From the Heart

A forum for the patients & friends of the Lown Cardiovascular Center

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An Exciting, Busy Time of Year

Dear Friends,

As we head into winter, we would like to share with you all of the wonderful things that have happened here in the last few months:

State of the art equipment: Our exercise lab is now equipped with a Cardio-Pulmonary Exercise Testing (CPET) machine with an exercise bicycle. The CPET allows us to more fully evaluate patients with heart failure and unexplained shortness of breath. It also provides important information for athletes in training, including anaerobic threshold and maximal oxygen consumption. Ask your Lown Cardiologist if you think CPET might be helpful for you.

Walking Wednesday: We're up and walking! Every Wednesday at 5 p.m., meet at the Lown Center for a 30-45 minute walk and talk in the neighborhood with our knowledgeable nutritionist Tara Mardigan. No reservations needed, rain or shine!

Harvard Medical students: By now, many of you have met our third and fourth year medical students: Prat, Alex, and Helen. As part of our nonprofit mission, we continue to welcome Harvard's students and resident physicians to our office. Not only do they learn the science of medicine, but they learn our unique philosophy of patient care. We love having the students here, and we hope you do as well.

Celebrating service: Dr. Brian Bilchik recently received a 20 Year Service Award from Brigham and Women's Hospital. Please help us in congratulating Dr. Bilchik for his decades of dedication to the hospital and the Physician Council.

Nonprofit status: We are thrilled to announce that The Lown Cardiovascular Group is now officially a 501c3 tax-exempt, not-for-profit organization! (Look for our annual appeal coming soon to your mailbox...).

From all of us at the Lown Center, have a safe and healthy winter!

Brian Bilchik, MD
Charles Blatt, MD
Dara Lee Lewis, MD
Shmuel Ravid, MD, MPH

Atrial Fibrillation: The Importance of Individualized Care

By Dr. Shmuel Ravid

For 50 years Lown Center physicians have managed thousands of patients with atrial fibrillation (AF), a common sustained heart rhythm abnormality (arrhythmia). Over that time, we developed an individualized, patient-centered model of care focused on improving long-term outcomes and quality of life.

Being diagnosed with a cardiac condition can be an overwhelming experience. We take time to help our patients understand their condition, and reassure them that AF is very manageable and that the vast majority of people with AF are able to lead full lives.

Understanding AF

Atrial fibrillation is an irregular, frequently rapid heart rhythm originating in the heart upper chambers (atria). It might be present intermittently (paroxysmal) or permanently. It may present with palpitations, breathlessness, fatigue and exercise intolerance, light-headedness, or congestion. Many AF patients have no symptoms and AF is discovered incidentally. The majority of AF patients are older than 70 and frequently have a history of high blood pressure or other heart conditions. Potentially reversible causes of AF include hyperactive thyroid, alcohol consumption or ingestion of other stimulants, and stress, both physical and emotional, in susceptible individuals.

The most fearful complication of AF is stroke, caused by blood clots that originate in the atria and travel in the circulation to the brain (embolism). The annual incidence of stroke varies - about 3-5% in patients over 70. About 20% of all strokes are caused by AF. Weakening of the heart muscle and heart failure (fluid retention) due to sustained rapid pulse may occur. Occasionally, fainting spells result from slow AF.

Individualized Treatment

We don't treat AF but the patient with AF. Through careful listening and examination, we identify variables that guide treatment. These include underlying heart disease, symptoms, level of physical activity, emotional state, medications, potential side effects of therapies, cost of care and, importantly, individual preferences.

Maximizing Non-invasive Medical Therapies

Our patient-centered model of care utilizes proven, minimally invasive therapies. Our treatment goals are to prevent complications, minimize symptoms, and improve long-term quality of life. We opt for invasive procedures only as a last resort. Atrial fibrillation is not a life-threatening condition and calling 911 is not necessary unless severe light-headedness, shortness of breath, or chest pain are present.

Blood thinners are a mainstay for treating patients with a higher stroke risk. For decades Coumadin (warfarin) was the only option. In recent years new, “novel” blood thinners became available (such as Pradaxa, Xarelto, and Eliquis). There are a number of benefits to these newer medications, however their cost might be prohibitive to some patients. Patients at low risk for AF related stroke might be treated with aspirin.

Meticulous heart rate control with medications (beta blockers, calcium blockers, and digoxin) is a central component of alleviating AF symptoms. For new onset of AF, 1-2 doses of antiarrhythmic drugs can be an effective treatment option in restoring normal rhythm in patients with infrequent episodes of paroxysmal AF. However, antiarrhythmics should be used cautiously because of potentially significant side effects, especially when used over prolonged periods of time.

Performed under short-term IV anesthesia, electrical cardioversion is the procedure of choice to restore normal rhythm for new onset sustained AF. Effective and safe, it may be attempted in most patients with permanent AF at least once.

Atrial fibrillation ablation is a heavily promoted catheter-based technique to cure AF. However there is risk of major complications, the success rate is 80% at best, and repeat procedures are occasionally necessary. While ablation may be a viable option for a select few AF patients, we see it as a last resort.

For decades, the majority of our patients with AF have led full lives thanks to our individualized treatment. If you have AF or experience any of its symptoms, come in for a visit and we can work together to develop a treatment plan that is going to work for you.

Should You Shovel That Snow?

Most of our patients should NOT be shoveling snow this winter. The combination of cold weather and strenuous upper body work can be dangerous to those with heart conditions. Please speak with your Cardiologist before the winter season sets in.

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For example, sons of mothers with coronary artery disease tend to develop heart problems 10 years sooner than daughters. If a condition is identified early on, we can determine whether it is benign - that is, it poses no risk - or how we can reduce risk. For many people, quitting smoking, reducing salt intake, regular physical activity, or losing weight can be enormously helpful in protecting their health despite the presence of such conditions.

Risk of developing hypertension or high cholesterol are also inherited. A non-smoker with a healthy diet and active lifestyle may unknowingly develop high cholesterol or high blood pressure at an early age. With early detection and appropriate management, problems later in life can be averted.

If there's an inherited disorder, knowledge is powerful. Education about heart health, especially for young people, needs to be sustaining and consistent. It requires reminders and feedback, empowerment and motivation.

The most important asset we all share is a desire to live longer and healthier. Understanding our family history can be a powerful motivator to choose a heart healthy lifestyle.

Fortunately, healthy behaviors can also be modeled and adopted by those around us. Many people find it easier to change their own behaviors when they realize that it will benefit their children, and spouses are often willing to change the habits of a lifetime when they realize it will enhance the life of the person they love.

I've been lucky to have needed very little contact with the medical world up to now, so the changes that inevitably come with age are scary for me. I feel privileged and grateful to have your (and your wonderful staff's) knowledge and honest counsel through this process.

- A recent note from one of our patients

About Us

The Lown Cardiovascular Center provides patient-centered, noninvasive cardiovascular care that emphasizes prevention, compassion, and trust between doctor and patient.

We understand the importance of doing **more** for the patient, and **less** to the patient.

The Lown Center specializes in second opinions, especially when it comes to evaluating the need for invasive procedures. We also offer nutrition counseling and on-site testing in our fully accredited cardiac labs, with free parking, no facility fees, and an unhurried atmosphere.

Feedback

Are there topics you would like us to discuss in a future newsletter? Comments on our website? We would love to hear any feedback you might have. You can contact us at info@lowncenter.org or by calling 617-732-1318.

Sign Up to Our Email Newsletter

If you would like to receive an email version of this newsletter, please let us by emailing us at info@lowncenter.org.

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Shared Risk

By Dr. Brian Bilchik

Knowing how your family history affects your heart health can increase your chance of seeing future generations grow healthy

Understanding family history is a powerful tool for both physician and patient in promoting heart health. It provides insight that is critical to identifying and preventing heart disease. When addressed proactively, a patient's family history can become one of the best motivators in promoting healthy behaviors. Conversely, we sensitively consider the lack of family history or the lack of family itself in order to provide the best care possible.

A patient's family history reflects his or her genetic susceptibility to a range of cardiovascular conditions such as premature coronary artery disease and stroke. On top of that, families share environments, eating patterns, and frequently adopt similar behaviors.

Inherited risk factors for heart disease come in two forms. Some, like cardiomyopothy (thickened or weakened heart muscle), valve problems, or aortic aneurysms, are "silent" until an acute problem manifests. Or someone may have symptoms of an underlying condition and not realize it. People who have experienced the sudden, early death of a close relative - particularly a parent or sibling - should be proactive in being screened.

How a patient reacts to their family history can also impact their heart health.

Some become crippled by anxiety, convinced that the heart attack that killed a parent will strike them at the same age. Or they may feel falsely reassured by the fact that grandmother lived to be 100 although she smoked like a chimney. Others respond with denial: Dad was diabetic because he was overweight, but I work out.

A thorough family history coupled with a careful clinical examination and noninvasive tests like EKGs or echocardiograms can help identify abnormalities and set people on the path to avoiding future problems.

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