HeartHelp
Keeping You In Rhythm

The Beat

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SPECIAL POINTS OF INTEREST:

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How Many Cardioversions Can I have?

How many cardioversions can I have? Let's first start by discussing what a cardioversion is and why it may be done. An electrical cardioversion is a procedure in which the heart is put back into normal rhythm. A shock of energy is delivered to the heart via pads that are placed on the chest wall. Unless a person is unstable, this procedure is generally done under short acting sedation. It is very similar to restarting the computer when it is not acting correctly. When the heart electrically does not 'act right', a cardioversion resets it. A variety of rhythms can be shocked but the most common rhythm this is done for is atrial fibrillation. Sometimes, before shocking the heart,

medicine may be tried. This is called a chemical cardioversion. Probably the most common time this is done is when someone presents with an abnormal rhythm called supraventricular tachycardia and a medicine called adenosine is given. The rest of this article will primarily focus on the role of electrical cardioversion in the setting of atrial fibrillation.

So….How many cardioversions can I have? There really is not an answer to this. There is no number. However, there is a famous quote by Albert Einstein that states "The definition of insanity is doing the same thing over, but expecting different results." Now, that may be a little extreme but it is to make a point. A cardioversion can reset the heart for that moment in time. It does not prevent the heart from going back out of rhythm. It can last 5 seconds, 5 months, or 5 years. Other measures have to be taken to try and prevent the heart from going out of rhythm again.

What can be done to prevent the heart from going back out of rhythm? There is no cure for atrial fibrillation but there are many ways to treat atrial fibrillation. Let's break it down.

1. Lifestyle changes. These are vital. Losing weight can decrease….Cont. page 3 (4,5).

Tip of the Month

Winter Safety Tips:

1. Stay warm. Getting cold raises your heart rate and blood pressure. This puts more strain on the heart.
2. Layer your clothes. Wear gloves, a hat, and use a scarf to cover your mouth so you are not breathing in the cold air if you must go outside.
3. Let someone else shovel your snow. Unless you are very conditioned and used to cold weather, shoveling snow can be a stressor to the heart. It is not worth having a heart attack over.
4. Know the signs of hypothermia. These may include confusion, lack of coordination, shivering, slowed reactions, and sleepiness.
5. Avoid alcohol before and after being in the cold weather. (3).

Grilled Tuna Steak with Honey Mustard Marinade

Recipe from the book ***Breaking the Salt Habit*** by Erik Williams. (1).

Ingredients:

2\3 cup Red Wine Vinegar

1\3 cup Honey Dijon Mustard

2 Tbsp. Honey

6 Tbsp. Extra Virgin Olive Oil

1 tsp. Garlic Herb Seasoning (ex. Mrs. Dash)

4-4 oz. Tuna Steaks

Directions:

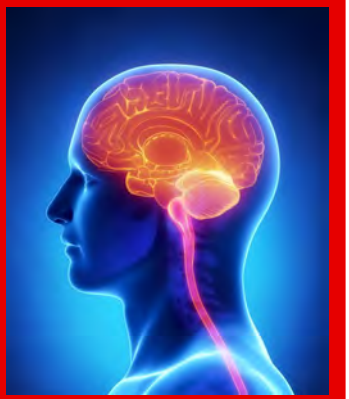
1. Combine all ingredients except tuna in a small bowl.
2. Place tuna steaks in medium storage bag and pour in mixture.
3. Marinate at least 2 hours.
4. Grill Tuna on high heat 5-6 minutes on each side depending on the thickness of steaks. An internal temperature of 145 degrees Fahrenheit is recommended.

Health Information

Serving size: 4 oz. of Tuna
Servings 4
Calories 462
Total fat 35g
Saturated fat 8g
Cholesterol 68 mg
Sodium 260 mg
Total fiber 0 g
Protein 26g
Carbohydrates 10g
Potassium 39mg
Sugar 9g

Quote of the Month: "Action is the foundational key to all success." Pablo Picasso

Did you Know?



Did you know that your stroke risk may change over time? One year a blood thinner may not be recommended and the next year it might. What? It may sound weird but the body changes and believe it or not, something as small as a birthday can increase the risk of a stroke. Let's take a look at it. In individuals that have atrial fibrillation or atrial flutter it is well known they are at higher risk of having a stroke from a blood clot. So who needs to be on blood thinner? The CHADS-vasc score is a model that is used to help determine stroke risk and which blood thinner may be appropriate. C is for congestive heart failure. H is for hypertension or high blood pressure. A is for age (65 gets 1 point, 75 gets 2 points). D is for diabetes. S is for stroke or TIA (either counts for 2 points). Vasc counts for vascular disease or Blockage in the arteries. Female sex also gets a point. Sorry ladies. The higher the points, the higher the risk of stroke. In individuals with a score of 2 or more, anticoagulation is recommended. The oral drugs under this umbrella include warfarin, Pradaxa, Xarelto, Eliquis, and Savaysa. So lets say last year, you were a 64 year old male with treated high blood pressure. Your CHADS-vasc score would have been one. This correlates with a 1.3 percent stroke risk per year. This year, your age has gone up to 65 and the score increased to 2 points. The stroke risk increased to 2.2 percent per year so a blood thinner is now recommended. Stroke risk changes as the body changes. All the risk factors cannot be controlled (age) so lets focus on the ones that can. (2).

the burden of atrial fibrillation. Smoking cessation is also very important. Smoking tends to raise the heart rate and blood pressure. It can lead to heart disease and high blood pressure, both of which increase the chances of atrial fibrillation. Alcohol can serve as a trigger for atrial fibrillation. Heavy alcohol use can even weaken the heart muscle and lead to congestive heart failure. Therefore, keep alcohol to a minimum. Caffeine can also serve as a trigger in some individuals. So try and keep caffeine intake down and definitely avoid any type of energy drink. Routine exercise is beneficial to the heart. The heart is more likely to 'act up' if it is not in shape, especially when an activity is done that is more than the heart is used to. Get plenty of rest and sleep. Most individuals need at least 7-8 hours of sleep each night. All of these things can help limit the burden of atrial fibrillation.

2. Medications: There are many medications that can help limit atrial fibrillation episodes. However, there are no medications that can completely eliminate atrial fibrillation. Beta blockers (metoprolol, carvedilol etc.) and calcium channel blockers (diltiazem etc.) may be used in the early stages of atrial fibrillation to help minimize episodes. Many times, atrial fibrillation will progress and stronger medications will be needed to maintain normal rhythm. These medications are called antiarrhythmic drugs. If someone has no history of heart disease, heart attack, or any structural heart disease, medications such as flecainide and propafenone may be use. However, many individuals cannot take these medications due to the above reasons. The next level of antiarrhythmics include drugs such as Multaq, Sotalol, Tikosyn, and Amiodarone. These drugs are usually continued unless they quit working or unless there is another medical reason to stop them.

3. Procedures: If atrial fibrillation continues to occur despite the use of one or more antiarrhythmic medication, then an ablation may be recommended. An ablation is a catheter based procedure done by a specially trained cardiologist called an electrophysiologist in which a catheter is placed into the top left chamber of the heart and the areas causing the atrial fibrillation are frozen or burned. There is also a surgical procedure called a MAZE procedure. This is usually done in someone who is going for open heart surgery for another reason, but it can be done by itself if ablation has failed.

4. **Controlling other Disease Processes:** Other disease processes that can increase atrial fibrillation and even cause it sometimes include sleep apnea, obesity, diabetes, thyroid disease, heart disease, and hypertension. It is important that these issues are being managed well and under good control because any of them could exacerbate atrial fibrillation.

To sum up, there is no real limit to the number of cardioversions that can be done. However, there are multiple things that can be changed (lifestyle changes, medications, other procedures) to limit the number of cardioversions that have to be done on someone and to limit the burden of atrial fibrillation across one's life. (4,5).