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Bears and Health

Bears Events and Cardiac Events

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Over the years, these columns have discussed many of the conditions that put us at higher risk for “cardiac events”—heart attacks and strokes. The most common of these are a history of smoking, high blood pressure, diabetes, high cholesterol, being overweight, sleep apnea, and a family history of cardiac disease. Now it's time to talk a bit more about the events and symptoms themselves.

Myocardial infarctions—heart attacks—occur when the blood supply to the heart is blocked. When that blockage is partial, enough blood may be getting past the blockage to forestall a heart attack, but the blockage may cause a syndrome of chest pain called angina.

Angina typically occurs where the heart is located, in the center left chest. It tends to be dull, throbbing and it classically “radiates” to the left shoulder and down the left arm. In addition to the pain there can be tingling and numbness in the left hand and fingers. Angina usually lasts less than a minute and is typically precipitated by exertion. It will usually be eased by ceasing the exertion and by nitroglycerin, the ingredient of the original “poppers.” If you had an angina, you could snap open a capsule from your pocket, inhale the vapor and get immediate relief. I use the past tense because this original form is no longer widely available. Today, TNG (trinitroglycerin) is given sublingually (placed under the tongue) or as a long-acting patch. NEVER USE NITRITES WITH VIAGRA because they can cause severe, even fatal drops in blood pressure.

Unfortunately angina is not always typical and serious cardiovascular disease can be present without any symptoms. That's why it's important to be examined at least annually, especially if you are over 30, and all the moreso if you are a stocky bear. In addition to blood pressure checks, routine lab screening should include blood sugar and cholesterol levels (including the fractions of HDL and LDL, the so-called good and bad cholesterols), blood lipid (fat) and serum enzyme levels as well as the other standard blood chemistries, and an ECG (electrocardiogram). Additional tests include stress tests, which looks at your cardiogram during exercize and, if indicated, various cardiac scans and dye tests involving catheterization.

A heart attack –myocardial infarction—occurs when the blood supply to the heart is so blocked that a segment of heart tissue dies. This is a situation of varying severity, but often enough it is life-threatening. Typically, angina is present but the pain tends to be much worse than usual. Often described as “vice-like, the pain of a heart attack tends to be of longer duration than ordinary angina—it can last for hours, doesn't respond much to the nitroglycerin and can be accompanied by profuse sweating, shortness of breath and palpitations.

The biggest risk for cardiac arrest in a heart attack is rhythm disturbance. These arrhythmias can often be reversed using the techniques of CPR (cardiopulmonary

resuscitation, which are now widely available). Today, countless lives are being saved because of the expansion of CPR training in the workplace, in places of entertainment and travel. When I attend a bear event, I feel confident that if I were to have a cardiac arrest, somebody in the vicinity is likely to be familiar with CPR. Even so, I don't know that sponsoring bear organizations actually have any specific arrangements in place, though host hotels might. Considering the elevated risk of cardiac events of many bears, it is something for bear event planners to consider. We don't want bear events to be cardiac events.

It is exhaustively established in clinical studies that even modest losses of weight and increases in exercise can decrease your risk of major cardiac events. Where serious severe arteriosclerosis is present, and the diagnosis is made before a major cardiac event, there's a lot that can be done—coronary artery bypass surgery, while not without risks, is so widely done now that it can be called routine. Likewise the placement of coronary stents and other approaches to reaming out clogged arteries, and medications—anti-coagulants-- to keep them open.

Strokes occur when there is blockage of the blood supply to the brain or when there is bleeding into the brain from an aneurism or trauma. The biggest culprit is arteriosclerosis of the carotid arteries, the big arteries that on either side of the neck that feed the brain. If they get too clogged, ischemia (inadequate blood supply) to the brain results, just as coronary ischemia results from arteriosclerosis of the coronary arteries. If this ischemia is sustained, some nerve tissue may die, resulting in weakness or even paralysis of the limbs (usually on one side or the other). Carotid arteriograms and scans are diagnostic and treatment consists of reaming out of the affected carotid artery and the use of anticoagulants. In the event of a stroke, which can also result in slurred speech and other neurological problems, recovery may take extended time and rehabilitation work and is not always complete.

As we advance in years, so does the risk of cardiac events. But bears, take heart. Even modest efforts to monitor ourselves and moderate our risk factors can be life-enhancing and even life-saving. As Smokey the Bear's doctor put it to him one day between forest-fire prevention gigs: Only you can prevent French fries. (cough).