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SUCCESSFUL PREVENTION

## QUESTION & ANSWER

*George asks: "I have recently learned that we might not realize when we have had a mild heart attack. What is the truth about this silent killer, and what are the telltale signs that I should be watching for?"*

A heart attack is the final event in a process of excess cholesterol deposition from the blood stream into the walls of the arteries of the heart. The process of cholesterol deposition and plaque formation, called atherosclerosis, is frequently silent. However, there are symptoms that can hint that such a process may be underway and thus allow one to seek help before the event.

During the process of cholesterol plaque formation in the wall of an artery, the plaque can grow in size to intrude upon and narrow the space where the blood flows. In the resting state, the heart muscle oxygen requirement downstream from the plaque is met by the diminished—but still adequate—blood supply around the plaque. With exertion, however, supply may no longer meet the increased demand caused by an increased heart rate and the heart muscle downstream from a plaque may go into oxygen debt. This oxygen debt causes a discomfort in the chest called angina. When the individual subsequently rests, oxygen demand is reduced, supply can again meet demand, and the angina resolves. Thus, chest discomfort which comes with exertion and resolves with rest is a very important indicator of cholesterol plaque formation, which is a necessary prerequisite for a heart attack. For some individuals, the oxygen debt does not produce pain but causes shortness of breath. For others, the symptom is not in the chest but may be in the neck. The most important aspect is the relation to exertion and relief with rest. Such symptoms are "telltale signs" of otherwise silent heart disease and should be brought to the attention of one's physician immediately.

It is true that during a routine electrocardiogram or EKG an individual will occasionally be told that they have had a "silent" heart attack in the past. Silent heart attacks are not truly silent as much as unrecognized by the patient. Protracted episodes of shortness of breath or indigestion may not be recognized by patients as possible heart symptoms. Older individuals, those with diabetes, and women may not have the typical chest pain with a heart attack and these individuals need a higher index of suspicion and a lower threshold for reporting such atypical symptoms to their physician.

*Juan asks: "My wife is 125 pounds overweight and I can't seem to get her to lose any weight or get examined by a doctor. She seems to be eating her way to depression. How can I influence her to take better care of herself without offending her? At age forty-five, I think she is heading toward a heart attack. What should I do?"*

I would recommend you and she begin by seeing a registered dietitian. Dietitians can very tactfully address issues of weight, while addressing a healthy diet and providing a strategy for behavior change. Dietitians are also excellent at identifying eating disorders and suggesting appropriate professional follow up. While not always covered by insurance, a dietitian would generally give you more practical information to change eating patterns than would a physician. That being said, there are a number of medical conditions related to obesity including hypertension, diabetes, sleep apnea, and high cholesterol which require a physician's care and it is best to make sure such issues are addressed at the outset. The presence of such conditions may help your wife better address her weight gain.