

The Embrace Your Heart™ Wellness Initiative presents the

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Patient's Perspective magazine

The magazine for women living with heart disease

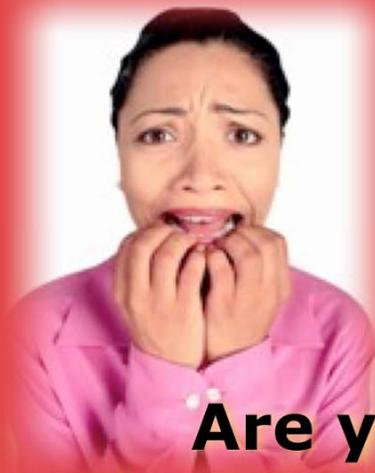


The Patient's Perspective
Women Living With

Atrial Fibrillation



Exploring
Treatment
Options



Are you just a
hysterical female?
The Emotional Toll of
Atrial Fibrillation.

What Trips
Your
Trigger?



Welcome to the Patient's Perspective!

Each month the Embrace Your Heart™ Wellness Initiative presents a teleconference addressing a specific challenge faced by women living with heart disease. The result: a wealth of information to share and a monthly publication.

"Having the opportunity to share our experiences and challenges is empowering. Providing the information to other patients and to healthcare providers will make a difference in the day-to-day quality of life for women living with heart disease," says Eliz Greene, the Director of the Embrace Your Heart™ Wellness Initiative and host of the *Patient's Perspective*.

To hear the *Patient's Perspective Teleconference on Women Living with Atrial Fibrillation* and find the dates of upcoming teleconferences please visit www.EmbraceYourHeart.com and click the *Patient's Perspective* link.



Eliz Greene survived a heart attack at age 35 while seven months pregnant with twins. As the director of the Embrace Your Heart™ Wellness Initiative, Eliz is on a mission to inspire women to pay attention to their heart health, educated health care professionals about the challenges faced by female heart patients and champion the cause of women and heart disease.



The Patient's Perspective Panel:



Mellanie True Hills is a heart disease survivor and the author of *A Woman's Guide to Saving Her Own Life: The HEART Program for Health & Longevity*. After having a brush with death in emergency heart surgery, Mellanie now uses her second chance to coach individuals in creating healthy lifestyles and organizations in creating healthy, productive workplaces. Mellanie is a regular contributor to the *Patient's Perspective* and uses her background interpreting IT jargon into English to help women understand medical terminology. She is the Founder & CEO of the American Foundation for Women's Health and StopAfib.org, the atrial fibrillation patient's resource.



Building on more than 20 years experience as an educator and advocate for the American Heart Association, Patty Borkowski is an essential part of the Embrace Your Heart team. Patty lends her voice to the *Patient's Perspective*, providing her views as a woman living with atrial fibrillation.

The Patient's Perspective on Women Living with Atrial Fibrillation



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Patient's Perspective

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3900 W Brown Deer Road

#185

Milwaukee, WI 53209

www.EmbraceYourHeart.com

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For Reprint:

Contact Eliz Greene at
414-793-5020 or

Eliz@EmbraceYourHeart.com

To comment or make a suggestion: e-mail Eliz@EmbraceYourHeart.com or click on the comment link on the *Patient's Perspective* page on our website.

Emphasis On Living

A note from Eliz Greene

Dear Reader:

This edition of The Patient's Perspective is a collaboration with the patient resource StopAfib.org and has been produced with great support from StopAfib.org founder Mellanie True Hills.

Mellanie is profiled in this edition and knows first hand the challenges of living with atrial fibrillation. She is a shining example of living with heart disease. I am lucky to count her as a friend and a regular contributor to this forum.

To add your thoughts to any of the articles here, visit the blog at www.EmbraceYourHeart.com and leave a comment, or request a subject you would like to explore.

I hope you are moving in the right direction to better health!

Yours with heart,



Eliz Greene



Do You Have Atrial Fibrillation? How Would You Know?

Mellanie True Hills felt as if her heart was jumping out of her chest. Patty Borkowski didn't have any symptoms at all. How would you know if you have the most common irregular heartbeat, atrial fibrillation?

Atrial Fibrillation causes the upper chambers of the heart to quiver, which can cause the heart to overwork itself and eventually lead to congestive heart failure. In addition, the quivering allows blood to pool in the upper chambers and form clots. These clots, when launched into the body, can cause a stroke. atrial fibrillation increases the risk of stroke by five times. One-third of people with atrial fibrillation (afib) will have a stroke.

Detecting and treating afib is essential to avoiding a stroke.

Who is at risk for Atrial Fibrillation?

People with:

- Sleep apnea
- Heart disease
- High blood pressure
- Diabetes
- Obesity
- Breathing and lung issues

Determining if you have afib means paying attention to your body. The atrial fibrillation patient resource StopAfib.org describes what afib feels like:

Different patients have different symptoms. Some patients describe afib as feeling like their heart has skipped a beat, followed by a thud and a speeding up or racing of the heart. Others describe it as an erratic heartbeat or strong heart palpitations. For still others, it feels like fluttering or butterflies in the chest, or worms that are dancing or crawling. Others have chest and throat pressure that mimics a heart attack, or constriction around the left bicep.

The first time, it's really scary, and you wonder, "Is this a heart attack?" It may leave you dizzy, faint, light-headed, anxious, breathless, weak, or just plain exhausted. After it stops, you may feel drained.

For some people, afib doesn't stop, and may continue on for hours, days, weeks, months, or even years.

For Mellanie True Hills, founder of StopAfib.org, her first afib incident started with a skipped heartbeat, followed by her heart racing. During her second episode, while she was out for a walk, within seconds her heart rate more than tripled on her heart rate



monitor, reaching 300 beats per minute. She always became so dizzy, nauseous, and lightheaded during episodes that she feared passing out with each.

Occasionally she is asked, "How can you tell when your heart skips a beat or starts racing?" Her answer usually is, "It's usually pretty obvious, especially when your heart literally feels as though it is going to leap out of your chest."

Generally, afib is so overt that it's hard to miss, though for some afib patients, the symptoms can be subtle.

Generally, afib is so overt that it's hard to miss, though for some afib patients, the symptoms can be subtle.

Patty Borkowski's afib was detected during a routine check-up. Like Patty, many people experience afib because of other underlying heart disease. Others have "Lone Afib" or atrial fibrillation without any other heart disease.

While many people experience afib as adrenalin-related, typically during the day and related to exercise, caffeine or other such triggers, others (more often men) experience vagal afib. During vagal afib the heart slows down and can be brought on by sleeping or eating and happens more often at night. Those with vagal afib can sometimes "run-off" episodes of afib by exercising.

Symptoms can vary widely from person to person. "With afib, we are all an



'experiment of one.' It is rare to find another afib patient who has the exact same combination of triggers and symptoms as you do," says Mellanie.

Regular check-ups with your doctor and acting on any abnormal heart palpitations, racing heart, dizziness or extreme fatigue are important. In any case, following up symptoms with tests, such as an EKG or wearing an event monitor, will determine if afib is an issue.

Don't ignore your symptoms.

Get checked out and protect yourself from stroke!



Embrace A New Lifestyle

Making positive changes to improve your health

A medical intern changed the course of Patty Borkowski's life. During a routine check up she was examined by "an intern who was raring to go and practice being a doctor. He kept listening to my heart beat and didn't look happy. I thought it was just the over-active intern trying to find something wrong with me." But then Patty's regular doctor came in for a listen.

"She listened, frowned at me and said, "you have an irregular heart beat. At the time, ironically, I was working for the American Heart Association and even though I knew how common an irregular heart beat was, I promptly said, "No I don't'."

An EKG confirmed Patty had atrial fibrillation, the most common irregular heart beat and she was referred to an electrophysiologist, a cardiologist who specializes in heart rhythms.

Patty was unaware of any problem prior to her check up, but soon discovered she was in afib almost constantly. She wore an event monitor for a month and was to push the button every time she felt an afib episode. "I felt afib so often. The easiest place for me to feel my pulse and figure out what my heart was doing was in my neck, so I thought I was going to have permanent indentations in my neck from my fingers being there. I would actually alternate sides thinking I was going to get an old lady neck before my time just feeling for my afib."



"My kids were 11 and 13 at the time, and they were fascinated by the event monitor's phone calls to send information. Of course when the monitor is *talking* over the phone it makes a very loud noise, which interrupted their TV, so it wasn't much fun anymore!"

Patty's afib was so constant, and her pulse rate would go so high (higher than the monitor could track) that her doctors were very concerned.

"So he told me very promptly to lose weight, to start exercising, and to have absolutely no caffeine at all, and this was three weeks before Easter when I'd already bought all the chocolate!"

"I still didn't have any symptoms," she said. But the toll on her heart was enough to make the doctors consider scheduling an ablation. However, after consulting with a doctor from the Cleveland Clinic, they determined her afib was related to her high blood pressure. Her doctor was quite sure if her blood pressure was under strict control, her afib would stop.

"So he told me very promptly to lose weight, to start exercising, and to have absolutely no caffeine at all. This was three weeks before Easter when I'd already bought all the chocolate!" Determined to make a difference in her health, Patty changed her lifestyle, managed to lose 52 pounds, and began to "exercise like a fool -- there is nothing like the motivation of your own health to get you moving."

Fortunately for Patty, her hard work and treatment plan paid off. "The morning after I started taking my third hypertension medication, the atrial fibrillation stopped and it has never started again."

"With being a good girl, exercising and doing all of the good things, and primarily taking the medication, I haven't had any more problems."

Patty's advice to women looking to change their lifestyles: "When you start making changes, you feel in control of what you are doing, versus feeling out of control. For me, that makes all the difference in the world."

"Just take that baby step of starting one thing to improve your health. Start, and you will so quickly feel the pride of accomplishment, and will then want to do more. Don't wait for the beginning of a month, a Monday, even the next day - just do it. You also quickly learn how easy it is, and wonder why you didn't start long ago."



High Blood Pressure is known as the "Silent Killer" because there are no symptoms.

According to the American Heart Association, nearly one in three adults has high blood pressure, but many people don't know they have it.

Uncontrolled high blood pressure can lead to stroke, heart attack, heart failure or kidney failure. A simple, painless test is the only way to determine if your blood pressure is high.

Most hospitals, clinics, churches, pharmacies and local health departments offer free blood pressure screenings. Yet, many people have out-of-control blood pressure, doing damage to their bodies, for years without knowing it.

Don't hide your head in the sand. Determine if your blood pressure is high and work with your doctor to get, and keep, it under control.



Are you just a hysterical female?

The Emotional Toll of Atrial Fibrillation.

Fear is common for heart disease survivors, but for women diagnosed with atrial fibrillation the fear can be overwhelming.

“You are scared, your family is scared, and you just don’t know if something else is going to happen,” explains Mellanie True Hills, founder of the American Foundation for Women’s Health and the atrial fibrillation patient resource StopAfib.org.

For most people who are diagnosed with heart disease the fear subsides as the patients become stronger.

“That’s very reassuring for women with heart disease,” shares Mellanie, who was diagnosed with atrial fibrillation after having a previous heart condition, “but for most afib patients that’s not the case as we never know when afib will strike. Will you be in line at the grocery store, or out doing your normal everyday things, when it strikes?”

Atrial fibrillation, the most common abnormal heart rhythm, causes the upper chambers quiver, which allows the blood

to pool and create clots. The clots can then be launched out to the body and cause a stroke. One third of those diagnosed with atrial fibrillation will have a stroke.

The fear of stroke forces many afib patients to stop activities they love, such as skiing, snowmobiling and flying, because they can’t risk having a stroke while doing them. However, even normal every-day activities, such as walking the dog, can lead to a dangerous situation.

“There I was, a few weeks after being diagnosed with afib, out walking our dog,” shares Mellanie. “I was a half mile or so from home when my exercise heart rate monitor went screaming up from my normal heart rate to about 300. I was freaking out, thinking I was going to pass out right there.”

“Fortunately I had my cell phone, so I called my husband. My heart was racing and felt like it was going to jump out of my chest. The two minutes it took for him to come get me felt like at least 10 minutes.”

“I learned to never go anywhere without your cellphone,” Mellanie says.

“You are scared, your family is scared, and you just don’t know if something else is going to happen.”

" I learned to never go anywhere without a cell phone."

"I could have died right there without my phone. After that, I didn't even go to the mailbox without it. Afib is frightening, and you are afraid to go anywhere by yourself. You are paralyzed and scared. It's not just you; it's your family as well."

Afib has a huge impact on both the patient and the family,

but doctors may not understand the emotional toll that afib patients pay.

"We women tend to open up more about our feelings and what our condition is doing to us," Mellanie elaborates, "doctors are often left-brained, and thus not as emotional, so they don't always know how to deal with

"Doctors are often left-brained, and thus not as emotional, so they don't always know how to deal with our emotion."

Tips for managing your afib

- **Work with your doctor to get your atrial fibrillation under control.** The best way to prevent stroke is to prevent afib episodes. Be aware of your triggers and discuss your treatment options with your doctor. Seek the advice of an electrophysiologist, who specializes in rhythm disorders, if your treatment plan isn't controlling afib.
- **Be consistent in taking your medication.** Use a pill case to keep track, and, if necessary, an alarm to stay on schedule.
- **Maintain a consistent Coumadin level.** Monitor your diet and medications to maintain the proper blood consistency to prevent clots from forming. Discuss with your doctor if home INR testing is an option.

Tips for managing your fear

- **Understand the signs of stroke** and have a plan to get immediate help.
- **Carry a cell phone** -- always and everywhere. Have family and health care providers on speed dial and as "In Case of Emergency" numbers (ICE1, ICE2, etc.).
- **Talk to your family and friends about what to do in an emergency situation.**
- **Carry an emergency medical information card.**
- **Focus on what you can do and don't dwell on what you can't.**

our emotion. When I hear a woman say, “my doctor says I’m just a hysterical female,” I tell her that she has two choices -- become very logical and non-emotional in explaining what’s going on or find another doctor.”

Atrial fibrillation is a difficult condition to manage since symptoms, triggers and the success of treatments vary so much between individuals.

“We are ‘experiments of one’ because what works for one patient may not work for another,” says Mellanie.

“If your doctor says you are just an emotional female and is not really taking you seriously, can your doctor really give you the best treatment? It has to be a partnership. If you don’t have mutual respect and mutual communication, you will not get the kind of treatment you need.”

Atrial fibrillation is a difficult condition to manage since symptoms, triggers and the success of treatments vary so much between individuals. “We are ‘experiments of one’ because what works for one patient may not work for another,” says Mellanie.

Working with your doctor to learn to manage your atrial fibrillation and your risk of stroke will ease the impact on you and your family.

Stroke Symptoms

Stroke symptoms arise suddenly and according to the American Stroke Association include:

- **Sudden numbness** or weakness of the face, arm or leg, especially on one side of the body
- **Sudden confusion**, trouble speaking or understanding
- **Sudden trouble seeing** in one or both eyes
- **Sudden trouble walking**, dizziness, loss of balance or coordination
- **Sudden, severe headache** with no known cause

Stroke is a medical emergency. If you have any of these symptoms, dial 911 immediately.



“We are ‘experiments of one’ because what works for one patient may not work for another.”

Embrace Your Heart™ Champion Mellanie True Hills

Embrace Your Heart™ Champions stand up to the stigma of heart disease and use their stories of survival to make a difference.

"Heart disease is forever; once you have it, you're at risk for more heart disease.

Just prevent it."

"Surprisingly, having blood clots and a near-stroke that led to discovering my atrial fibrillation was actually my second heart-related brush with death," said Mellanie True Hills. "My first happened earlier that same year." Mellanie is a motivational heart and health speaker, author, consultant and coach. She tells audiences, "Heart disease is forever; once you have it, you're at risk for more heart disease. Just prevent it."

Mellanie's heart trouble began back in 2003. She was then a self-described road warrior working at a high tech company. "A typical week involved being in multiple cities, having marathon meetings and conference calls, and working almost around the clock. I didn't realize how the stress of travel and the lack of sleep were taking their toll."

One evening she became very aware.

"As I got off a plane, I realized that I could barely breathe and my left shoulder ached. I had just read that women have different heart attack symptoms from men, and that women's symptoms are very subtle. I had two of those symptoms. "

"Was it my heart? Probably not, I thought, as it was very moldy there and I'm sensitive to molds, making it hard to breathe. That probably accounted for the shortness of breath. As for that left shoulder pain, my new company PC was much heavier than the old one, and it was hanging from my shoulder as wheeled bags weren't very



Changing the way the world sees heart disease.

Embrace Your Heart™
Wellness Initiative
making a difference
community-by-
community with a
mission to:

INSPIRE

women to pay attention to their heart health through down-to-earth strategies and motivation.

EDUCATE

health care professionals about women and heart disease and the importance of addressing heart disease with all female patients

CHAMPION

the cause of women and heart disease and dispel the stigma of heart disease by celebrating female survivors who make a difference.

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3900 W Brown Deer
Road #185
Milwaukee, WI
53217

414-793-5020
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Women's Heart Attack Symptoms

remember the word **LIFE**

as it could save yours or a loved-ones

Left pain—arm, shoulder, jaw, back

Indigestion/nausea

Fatigue/tiredness, often due to sleeplessness

Exertion/shortness of breath

If you have one or more of these symptoms, don't ignore it, get help right away.

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common at the time. It was late, so I went on to the hotel and left a message for my doctor. "

Mellanie had a good relationship with her doctor. When she returned Mellanie's call the next morning, she knew that Mellanie was intuitive about her body, and generally did the right things, so she felt it was probably nothing serious , but suggested that Mellanie get checked out when she got home."

Both Mellanie and her doctor were convinced it was probably molds affecting her lungs, but decided to follow up with a chest X-ray and EKG. "The EKG was quite abnormal," Mellanie says, "and she asked that I get someone to drive me immediately to the emergency room."

Fortunately, Mellanie wasn't having a heart attack, but she had a 95% blockage in a major coronary artery. "I underwent an emergency balloon angioplasty and stent, Mellanie continues. "It was just a routine

procedure, but my blockage was at a juncture in the artery and I almost died of a massive heart attack on the operating

table. Fortunately, the doctor was able to place the stent to completely open the blockage, and I got a second chance at life."

"I almost died of a massive heart attack on the operating table. Fortunately, the doctor was able to place the stent to completely open the blockage, and I got a second chance at life."

"I knew that I was supposed to do something with my second chance. At the time, most women didn't know that heart disease was the #1 killer of women and that stroke was #3, so I decided to do something about that. I left my road warrior job to help women make changes to save their own lives.

HEART Program

Five Simple Steps to Save Your Life*

Healthy Eating

Exercise Daily

Attitude about Stress

Rest, Relaxation, and Rejuvenation

Take Proactive Control of Your Health

**This program presumes that you don't smoke.
If you do, stop immediately.*

*Source: A Woman's Guide to Saving Her Own Life: The
HEART Program for Health and Longevity*

Mellanie Embraces Her Heart:

“I aim to live to be 100, and maybe to have grandkids and great-grandkids. I want to help others do so as well.”

Oddly, Mellanie didn't have the traditional heart attack risk factors. “I was simply overweight and over-stressed, like many women today, so I knew that I had to make changes.”

“I aim to live to be 100, and maybe to have grandkids and great-grandkids. I want to help others do so as well.”



At the time, stress wasn't even considered a risk factor, but we now know that it is. Mellanie tells audiences, "Stress Hijacks Healthy Habits—if you get your stress under control, everything else will fall into place."

Mellanie's Advice to YOU

Put your health first. If you don't, who will be there to take care of your family and friends? Don't you want to be there to see your kids get married and to enjoy your grandkids?

Do one thing for yourself each and every day. A warm bath with champagne and chocolate, a massage, a quiet walk, a few minutes to read a good book, propping your feet up and taking it easy, or listening to relaxing music. What will it be today?

Just make a few simple changes. If you need help, *A Woman's Guide to Saving Her Own Life: The HEART Program for Health and Longevity* is a personal journey through creating your own individual plan of simple changes that can save your life. The HEART Program is five simple steps. It saved my life, and has saved countless other lives, too.

Listen to your heart. Listen to your body. Becoming intuitive about yourself and hearing what your body is telling you could protect you. After my heart incident, my doctor said that there was really nothing to suggest a need for concern, but she did an EKG anyway because she knows that I listen to my body. The EKG was abnormal, so she sent me to the emergency room, and that saved my life. She says that there was an angel looking over us that day. Put an angel on your shoulder by listening to your own body.

"Your attitude about stress can make a big difference, too." she say. "If you can turn bad stress into good stress, then it won't have the same ill effects on you. So your attitude about your stress is the keystone of the HEART Program that I created to save my own life and that can save your life, too."

"Once my stress was under control, all the other pieces of the HEART Program fell into place, and I lost 85 pounds as well."



"Once my stress was under control, all the other pieces of the HEART Program fell into place, and I lost 85 pounds as well."

Mellanie's Stress Strategies

1. **Prioritize and focus** on what is most important to you. If your health, and that of your family, are your top priorities, then what changes do you need to make? What do you need to reprioritize to make it happen?
2. **Just say *NO*** (politely, of course). I volunteer a lot, and love doing so, but it's easy to get overwhelmed. I was asked to take on a volunteer role that I would have loved doing, but couldn't. I told them that I was honored to be asked, but that my volunteer plate was full and I have to protect my health, but perhaps I could take on that role in the future. As a fellow heart disease survivor, he understood.
3. **Disrupt your routine**. I am still somewhat of a highly-driven Type A person, but I've slowed down and changed my surroundings. We moved to a farm, which is my peaceful sanctuary, and I'm doing what I truly love. But you don't have to make a big change like this—even small changes help.
4. **Give in to your nature and your body**. I'm a night person, and I do my best thinking at night, so I allow myself to work late and sleep in when I want. I try to avoid early morning events, when possible. I love that most of my keynote speeches are at luncheons and dinners, and am willing to say no to doing early morning programs. Sleep is more important than most of us think. Did you know that getting five or fewer hours of sleep just two nights a week will triple your risk of heart attack? For me, it's not worth losing sleep and jeopardizing my life. There are lots of ways to adapt work and life to fit you.
5. **Do what you love, and love what you do**. I can't think of anything better for me to be doing than helping others have a longer and better life. Our American Foundation for Women's Health helps women live healthier lives and helps those with atrial fibrillation in managing their condition through our atrial fibrillation Patient Resource, www.StopAfib.org.



Stressed or Stroke?

Three questions to ease your mind about your headache

Knowing she was at risk for stroke made Patty Borkowski's daily headaches worrisome. How do you tell a headache brought on by eye strain or an afternoon drop in blood sugar from a medical emergency?

"At approximately 3:15 every afternoon, I thought I was suffering a stroke. I'd be at the computer pounding away and my eyes would get so sore that my imagination would start to take over. I would pull away from the computer, put my head onto my hands and think, "Oh, it's 3:12 -- it's almost time for my stroke!" And then perspective would come back and I would force myself to do a mini-assessment where you smile, say your name and put your hands over your head. But it was amazing how this daily stroke became a routine, to the

point where my assistant would walk by and look at me with my head on my hands and say, 'Oh gosh, is it stroke time already?'"

Having a simple test is comforting and it is so simple a common lay person can determine if it is time to call 911.

"Oh, gosh, is it stroke time already?"

"A stroke is a medical emergency," says Eliz Greene, Director of the Embrace Your Heart Wellness Initiative. "The quicker you get help, the better your chances of recovery. There are great new drugs and treatments available, but you need to get help right away."

Three Important Questions:

Can you smile?

Look closely -- if one side of the face is drooping, then it is time to call 911.

Can you say your name?

If the speech is slurred or difficult to understand, call 911.

Can you raise BOTH hands over your head?

If only one is up, it is time to call 911.

This article originally appeared in the Women Living on Blood Thinners edition of the *Patient's Perspective Magazine*. To read other articles visit www.EmbraceYourHeart.com

During a stroke the brain is starved of oxygen because the blood flow is blocked by a clot or a burst blood vessel. When the brain is deprived of oxygen, it starts to die. Knowing the warning signs of stroke can make the difference between recovery and disability or death.

Women are at high risk for stroke; in fact, **every six minutes a woman dies of stroke.**

Women with atrial fibrillation are at even greater risk.

To reduce your risk of all cardiovascular diseases, including stroke:

- Eat a well-balanced diet
- Be active
- Avoid tobacco
- Monitor your blood pressure, blood sugar and cholesterol
- Manage stress

That headache every afternoon may not be a stroke, but it may indicate that you need to better manage your stress.

Tips for managing the afternoon headache:

Take a break from the computer every twenty minutes.

Close your eyes and breathe deeply. Ten deep breaths with your eyes closed will decrease eye strain.

Get up every hour.

Even if you just stand up and do a few deep knee bends, move your body and get your blood flowing.

Have a snack.

Fuel your brain with a healthy snack such as a handful of dried fruit and nuts (you could even add a few heart-healthy dark chocolate chips!)

See your doctor.

If you are experiencing daily headaches, get yourself a check up.

Seek Immediate Help.

If you are experiencing any sudden changes, or fail the three important questions, call 911.



To Broccoli Or Not To Broccoli: Managing Your INR

“It is interesting how quickly we become experts in our own health when we are forced to do so,” remarked Eliz Greene, who survived a heart attack at age 35.

“When you are put on a blood thinner such as Coumadin® you have to be very proactive to maintain the right level in your system.”

“I've talked to other patients who say 'I can't eat broccoli, that will affect my numbers.'

But that's not the point!”

Regular blood tests monitor the patients International Normalized Ratio (INR) which measures the thinness or thickness of the blood. Patients must maintain an INR within an appropriate range to provide therapeutic benefits.

Excessive bleeding, and even life threatening spontaneous bleeding, can result from a high INR. “The best way to be proactive is to be well informed,” said Eliz.

I've talked to other patients who say 'I can't eat broccoli, that will affect my numbers.' But that's not the point,” said Patty Borkowski. Patients are often told to avoid foods high in Vitamin K, which regulates the clotting of blood.



“We need certain amounts of vegetables to maintain a healthy heart,” according to Mellanie

True Hills, a heart disease survivor and Founder of the American Foundation for Women's Health.

“Without those vegetables we do our bodies more harm than good. It really is a case of being consistent in the amount you eat from day to day and getting your Coumadin® level adjusted to fit what you eat.”

“Typically we think of the green things as being an issue for Vitamin K. Things like broccoli, spinach, and green beans all contain vitamin K. But there are a lot of things we don't think about like olive oil. It stands to reason, since it comes from green olives, that there would be a vitamin K issue there. Even walnuts and other nuts have an impact due to high levels of vitamin K,” advised Mellanie.

Registered dietitian, Jill Fleming, agrees, “The main thing is that you don't drastically alter your green veggie intake. Some people run into problems when they go crazy eating produce out of the garden during the summer months and then drop way off in their consumption during the winter season. Consistency is the goal.”

In addition to foods containing vitamin K, other items impact a patient's INR, such as alcohol, vitamin and mineral supplements, herbs and over-the-counter medications.

In addition, any time a patient is prescribed a new medication they should check to see how it will affect their INR. “Pharmacists try to point out interactions, but may not always catch them. We have to be proactive in our own health,” said Mellanie, who offers two online resources that allow patients to check drug and supplement interaction:

www.drugdigest.org

www.nlm.nih.gov/medlineplus/druginformation.html

Tips for a Consistent INR:

Eat a healthy and consistent diet:

Don't ban the leafy greens. Choose a well-balanced diet and work with your health care professional to adjust your Coumadin® to match what you eat.

Watch the sneaky foods: Any food that are high in Omega 3 fatty acids, such as nuts, soy beans, olives and chick peas, are also high in Vitamin K. Include a healthy and consistent amount in your diet.

Drink wisely and consistently:

One glass of red wine each day has been shown to be good for your heart, but too much alcohol, or an inconsistent level of alcohol, will lead to an inconsistent INR. Keep your alcohol consumption moderate and even from day to day.

Use a pill case:

Make sure you take your medication every day.

“Consistency is the goal.”

This article originally appeared in the Women Living on Blood Thinners edition of the Patient's Perspective Magazine. For more tips on Living on Blood Thinners visit www.EmbraceYourHeart.com

What Trips Your Trigger?

Managing Your Afib By Understanding Your Triggers



Understanding what triggers your atrial fibrillation episodes can help keep them under control. "We are in our infancy in learning what causes and what triggers afib," explains Mellanie True Hills, founder of the American

Foundation for Women's Health and the atrial fibrillation patient resource StopAfib.org. But paying attention to your body can help shed light on your personal triggers.

For many people what you eat or drink can be a trigger. Coffee and other

caffeinated drinks can bring on afib, while drinking water and staying hydrated can help prevent episodes.

Alcohol and MSG can be triggers as well. Taking magnesium, potassium or calcium have also been shown to correct deficiencies and prevent afib in some people.

Eating a large meal, especially late at night, can trigger vagal afib.

Physical activity can bring on afib in some people, as can bending over, sleeping on the left side or doing anything

that impacts the left side of the body, which is where the heart resides.

"We are also finding that stress can bring on atrial fibrillation. When you read in the medical publications about what brings on atrial fibrillation, rarely do you see even a mention of stress. And yet, in at least half to two-thirds of the patients we've interviewed, stress was what brought it on for them," explains Mellanie.

"We're finding that stress can bring on atrial fibrillation."

For some people, understanding their afib triggers can be essential to managing it. For others, the triggers are less clear. "For me it was really wild -- I might be leaning over washing the dog or leaning over checking e-mail; at other-times I could do the same things with no problem at all. I never really knew what would trigger it," says Mellanie. In either case, it is important to use all of the treatment and prevention tools available to manage your afib to avoid stroke and heart failure.

Some common triggers

Coffee and other types of caffeine

Dehydration

Alcohol

Exercise

Leaning or bending over

Eating a large meal

Sleeping on your left side

Stress

MSG

Not enough magnesium, potassium or calcium



Answer In A Bottle?

Managing Afib with Medication

The first course of treatment for most people diagnosed with atrial fibrillation is management through medication. Patients are usually prescribed a combination of three types of drugs to control the heart rate and/or rhythm and to manage the risk of blood clots and stroke. Medication cannot cure afib, and must be taken consistently over your lifetime to prevent afib episodes.

Anticoagulant Medication (Coumadin® and warfarin)

Anticoagulants are commonly called blood thinners and are used to keep the blood from forming clots and prevent strokes. "What I have resigned myself to is that being on a blood thinner is a necessary evil," shares Patty Borkowski. Patients must be vigilant in taking their medication and monitoring the thinness of their blood (measured by the International Normalized Ratio or INR.) "If an afib patient takes Coumadin® and has a consistent INR as prescribed, they have a 72% less likelihood for having a stroke," explains Patty. "And I can't tell you how that number "72%" has been branded into my brain. I have found it fairly easy to stay in control."

"Warfarin is a hard drug to live on," shares Eliz Greene, "Anything we can do to make women feel empowered about having control over it would be excellent."

Tips For Women On Blood Thinners

Be consistent in what you eat and drink.

Check the label on supplements. Many multivitamins contain vitamin K. Herbal remedies with ginseng, ginkgo biloba, ginger, garlic, St. John's Wort and green tea will impact your INR. Check with your pharmacist before taking a supplement or over-the-counter medication.

Be in control. Be vigilant in keeping INR testing appointments. Inform your health care provider about any changes in your diet or medications, including herbal and over-the-counter.

Pay attention to bruising and your menstrual cycle. Excessive bruising and overly intense menstrual flow may be signs your INR is too high.

For more tips and information check out the Patient's Perspective Magazine: Women Living on Blood Thinners Edition.

Heart Rate Control Medication:

This medication slows down the heart rate by blocking some of the electrical signals.

There are three types of Rate Control medications:

Beta Blockers slow the heart rate and relax the blood vessels.

Calcium Channel Blockers relax blood vessels and reduce heart workload.

Cardiac Glycosides improve cardiac output.

Beta blockers are considered the most benign medications and thus are often a starting point for treating afib. But beta blockers still come with some side effects that women can find troubling, including extreme fatigue and dizziness.

For those with intermittent or occasional afib episodes, your doctor could prescribe the "Pill-in-the-Pocket" approach. Rather than taking the medication every day, patients keep it on hand and take it when they have an episode.



Heart Rhythm Control Medication:

Also called "drug cardioversion," treatment with rhythm control medication may be used if rate control medications are not managing your afib.

Heart rhythm control medications include:

Sodium Channel Blockers improve the heart's rhythm by slowing the heart's electrical conduction.

Potassium Channel Blockers relax the heart muscle and slow the electrical signals that cause afib.

These medications are not long term solutions to afib due to very serious side effects and the risks that make constant heart monitoring necessary.

Why women May Be Harder to Treat with Medication

"Recent research indicates that women are more difficult to treat for heart disease. We have smaller blood vessels, making us harder to treat. When it comes to medication, women are more difficult to treat because we tend to have more side effects," states Mellanie.

"One of the things researchers are postulating is that this is related to our hormones. We know from research that Estrogen can cause us to feel pain more acutely, and as a result perhaps exacerbates our stress response."

"Evidently that same estrogen can interfere with our medications as well. That can help explain why sometimes the things that work for men don't work for women. It is a whole area of dialogue we need to have with our doctors."

According to the patient resource StopAfib.org:

Amiodarone, a potassium channel blocker, is considered superior to other heart rhythm control medications in attaining and maintaining normal sinus rhythm, but may be the medication of last resort due to its lung toxicity and potential for long-term adverse effects. One patient who took amiodarone mentioned it can make you turn blue like a "Smurf." Now that's an undesirable attribute for a medication!

Patients that were on rhythm control drugs said that those medications just left them feeling badly and persistently tired. For most, these medications worked at first, and in some cases controlled their afib for years, but eventually just stopped working.



If the medication isn't working and you are in persistent atrial fibrillation, your doctor could use electrical cardioversion to convert your abnormal rhythm into a normal sinus rhythm.

For electrical cardioversion, the doctor will use a defibrillator to give your heart a jolt of energy through paddles placed on the front and back of the chest. This electric shock should restore your normal heart rhythm, and may take several tries. This treatment is used more often as a stopgap measure—in emergencies when Afib just won't stop—and often does not last.

If medication is not managing your atrial fibrillation, talk to your doctor about other options, such as surgical or catheter ablation.



Exploring Other Options ***Catheter and Surgical Ablation***



Medication cannot cure atrial fibrillation. For those looking for a cure, Mellanie True Hills, Founder of the American Foundation for Women's Health and the patient's resource StopAfib.org, suggests discussing the following options with your doctor. (Information courtesy of StopAfib.org)

grow the electrical connection, sometimes in as little as four to five months.

Catheter Ablation is done by an electrophysiologist (a cardiologist specializing in heart rhythms) in the electrophysiology (EP) lab rather than in an operating room as with surgeries.

A small incision is made in the groin area and a device is threaded up into the heart. A tiny device is used to create conduction blocks at the pulmonary veins that stop erratic signals from coming into the upper chambers of the heart.

"By making a physical separation they cut off the erratic signals," says Mellanie. "The success rates are improving, but there are still risks. And in some cases it may take more than one ablation." Also, the body can re-

A Tip for Women having a Catheter Ablation: Schedule a bikini wax!

"One of the most embarrassing things is to be strapped to that table and then have someone shave you 'down there.' Tell me, tell me that's going to happen and I'll go get the bikini wax!"

Eliz Greene continues, "I'd much rather take care of that myself, thank you very much, especially if they are going to use that nasty safety razor and you are going to get all kinds of ingrown hairs. So many things are easier to deal with if you just know they are coming as opposed to being surprised."

Success to date in curing afib has been very low, but has been improving at centers with large numbers of procedures accomplished. Some patients require two or three catheter ablations for a successful result. With catheter ablation there is less control by the EP because catheters are threaded through the blood vessels and thus there is no direct visibility of what is happening. That has resulted in a high level of complications to date, so catheter ablation risks are a significant factor in undertaking this procedure.



Maze (Cox-Maze III)

surgery is the gold standard for curing atrial fibrillation. It is a cut-and-sew procedure that takes place in open-heart surgery. Success results are high, generally 96% or greater ten years after surgery, but it is a very complicated procedure with a more difficult recovery.

Maze Surgical Ablation, sometimes called Cox-Maze IV, is an open-heart surgery that uses the same open-chest procedure as Cox-Maze III, but uses an energy source to scar the tissue instead of using incisions, thus accomplishing the same thing in much less time. It is generally done in patients needing a valve replacement or coronary artery bypass (CABG) surgery, but may also be done on "lone atrial fibrillation." Maze surgical ablation has the same level of efficacy as Cox-Maze III, but also the same recovery time.

Mini-Maze Surgical Ablation

is a new minimally-invasive variation of Maze surgical ablation. Small incisions are made under the arms on both sides and a direct vision device allows the surgeon to see the heart. The device used to create the conduction block may use any one of several different types of energy sources.

Also, the left atrial appendage is removed. The left atrial appendage is thought to be responsible for about 90% of blood clots that cause strokes. By removing it, it cuts down the risk of having a stroke later.

"Since it doesn't require opening the chest, it is much easier on the body and involves much less recovery time than open-chest surgeries, and success rates appear similar," explains Mellanie. "Some patients we've spoken with skipped catheter ablation altogether and went straight to Mini-Maze to cure their afib. For me the mini-maze was a no-brainer. Ten days later I was in surgery."

It is important to discuss all of your options, and their risks and benefits, with your doctor in order to choose the right one for you.

Go Buy A New Bra!

and other things a woman should do before a surgical ablation.



So you've scheduled a surgical ablation to cure your atrial fibrillation, but do you know how to best prepare for the procedure?

Make time to do the following things before your surgery:

Go Buy A New Bra.

In fact, go buy a few. You will want to wash them often to be sure you are keeping your incision(s) clean.

- Choose bras with a soft band and avoid underwire bras.
- Ask your surgeon where your incisions will be and avoid bras with seams in those areas. Even ask your surgeon to mark with pen or marker where your incisions will be to aid in trying on and finding bras that won't rub those incisions.
- If you are having an open-chest procedure you will need a bra:
 - A full band-size larger (the girth of your chest will be larger after surgery).
 - With a front closure because if your sternum has been cut, reaching around back just won't happen.
 - A very soft bra for sleeping. Having support 24-hours per day will help limit pulling on your incision and sternum. Sleeping with a small pillow or cushion between your breasts for support can make sleeping on your side more comfortable.

Go Buy Some Gauze Pads.

When you have incisions around the bra area, you are going to have rubbing and bleeding. It is important have large gauze pads or bandages not only to cushion and protect the incision, but also to protect your bra and clothing from bleed

through as well . "One of the challenges after surgery was getting dressed up -- how could I keep the bleeding from coming through and ruining my really good clothes? Think through that before you have surgery so you are prepared," Mellanie advises.

Even after you heal, your bra can irritate your scars. Choose your bras wisely. Cushion the band if needed. "I often have a tissue stuffed under the band of my bra right between my breasts," shares Eliz. "It depends on the time of the month, but it can be irritating and a little cushion helps."

Schedule a mammogram.

"It is a good idea to have the mammogram before surgery to get a good baseline and then have 12 months to heal before you have the next one. The thought of having to deal with a mammogram within three to six months after surgery is frightening," cautions Mellanie.

"But mammograms are even more important after chest surgery as scar tissue can mask a lump. You need to be even more consistent with mammograms," explains Eliz. "Even if you are not at the recommended age, you should have a yearly mammogram anyway to be safe." You may need to discuss with your doctor how to get insurance to cover it if you are below their recommended age.

After you heal, make sure you discuss your scars and sensitivity with the mammogram technician. If you have an implanted device, make sure they understand the compression

must be done slowly and cautiously so as not to dislodge the leads.

Think about your hormones.

Estrogen can make you feel pain more acutely. If possible, schedule your surgery right after your period to allow for as much healing before your next period, influx of hormones, and breast tenderness.

Ask What To Expect To See.

It is okay to worry about how it will look! "After your heart is fixed, you will be living with the scars for a long time. That's the point -- to enjoy a long life after surgery," says Eliz. "You shouldn't be embarrassed to ask where your scars will be, what they will look like and what you can do to reduce their appearance."

Talk about how you feel.

Women are much more open about their emotions. Don't be surprised, however, if your surgeon doesn't quite know how to react to your emotions. Share your feelings with a friend, loved-one, a peer-support group or professional counselor.

Be aware of depression.

After heart surgery, some women are prone to depression (a good reason to buy at least one very pretty bra!) Some cardiac medications can increase the likelihood as well. If you have a history of depression, talk to your surgeon and primary care physician about preventative measures.

Depression can significantly decrease your ability to recover from surgery. It is extremely important to seek help. There is no shame in asking for help. If after several weeks you feel like you are "just going through the motions" and find you are unable to find joy in anything, you need to get some help. It is not uncommon

to get the "bypass blues" as much as six to nine months after surgery.

Get some help at home.

Set yourself up for a good recovery. If you are the type of person who must have a clean house, arrange for someone to come in and clean. Paying a cleaning service will decrease the chances you will over-do it.

Talk to your doctor about the medications you will be taking.

Women are more prone to side effects from medications. Discuss what your doctor will prescribe for pain and be aware of alternatives.

If you are prescribed a medicine which will change the consistency of your blood, such as warfarin, Coumadin® or Plavix®, your menstrual flow will increase (another reason to give yourself some time to heal before your period.) Discuss with your doctor how long you will need to be on this medication following surgery. If you are on warfarin or Coumadin®, discuss how you will manage your INR level and whether home testing is an option for you.

Take the time to prepare yourself for a good recovery. Knowing what is coming will make your recovery more comfortable and make you a more confident patient.



Resources

Websites:

Heart Disease Education:

AmericanHeart.org
cardiosource.com/clinicalcollections/

Medications:

drugdigest.org/DD/Home
drugs.com
nlm.nih.gov/medlineplus/druginformation.html
webmd.com/

Atrial Fibrillation:

StopAfib.org
clevelandclinic.org/heartcenter/pub/atrial_fibrillation/afib.htm
Heart Rhythm Society: hrspatients.org/

Discussion Groups:

health.groups.yahoo.com/group/A-fibcures/
health.groups.yahoo.com/group/AFIBsupport/
afibbers.org/toboard.htm
health.groups.yahoo.com/group/P_Atrial_FibSupport/

Sudden Cardiac Arrest:

cardiacarrest.clinicahealth.com/
heartscreenamerica.com

Patient/Caregiver Support:

mendedhearts.org
cardiacarrest.clinicahealth.com

Beating Heart Surgery:

heartsurgery-usa.com

Healthy Living:

EmbraceYourHeartBlog.com
healthyfridge.com
ThinChoices.com
Seated Exercise: sitandbenefit.com
Less Stress and More Fun: kimandjason.com

Books:

Passion For Life:

Five simple strategies to find the happiness, satisfaction and zest you deserve.

By Eliz Greene

The Body Shape Solution to Weight Loss and Wellness.

By Dr. Marie Savard
(the apple and pear doctor)

Thin People Don't Clean Their Plates.

By Jill Fleming, MS RD

A Woman's Guide to Saving Her Own Life: The HEART Program for Health and Longevity. Five simple steps to save your life.
By Mellanie True Hills

Escape Adulthood:

8 Secrets from Childhood for the Stressed-Out Grown-Up

By Jason Kotecki

The Patient's Perspective -- Women Living with Atrial Fibrillation



Changing the way the world sees heart disease.

Embrace Your Heart™
Wellness Initiative
making a difference
community-by-
community with a
mission to:

INSPIRE

women to pay attention to their heart health through down-to-earth strategies and motivation.

EDUCATE

health care professionals about women and heart disease and the importance of addressing heart disease with all female patients

CHAMPION

the cause of women and heart disease and dispel the stigma of heart disease by celebrating female survivors who make a difference.

Visit us on-line at
EmbraceYourHeart.com

3900 W Brown Deer
Road #185
Milwaukee, WI
53217

414-793-5020
888-604-7072