and his/her family. Living this second chance at life to the fullest.

Please take a few minutes in 2009 – perhaps on a cold winter day when it's just too blustery to go outdoors – to share some of your Simple Pleasures and Special Treasures with other recipients and their families."

Tax Tips

By Kelly Thomas, Social Worker

With the end of 2008 approaching, many of us will begin to think about the upcoming tax season. Here are a few points that you may want to consider, if you haven't already. This summary is not comprehensive so for further information, please speak with an accountant or with Revenue Canada (1-800-267-6999).

Disability Tax Credit Certificate (T2201 – Application)

Depending on an individual's circumstances, he or she may be eligible for the Disability Tax Credit. This is a non-refundable tax credit that reduces the amount of income tax that may be owed by people with disabilities or the people who support them. If you qualify, the credit will reduce the amount of income tax that you must pay. You need to complete an application form (T2201) and submit it to Revenue Canada. This can be submitted at any time, and it is not dependent on CPP Disability approval.

Individuals who have a severe and prolonged impairment in physical or mental functions, which is expected to last a minimum of 12 continuous months, are eligible to apply. The impairments or the effects of impairment need to be markedly or significantly restricted in basic daily activities of living, or require life-sustaining therapy, or have impairments such as blindness, severe cardio-respiratory failure, severe mental impairment, profound bilateral deafness, or functional impairment of the neuro or musculoskeletal systems. (see IT – 519R2). These impairments are considered on a case-by-case basis and have not yet been incorporated into form T2201. The signing physician needs to indicate the extent of impairment. Patients who are waiting for transplant should inquire with their accountant about this non-refundable tax credit on their income tax and apply. **Following transplant surgery, you may no longer be eligible for this disability tax credit.** This will depend on your recovery and your medical status following transplantation.

Medical Expenses

Keep all receipts of the expenses that you have incurred as a result of your medical appointments. If you have already been reimbursed for some of these expenses, then you cannot claim them on your income tax.

Transportation, Travel, Meals and Accommodation

Transportation costs to and from medical appointments/treatments can be included as medical expenses if you travel more than 40 kilometres one way. People who travel more than 80 kilometres each way may also be eligible to claim expenses for food and accommodations. Some patients may qualify for the Northern Travel Grant to help defray their transportation costs. More information is available (1-800-461-4006; 705-675-4010; www.health.gov.on.ca/english/public/pub/ohip/northern.html).

You have the option of choosing either a detailed or simplified method of calculating your expenses. If you use the detailed method to calculate expenses, you will need to keep all of your receipts. You can find more information on this in the tax tip package from Revenue Canada. The simple way to calculate your vehicle expenses is to keep track of the kilometres you have traveled for medical reasons during a 12-month period, and then multiply that number by a flat rate per kilometre. In 2007, the vehicle rate in Ontario was 49.5 cents per kilometre. The simple method to calculate meal expenses is to claim a flat rate of \$17 a meal to a maximum of \$51 per day. The rates for 2008 will be available on the Canada Revenue Agency website in 2009 or in the 2008 Revenue Canada booklet. You can check out their website (www.cra.gc.ca/travelcosts) or contact Revenue Canada by phoning 1-800-267-6999.

Here's the latest...

World's Biggest Walk

What began as an idea in Australia one year ago has now developed into an amazing worldwide event. On Saturday, October 25, 2008, a group of walkers in London helped fulfill the goal of the World's Biggest Walk Foundation (WBWF). At 12 noon (Greenwich Mean Time) people were asked to walk in support of organ donation. The WBWF hoped to raise global awareness for organ donation by asking groups to walk 5km at exactly the same time across 5 continents around the world. Our group – composed of transplant recipients, hospital staff and Trillium Gift of Life Network personnel, family and friends, walked in Springbank Park. We were one of 109 registered groups from 19 countries around the world who were all walking for the same cause. The walk provided an opportunity to talk about organ donation and express your intentions or to remind your family and friends of your intentions to be an organ donor. With 2008 being the inaugural year, this will become an annual event taking place on the last weekend in October. (Submitted by Rosie McHugh, a member of Canadian Transplant Association.)

'Ride for Pat' in support of London's Transplant Program

In August, a local cycling club organized an event to raise money for the Transplant Program at London Health Sciences Centre. Pat McArdle, a heart transplant recipient, was a member of this group and he sadly passed away last year. Pat was an enormous inspiration for many so his cycling friends decided to honour Pat who was passionate about cycling and donor awareness.

Thanks to everyone who took part – the cyclists, volunteers as well as Champion Bicycles for being the host of this event. The cyclists also had some inspirational support from Pat's sister, Carolina, his wife Paula and children, Liam and Brianna.

Congratulations to the many hardy souls who came out and rode despite what Mother Nature had in store for us! Even though the weather was cold and rainy, we worked together and overcame the dismal conditions with lots of support, laughs and smiles. Three groups of cyclists rode either 80 kilometres or 160 km, raising almost \$2,900! They're looking forward to organizing another Ride for Pat next year.

To find out more about this event and to view some photos, visit www.cbss.ca/Century_Ride_2008.htm

(Summary by Richard Boothroyd, a member of the cycling group.)

17th World Transplant Games, August 22-30, 2009

The 17th World Transplant Games will be held on the Gold Coast of Australia (east coast of Queensland), August 22-30, 2009. Check out their website for more information: www.worldtransplantgames09.com