



Early Cardiac Testing and Screening Can Save Lives

By Harcharn S, Chann, M.D., F.A.C.C.

Nearly one million people die each year in the United States from heart disease, Stroke and related disorders.

Because of the prevalence of cardiovascular disease in this country, I am responding to a few of the more common questions regarding it.

Q: Are all heart attacks painful?

A: No. An apparently healthy person can die unexpectedly of a silent heart attack. Therefore, it is important that persons, especially those who think they have the risk of heart disease, consult their doctor beforehand so preventive remedial measures can be taken.

Q: How prevalent is silent heart disease?

A: There are at least one to two million middle-aged men in the United States with blockages in their coronary arteries who are unaware that they have heart disease. Another 50,000 persons, annually, are found to have silent heart disease after they have apparently recovered from a painful heart attack. In addition, half of the four million patients with painful angina also have frequent episodes of silent myocardial ischemia.

Q: How do you detect painless ischemia?

A: A common way is during an exercise test (stress test), which is ideal for seeing whether or not physical exertion can bring on ischemia; it is done in a controlled setting with immediate medical attention available. The test is usually performed with a treadmill device that moves at slowly increasing speeds at an inclined angle. While cardiac abnormalities are being observed on the EKG, the patient can be continually questioned by the physician about the symptoms.

There are three types of silent ischemia. The first involves persons who are totally asymptomatic. Cardiac abnormalities are detected only by exercise testing or related procedures. The second includes patients who have had a heart attack and demonstrated silent ischemia during the routine convalescent stress test. The third has painful angina, but continuous 24-hour electrocardiographic monitoring (Holter monitor) shows [hat they also have repeated episodes of silent ischemia.

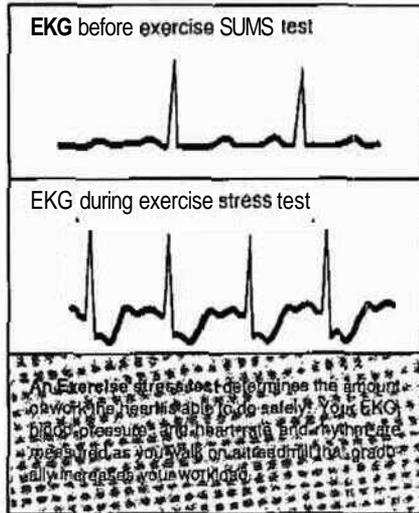
Q: If risk factors such as smoking, high cholesterol, blood pressure, diabetes and obesity are absent,

should one undergo screening procedures to detect silent heart disease?

A: Yes, especially if [here is a family history of heart disease present.

Q: Physical exercise is reported to help fight heart disease. Are there any limitations in respect of individuals and types of exercises?

A: Exertion can kill persons with heart disease. Therefore, it is very important for the heart patient to first consult their physician and get advice as to what their tolerance level may be. All people over the age of 35, especially men, and those who have risk factors for heart disease, should first consult with their doctor.



Q: What are various tests used to detect heart disease?

A: In addition to what I've already explained, detection of heart disease can be made with a combination of history-taking, physical examination, blood examination and the use of noninvasive and invasive procedures. Noninvasive procedures involve the use of diagnostic instruments that do not enter the body (e.g., exercise stress test). In an invasive procedure, the interior of your body is invaded either by catheters placed in large vessels, or by surgical procedure (e.g. cardiac catheterization and coronary angiography).

EXERCISE STRESS TEST — determines amount of work the heart can do safely. Your EKG, blood pressure, and heart

rate and rhythm are measured as you walk on a treadmill that gradually increases your workload.

24-HOUR AMBULATORY EKG MONITOR — (Holter monitor) determines heart's response to everyday activities and can detect arrhythmias. The heart's electrical impulses are recorded by a portable tape recorder and marched with your detailed written account of the day's activities.

NUCLEAR CARDIAC TESTS — radioactive chemicals are injected into the blood stream, and their movement is (raced by a special camera. Nuclear tests are safe — they involve less radiation than an x-ray —

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brief, and painless. The thallium exercise stress test may reveal areas of decreased blood flow in the heart muscle during exercise.

ECHOCARDIOGRAM — small device which beams ultrasound waves at different structures in the heart is placed against the chest. The "echoes" are converted into images of the heart which are displayed on a screen. These images are interpreted to help identify abnormalities of the heart muscle and valves.

CARDIAC CATHETERIZATION AND CORONARY ANGIOGRAPHY — under x-ray guidance, a catheter is inserted through an artery in your arm or groin, and advanced into the heart. The catheter can be used to measure blood pressure within the heart and to take blood samples. An x-ray sensitive dye is injected through the catheter to cause the coronary arteries, and any blockage, to show up on the screen (angiography).



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Fellow of the American College of Chest Physicians, and is a member of several professional associations, including the American Medical Association, The American College of Cardiology, and the American Heart Association. Complete cardiac risk assessment to identify potential heart problems is available at:

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