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Southern Oregon Beekeepers Association

BEE SCHOOL
Saturday, April 4, 2009

The Southern Oregon Beekeepers Association (SOBA) is hosting a one day Beekeeping clinic on April 4, 2009 at the OSU Extension Center 569 Hanley Road, Central Point OR 97502.

Come join us for a day to learn about honey bees and beekeeping. This class is suitable for beginning to intermediate beekeepers. The class runs from 9am-4pm and the cost is $30 per person with additional family members at $20 each. Hotdogs and hamburgers will be served for lunch. There will be door prizes donated by beekeeping suppliers.

SOBA is proud to have world-renowned beekeeper, scholar and author Dr. Dewey Caron to teach the class. Dr. Caron has a PhD in Entomology and has taught beekeeping for the last 30 years. His book Honey Bee Biology and Beekeeping is used as the text book for college beekeeping classes. The class will be an introduction to beekeeping touching on hive set up, pest management, swarm control and honey production. There will be honey bee hives on site for demonstrations. Bring your veil and an extra to share if you have any.

If you wish to attend bee school, email Marty Scala sobaemail@gmail.com or contact him at 541 944-5101. Due to the limited facility size and the hands on demonstrations planned, enrollment is capped at 100 people. Hurry and preregister now, this class will fill up fast.

EARL'S PEARLS

Southern Oregon's CAD ASSET

BY EARL SHOWERMAN, M.D.

The great masquerader and killer in modern medicine is coronary artery disease (CAD), the progressive narrowing of the major arteries that supply the heart muscle. Over a lifetime, depending on one's genes, blood pressure, diet and lifestyle, a significant number of us will develop CAD, the number one cause of death in America. Contributing to the enigma of CAD is the fact that most people develop it silently, and do not have any symptoms until one of their arteries is critically narrowed. Only when the heart muscle needs more blood than the coronaries can deliver do we develop symptoms.

The challenge of diagnosis is compounded because the initial symptoms are widely variable and usually only transient, lasting for just a few minutes in most cases. Further, men and women frequently describe very different types of complaints from CAD. While men tend to have the classical type of chest pain, called angina pectoris, women often have no pain, but rather describe symptoms of indigestion, fatigue or weakness when both genders have the same underlying pathology. Finally, our tendency to belittle or ignore these temporary symptoms is fraught with the danger of delayed diagnosis and treatment. As cardiologists like to say, "time is muscle", meaning the quicker an obstructed vessel is opened, the better the chances of a full recovery from a life-threatening event.

Angina, the transient chest pain of CAD, is often described as an aching sensation or a heavy, tight, squeezing pressure in the center of the chest. Angina pain may also be felt in the arms, neck, jaw or upper abdomen. Other symptoms suggestive of CAD include sweating, shortness of breath, nausea, and general weakness. Angina is typically brought on by physical exertion or emotional excitement. I have a friend who had his first symptoms only when climbing a ladder and another whose angina was brought on repeatedly when he drove his heavy-duty old truck. Pain that is highly suspicious for coronary disease is often ignored, especially by men, because it may be mild and quickly relieved by a short period of rest.

Recent onset (or the progressive worsening) of pain that fits the profile of angina indicates an urgent need for a medical work up. I personally do not hesitate to tell people who are over 40 years old to go to the emergency department immediately if they have angina-type symptoms. Severe chest pain that is unrelieved by rest is a good reason to make the 911 call, because ambulances in our region possess the necessary equipment to both diagnose a heart attack and to render life saving resuscitation.

As in most medical conditions, prevention is superior to intervention. However, if CAD is severe and there is a sudden complete blockage of an artery (most often with a blood clot), immediate medical attention can mitigate an otherwise lethal situation that threatens to cause serious, permanent damage to the heart. Applegate residents may not know that southern Oregon boasts the lowest mortality rate in the country for heart attacks that are treated with an intervention strategy developed collaboratively among regional medical providers six years ago. It was my privilege to sit on the committee, led by local cardiologist, Dr. Brian Gross, which implemented a protocol that included early diagnosis by pre-hospital EKG's (administered by paramedics), and streamlined access to the cardiac cath lab at Rogue Valley Medical Center where the blocked vessels could be opened by emergency coronary angioplasty.

The acronym for this protocol is "ASSET" for acute ST-segment-elevation MI team. The results, published in 2007 as the lead article in the American Journal of Cardiology, demonstrated that ASSET reduced heart attack (MI) death rates to less than half the mortality of any other medical center in the country. The regional cardiologists, community hospitals, and EMS agencies have now collaborated for over five years in delivering the highest quality of care for the victims of coronary artery disease because all unnecessary delays to definitive treatment have been removed. Remarkably, in the initial study group, there was not one death among the 83 patients diagnosed with an MI by paramedics. Now over 90% of MI patients transported by ambulance to RVMC get their vessels opened in the cath lab within the 90 minutes of reaching the hospital.

This amazing regional record of medical excellence owes itself both to the considerable talents of our interventional cardiologists and to the institutional commitments made by community hospitals and EMS agencies. The primary impediment to even greater success with treating coronary disease lies first in the difficulty of recognizing the symptoms of CAD, and, second, in the natural resistance of patients to admit they have a problem. Asking for the right kind of help in a timely fashion is critical to outcomes of heart disease. As Dr. Gross said, "Educating the public to call 911 is important."

All that is chest pain, of course, is not CAD. In fact, most chest pain is not due to heart problems, but rather the result of minor injuries, muscle strains or spasms, respiratory infections, or gastrointestinal problems. The risk for developing CAD increases as we age and is worse for people with diabetes, hypertension, and high cholesterol. Smoking, obesity and inactivity also makes it more likely that chest pain symptoms actually mean something serious is afoot. Severe chest pain, or angina-type pain that radiates into the arms or neck and does not improve with rest and routine medicines, is a critical warning sign. Fainting, shortness of breath, extreme weakness and pallor, are also very worrisome. For high-risk chest pain, Applegate residents should consider all their "ASSET's", including the network of phone lines, medics, and transport vehicles which can connect us quickly to the finest group of physicians and technicians available anywhere in the known universe. Dropping that dime could prove to be your greatest asset.

Earl Showerman, M.D. • 541-899-8721

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