- Lifestyles

LIFESTYLE CHANGES TO PREVENT REPEAT HEART ATTACK

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Heart specialists are at a loss as to why so many are having repeat heart attacks the last several years. We really expect some cardiac patients to be at risk for a second or third heart attack following the first one, but the recurrence rate appears to be getting a little alarming during this COVID-19 era.



It's possible the virus itself has something to do with it, or perhaps it's the vaccines which are still currently being recommended—though they're not really effective to prevent catching the virus. They may be the culprit due to the spike proteins they produce, which have been implicated as a risk factor for damage to the lining of the arteries and actual development of blood clots, causing the death of vital organs of the body like the heart and the brain.

Almost a third of patients who have a heart attack or myocardial infarction don't reach the hospital alive. They can die on the spot or on the way to the hospital, and are pronounced as DOA (dead on arrival) when they reach the emergency room. This was the score during the pre-COVID-19 era. A colleague whispered to us during a recent panel discussion that after the SARS-COV-2 bug hit us, the DOA cases have apparently increased.

Repeat attacks

Heart attack victims who survive their heart attack should not squander such a big blessing by going back to their wanton ways once they feel better. A second or repeat heart attack usually has worse consequences than the first one, and the risk of dying from a repeat heart attack is higher.

Cardiovascular disease (CVD) leads to heart attacks in the next several years following their first heart attack, which makes CVD the world's number one killer, according to professor Massimo F. Piepoli, the lead author of a consensus paper published several years ago in the European Journal of Preventive Cardiology.

"The biggest consequence of CVD is myocardial infarction (heart attack)," stresses Piepoli. He warns that a heart attack victim has a 20-percent risk of having another serious "cardiovascular event in the first year." This level of risk remains even if one is receiving

optimal treating ment and care. For those who are not optimally treated, or are not compliant with their treatment, the risk is even higher.

This is the grave error in mindset of those who get their treatments and interventions following their first heart attack. If they can afford it, they're given expensive blood thinners (anticoagulants) and devices like stents which can serve as scaffoldings to prevent another blood clot from occurring. But this is not a 100-percent assurance the blood clot will not happen again. Blood-clot formation is multifactorial, caused by various lifestyle factors, foremost of which are smoking, dietary indiscretion and lack of exercise.

The consensus document authored by Piepoli and his colleagues in the European Society of Cardiology (ESC) details the preventive measures patients and their doctors and other health-care professionals can take to prevent repeat heart attacks.

Disappointing surprise

If a heart patient thinks that taking a palmful of medicines or having a stent inserted in his heart arteries are assurances to prevent a second heart attack, he/she is in for a disappointing surprise. A heart-healthy lifestyle is still the most effective way to avoid another heart attack, according to ESC prevention spokesperson professor Joep Perk. This, supported with good medical treatment and regular follow-up, markedly reduces the risk.

According to the paper, the following are the simple but effective measures to prevent a repeat heart attack: smoking cessation (completely!); regular physical activity; followa heart-healthy diet (high fiber, low animal fats); and taking prescribed medications to protect heart arteries to prevent atherosclerosis (slow gradual blockage of the arteries), and to control risk factors such as high blood pressure and high bad cholesterol (low density lipoprotein type of cholesterol).

A usual drug regimen for heart attack victims would consist of blood thinners like aspirin, statins—drugs for cholesterol which should be taken even if cholesterol levels are normal due to their other noncholesterol-related effects— heart-protective drugs like an angiotensin converting enzyme inhibitor and a beta blocker.

These used to be expensive drugs, but with a lot of generic brands in the market, they are now well within the reach of the ordinary patient. Hopefully, our local drug manufacturers can duplicate what India has done by manufacturing a "polypill," a single capsule or tablet containing all these essential drugs in patients at risk for a heart attack. The polypill is usually cheaper than the total cost of the individual components, and patient compliance is also enhanced since they only have to take one pill instead of several.

Nullified effects

Of course, the effectiveness of these heart pills may be nullified if one continues to smoke. "Stopping smoking beats everything for preventing heart attacks," explains Perk. "Combine that with exercise and a healthy diet and we could avoid 80 percent of all myocardial infarctions." That translates to four out of five being spared from a repeat heart attack.

According to a previous survey done in Europe, despite all counseling after a heart attack, 16 percent of patients still smoke, 38 percent remain obese and 60 percent are sedentary with little or no physical activity.

We're not aware of any similar survey among Filipinos, but we suspect it's worse here. The attending physicians must make more intensive and consistent efforts to motivate their patients to make some lifestyle changes to minimize their risk for another heart attack.
"Having a heart attack is an upsetting experience, but it does not seem to motivate patients to adopt a healthy lifestyle to avoid having another one," Piepoli laments. "We also know that more than half of heart attack patients stop taking their preventive medications."
Piepoli sums it up well: "We have scientifically proven ways to prevent second heart attacks. But we need to empower patients to better understand their risk factors after myocardial infarction and take a central role in their recovery. Cardiologists, nurses and allied professionals all have a role to play in prevention, starting in the acute phase through to follow-up care after hospital discharge."
In a way, preventing a repeat heart attack is a personal decision and commitment one makes. The doctor can only prescribe, educate, support and motivate, but making that life-changing decision to change one's lifestyle, and being fully adherent or compliant to one's doctor's prescriptions and instructions, rests on the patient.
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