

The Less-Obvious Signs of a Heart Attack

By Lisa Catanese

At age 37, the last thing Scott Smith suspected was that he was having a heart attack. He awoke at 11:30 at night from a sound sleep last June with a feeling of indigestion, as if he needed to burp but couldn't. He took an antacid and went back to sleep. But the strange feeling persisted the next morning, so he stayed home from work.

When it didn't go away, Scott went to see Girish Sharma, MD, a Vernon cardiologist. "He hooked me up to the EKG machine in his office, looked at the readings, and said he wanted me to go to the hospital right away," Scott recalls. "He said it was a heart attack. I had absolutely no pain except for that feeling like I had to burp. Nothing in my chest, in my jaw, down my arms. I didn't feel sick."

But by acting on that single warning sign, Scott may have saved his own life. One of the arteries of his heart was blocked, restricting the flow of blood. He underwent a procedure called angioplasty to open up the artery, and a device was inserted to help keep the artery open.

Recuperating at home, Scott considers himself a lucky man. Because of his age and his good overall health, he was shocked to learn he'd had a heart attack, especially because he had only one risk factor for heart disease: he was a smoker. "But I'm not one now," he says emphatically.

"The most common symptom of heart disease still is chest pain that you can't explain," Dr. Sharma says. "But it's not the only symptom, and some people don't get chest pain at all. Women are more likely to have just a feeling of indigestion and fatigue. Unfortunately, because the symptoms can be so vague, many people wait hours or even days before they see the doctor."

Manchester cardiologist Saqib Naseer, MD, says a feeling of indigestion — what Scott Smith experienced — is probably the most often ignored symptom because people do not associate it with a heart attack. "A lot of people don't seek help if they just have a feeling of what they think is indigestion," he says. "But if it feels different from what you've had before, and especially if you have other symptoms such as sweating, shortness of breath, weakness and dizziness, you should see the doctor."

In Connecticut, the state legislature recently passed a bill that requires insurance companies to pay for emergency-room visits when the person suspects he or she is having an emergency such as a heart attack — even if it does turn out to be something less.

Because it's easy to mistake the warning signs of a heart attack for something else — and because it is crucial to catch heart problems early, before they damage the heart — it is important to know the common symptoms that could mean a heart attack is going to happen. Early detection is vitally important because medication (such as "clot-busting" drugs) and procedures (such as angioplasty) are available today to treat heart disease and prevent an impending heart attack from happening.

The common warning signs of a heart attack are:

- A heavy, squeezing sensation or pain in the center of the chest, which lasts for several minutes. Pain or discomfort also may be felt in the arm, shoulder, neck or jaw.
- Anxiety, or a feeling of apprehension, or a sinking feeling of dread.

- Sweating.
- Shortness of breath. This can occur when performing a minor activity or while at rest.
- Heartburn or indigestion (especially common in women). This is because the base of the heart and the stomach have a common nerve supply.
- Nausea, vomiting.
- Fatigue.
- Dizziness, fainting.

Unfortunately, in one-third of heart attacks, a person's first sign of heart disease is the heart attack itself. The remaining two-thirds, however, do have some type of symptoms prior to the heart attack. The goal, the cardiologists say, is for people to recognize those warning signs and see a doctor before the heart attack occurs.

"The symptoms of a heart attack are extremely varied," Dr. Naseer says. "The signs and laboratory tests are what the doctor sees when evaluating a patient. It's very important to explain what you're feeling when describing your symptoms to your doctor, to help with the diagnosis." Certain laboratory tests are available to screen for heart disease, especially in younger people with a strong family history of coronary artery disease.

The most common cardiovascular condition is high blood pressure, which occurs when small blood vessels become narrowed. High blood pressure can be controlled with medication, but uncontrolled high blood pressure can cause a heart attack or stroke.

The most common cause of heart attacks is atherosclerosis. This is a condition in which fatty materials build up inside an artery, causing the opening to become narrow and slowing or stopping the blood flow. A heart attack occurs when the blood supply to the heart is cut off completely.

The major risk factors for heart disease can be divided into two categories — factors that cannot be changed, and factors that can.

Risk factors that cannot be changed include:

- Gender. Men are at greater risk than pre-menopausal women, because estrogen provides some protection against heart disease. But after menopause, a woman's risk of heart disease rises to nearly the same as a man's. Heart disease is the number one killer of both men and women in the United States.
- Heredity. If a member of your family died younger than age 55 from a heart attack, you are considered to be at greater risk yourself.
- Race. African Americans have a greater chance of having high blood pressure than Caucasians, so their risk of heart disease is greater.
- Diabetes. Nearly three-quarters of people with diabetes die of some form of heart disease. Keeping diabetes under control can lower this risk.

Risk factors that can be changed include:

- High blood pressure. Because the heart has to work harder to pump blood in people with high blood pressure, it eventually becomes weaker over time. Taking medication to control blood pressure lowers this risk.
- Blood cholesterol levels. Most heart attacks occur in people with cholesterol levels between 210 and 265. Lowering your cholesterol level with a good diet, and with medication if necessary, can reduce your risk.
- Smoking. Smokers have more than twice the risk of heart attack as nonsmokers. Once you stop smoking, your risk for heart disease gets lower with each passing year. Research has shown that once people have stopped smoking for 10 years, their risk factors are close to those of nonsmokers.
- Lack of exercise. Studies have shown that exercising at least 20 minutes three times a week provides protection against heart attacks.
- Obesity. This is defined as being more than 20 percent over the ideal weight for your height.
- Stress. If there is too much tension in your life, you should try to relieve stress through walking, exercise, relaxing or taking up a hobby.

One measure that has been proven effective in helping to prevent heart attacks is taking aspirin daily. For most people, a single aspirin a day can keep platelets in the blood from sticking together and can prevent blood clots in the heart. Because aspirin can complicate other health problems, such as ulcers, people should seek the advice of their doctor before taking it.

"In my opinion," Dr. Sharma says, "the number one thing you can do to prevent a heart attack is to exercise, which can reduce your risk of just about any known disease in human beings. The second is to reduce your cholesterol and eat a low-fat diet. The third is to stop smoking, and the fourth is to reduce hypertension (high blood pressure). The fifth is to learn some stress management. I have seen that when people are under stress, their heart shows that it is not getting enough blood supply."

Dr. Naseer agrees. "I also stress the importance of a healthy diet and targeted nutritional supplements, such as Vitamins E and C, to lower the risk of heart disease," he says.