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**EL CAMINO HOSPITAL OPENS CENTER DEVOTED TO  
HEART DISEASE PREVENTION FOR SOUTH ASIANS**  
*South Asian Heart Center is First of its Kind in the World*

MOUNTAIN VIEW, Calif. – July 12, 2006 – The first nonprofit center in the world devoted to the prevention of coronary artery disease (CAD) in people of South Asian descent has opened at El Camino Hospital (ECH) in Mountain View.

The unique South Asian Heart Center (SAHC) is designed to address the epidemic of heart disease among people from India, Bangladesh, Pakistan, Nepal, and Sri Lanka, who are four times more likely to suffer a heart attack, and at younger ages, without prior symptoms or warning and without presenting the same risk factors as the general population.

More than half of heart attacks among South Asians occur before age 50, compared to an average age of 65.8 for the general male population, and 70.4 for the female population. In California, South Asians have four times the hospitalization rate compared to Caucasians and other Asian populations. The higher rates of heart disease in this group apply across the population, even for lifelong vegetarians who exercise regularly, do not smoke, and are not overweight. This global epidemic affects both male and female South Asians living in the United States (including 350,000 who reside in the Bay Area), urban South Asia, and elsewhere.

“Most physicians evaluate South Asian patients the same way they evaluate other patients when assessing for coronary artery disease risk,” said Cesar Molina, M.D., Medical Director of the SAHC. “We now know that applying western standards and traditional guidelines to South Asians leads to underestimating the risk in this population. Additional risk factors—beyond high blood pressure, smoking, and obesity—may play a causative role, and as a result, they must be screened and treated differently from other ethnic groups. One of our goals is to educate physicians to be aware of and respond to these critical differences.”

“Our comprehensive assessment and risk management program factors in what we call the ‘4 R’s,’” said Ashish Mathur, executive director of SAHC. “First we identify all the *risk* factors including emerging ones that impact South Asians frequently. Then we provide personalized *recommendations* for prevention, focusing on lifestyle modifications and as necessary, medications. We also provide *referrals* to wellness resources such as nutritionists knowledgeable in South Asian diets, and fitness, yoga, meditation, and stress reduction centers that understand our program and help participants make long-term positive lifestyle changes.



Finally, we *recheck* periodically and motivate our participants to real progress. This intense, in-person case management ensures that patients stay and succeed on their heart-health management program and is provided free of charge by the center, funded by community donations.”

“Judging from the community’s response, it is clear that there is huge unmet demand for the kind of services our center offers,” said Cecile Currier, Vice President of El Camino Hospital, Corporate, and Community Services. “In addition to improving the heart health of South Asians locally, we hope to inspire further research into what’s really driving the high rate of heart disease in this population. If we can successfully change how health care providers screen, assess, and treat their South Asian patients, the impact will be felt across the country and worldwide.”

The SAHC has drawn interest and support from some of the world’s leading cardiologists and physicians, such as Dr. Kanu Chatterjee, the Ernest Gallo Distinguished Professor of Medicine at the UCSF Medical Center and Dr. Enas Enas, director of the Coronary Artery Disease among Asian Indians (CADI) Research Foundation whose pioneering research initially inspired ECH physicians to develop the program. Both serve on the Center’s Physician Advisory Council.

### **Increased Risk Factors**

Dr. Enas’s research showed that traditional risk factors fail to account for the increased rate of cardiovascular disease in South Asians—so conventional screening does not adequately identify those at risk. Most standard risk factors--high blood pressure, smoking, high LDL (bad) cholesterol, low HDL (good) cholesterol, obesity, hypertension, and sedentary lifestyle--apply to South Asians as well. But in recent years, researchers have identified additional genetic and metabolic risk factors that play a causative role in premature heart disease among the South Asian population:

- The dramatic prevalence among South Asians of Metabolic Syndrome/Insulin Resistance (a pre-diabetic condition that can include low HDL cholesterol, high triglycerides, abdominal obesity, high blood pressure and high fasting glucose) and full-blown diabetes.
- Higher levels among South Asians of Lipoprotein (a) concentrations despite normal cholesterol levels. These are genetically determined and are considered an emerging risk factor in the overall U.S. population.
- Lower levels of HDL2b, the protective particle within the good cholesterol that is responsible for reverse cholesterol transport, even with normal HDL levels.
- Significantly higher Homocysteine levels, which are associated with higher risk of cardiac death.

Girish Shah, a 64-year-old Campbell resident, has had four angioplasties in the past decade despite medication and lifestyle modifications. Although his cholesterol levels were well within standard guidelines, blockages continued to occur. The SAHC heart health assessment and screening identified additional metabolic abnormalities that may have been playing a role in his disease.

“With the SAHC’s recommendations, and increased awareness of the higher risk, I worked with my physicians to modify my medications, implement lifestyle changes more aggressively, and have since significantly increased my good cholesterol. My last two stress tests have not shown any progression or worsening of my blockages.”

Mr. Shah is now a donor and the chair of corporate and community outreach for the Center. “I want to make sure other South Asians have access to this innovative program,” he said.

#### **About the South Asian Heart Center at El Camino Hospital**

In 2004, El Camino Hospital (ECH) brought a team of more than 80 health professionals together with South Asian community leaders to discuss the abnormally high incidence of heart disease among South Asian populations and explore the idea of a wellness center to address the problem. Today, the Center’s staff members work with more than 40 volunteers to help carry out the Center’s mission.

SAHC is a community-funded organization made possible through a growing awareness of the heart health problems of South Asians, and the generosity of the community. Since its inception, ECH has provided significant resources to make SAHC a reality. To schedule a screening, volunteer, or donate to the center, visit [www.southasianheartcenter.org](http://www.southasianheartcenter.org) or call (650) 940-SAHC (7242).

#### **About El Camino Hospital:**

Located on a 41-acre campus in the heart of Silicon Valley, El Camino Hospital serves residents in the El Camino Hospital District – Mountain View, Los Altos, Los Altos Hills, and portions of Sunnyvale and Palo Alto – as well as those in surrounding communities. Established in 1961, this non-profit, locally controlled community-based hospital has delivered the highest level of medical services to the community for more than four decades. Recognized both locally and nationally for its quality of care and high patient, physician and employee satisfaction scores, ECH is the only hospital in the Bay Area and one of only six in California that has been designated as a nursing magnet hospital by the American Nursing Credentialing Center.

To learn more about ECH and its services, visit our web site at [www.elcaminohospital.org](http://www.elcaminohospital.org). For a physician referral, visit our web site or call the El Camino Health Line at (800) 216-5556.

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