

# Saving lives

## one heart at a time

### A determined patient continues to enjoy life after heart attack.

Six years ago, when Ginny Hoffman had her first episode, she knew she had blood pressure and glucose issues, but she did not think of herself as the typical heart attack-in-waiting. She was only 68, she was not overweight, and in fact, she was a Weight Watcher instructor. Besides, she ate healthily, she kept up a regular walking regime and she played golf three times a week. Still the unexpected happened.

"We were on vacation in Florida and had just come in from a walk," and my husband Jack said, 'You want to go up and hit some golf balls?' I said, 'No, I think I'm going to rest a few minutes. I don't feel so hotsy totsy.'"

**"I couldn't sleep one night--it always seems to hit you at night, doesn't it? When you can't sleep and you get this funny feeling."**

Ginny's first instinct was to take an aspirin. "I was always a believer that Aspirin cured everything," she said with a laugh.

Her husband Jack had been a volunteer life squadron member for 30 years. So he was aware of the danger. But he remained calm. "Maybe we should run over to the hospital and have you checked out."

And sure enough, Ginny was having a heart attack.'

That was January 2003 and it was to be her first of a series of episodes. The Florida hospital located a blockage in an artery and put in a stent, but the Florida doctors didn't solve the problem. "Back home in Cincinnati, Ginny was still having trouble. "When I went out with my friends, I couldn't keep up. I learned to pace myself, but I wasn't doing as well as I wanted to do."

Ginny just didn't feel like same old Cincinnati kid. She was born and raised here—a real hometown girl who was a dyed-in-the-wool Bengals' and Reds' fan. With two grown children and five grandchildren, she had been married to her Cincinnati high school sweetheart for 56 years. Jack had been working for the Cincinnati Inquirer for 30 some years as an independent paper carrier.

The two of them had been looking forward to an active retirement together. But it didn't look as if it was going to work out that way. Ginny's next episode also occurred away from home, this time when she was in California for her niece's wedding. "I couldn't sleep one night--it always seems to hit you at night, doesn't it? When you can't sleep and you get this funny feeling? I woke up Jack, 'We need to get the hospital. I just don't feel right.' So off we went." The California doctors kept her under observation, then sent her home.

Then a few months later, it happened again. She was visiting her nephew in Chicago. The hospital there kept her several days due to congestive heart failure. They then advised her to go home and have a serious discussion with her cardiologist.



*Talk to your physician about your cardiovascular risks.*

"When I was in Florida, and I said to the young doctor, "Treat me like you would your mother." He looked away and muttered, "I didn't like my mother." But here in Cincinnati, when I went to my cardiologist, Dr. Jody English, she said to me, "Well, if you were my mother, I would have a pacemaker put in.'"

"And I said, 'Well, what are we waiting for?'"

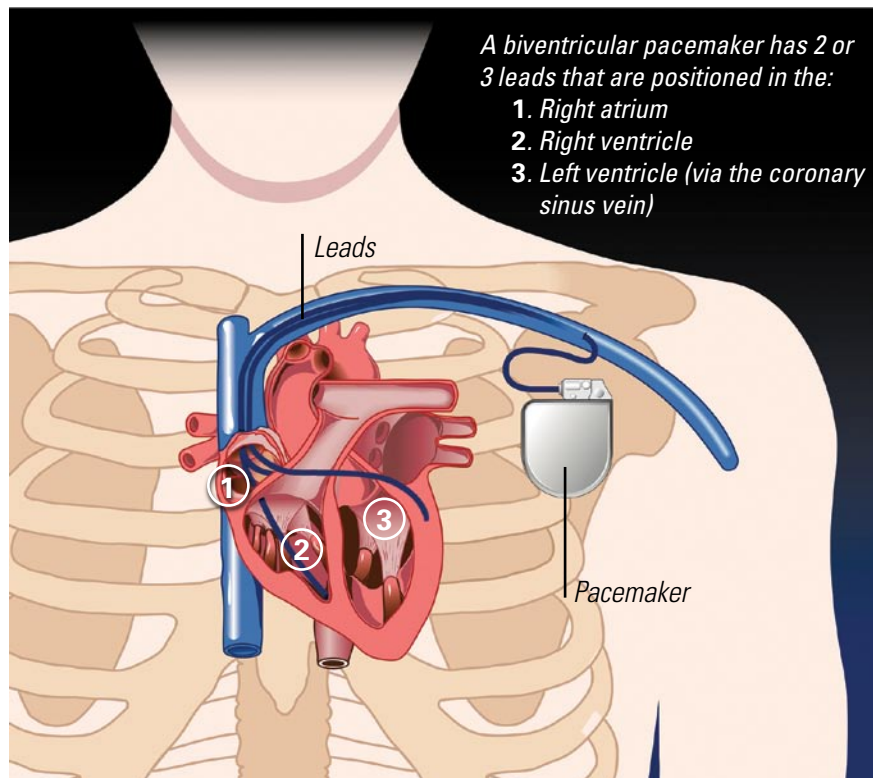
Dr. English scheduled a procedure at The Christ Hospital to have a special pacemaker put in called a biventricular pacemaker. But before Ginny could get there, she had another episode of congestive heart failure. That was the first of December in 2004 and by the 3rd, Dr. Edward J. Schloss, Ohio Heart Physician and Director of Electrophysiology at The Christ Hospital, had put in the device--a biventricular pacemaker and ICD (implantable cardioverter defibrillator).

In a normal heart, the lower chambers pump at the same time and in sync with the upper chambers. But Ginny's heart wasn't normal. Because it was weak, one side wasn't beating the same as the other. So the biventricular pacemaker that Dr. Schloss implanted would keep her right and left ventricles pumping together by sending small electrical impulses to the heart. This would help to improve the function of her heart muscle and help her symptoms.

Ginny has to chuckle when she thinks back to The Christ Hospital before the procedure. "After they got me all prepped up, I said, 'Well, am I going to meet this doctor before he plays around with my heart? So he stuck his head in the door with his mask kind of half way over his face and said, 'Hi, I'm Dr. Schloss.' He was really a cute young man, just a twinkle-eyed kind of guy. Right away I felt at ease and knew I was in good hands"

She is still marveling about how easy it all was. "You know, when they put a pacemaker in you and they do these heart surgeries, it's amazing. It's like a little computer inside you--about the size of a deck of cards. They run wires and attach things to your heart. And then in two days, you're home and doing your thing."

**"Ginny is lucky. Forty six percent of women are disabled by heart failure within six years. Thirty eight will die within the first year. But Ginny is a survivor."**



Ginny's device is one of the miracles of modern technology. Not only does it keep her heart functioning, but the doctors can monitor it by phone as it records the history of her heart's activity.

"The first time I went in to have it checked, I asked, 'Is everything all right?' And Dr. English said, 'Yes, but what were you doing February the 14th at 5:30 in the morning?'"

"I said, 'Sleeping.' She said, 'Well, you almost had an episode but your pacemaker stepped in.' Ginny's defibrillator had terminated a life threatening heart arrhythmia.



*Technology enables easy routine device checks in-office and over the phone."*



*Dr. English and Ginny Hoffman*

The typical woman tends to believe she isn't vulnerable because heart attacks are a man's disease. But women account for nearly half of all heart attack deaths. The difference is that women are less likely to believe they are having a heart attack in the first place, and as a result, they are more likely to delay in seeking emergency treatment.

Like Ginny, 40 percent of women who have had a heart attack had no previous warning. Even for a healthy female with a healthy lifestyle, the first sign of trouble can be an actual heart attack.

Fortunately Ginny didn't wait, although she did not have the typical dizziness or chest pain or arm numbness. Women's symptoms can be as vague as unusual fatigue, sleep disturbances, nausea and vomiting, back and jaw pain, anxiety and shortness of breath. Like men, women's most common warning sign starts in the chest, but often it's not what men experience.

"I wasn't in pain-pain," she remembers, "I just felt weird. I had this heavy feeling in my chest."

Ginny was lucky to have a medically-aware husband. So many women fail to recognize the symptoms of a heart attack. They take an aspirin and just ignore them.

Now six years later, Ginny feels she has

her life back, even though she admits she doesn't have the same level of energy. "I used to play 18 holes of golf and come home and clean the house. Now I play 18 holes of golf, I come home and take a nap. Of course, that could be the difference in age, but I feel like all in all I'm doing pretty well."

When Ginny talks about her golf game, she has to confess that it's as good as it used to be. "But it's not because of my heart," she insists. "I still play 18 holes once or twice a week, but now I ride a cart. I used to shoot about 92. Now I shoot about 103."

Besides golf, Ginny enjoys her grandchildren, plays cards, travels frequently and she can't help but support the Bengals. Are they her favorite? "They used to be," she laughs, then waits a beat, "Oh, they're still my favorite."

"I'll tell you another thing about me..." Ginny goes on. "I'm a Red Hatter and do a lot with the Red Hat Society. I've been to conventions all across the country, and all that kind of good stuff. You know, when you first have your heart attack, you're afraid to leave home, to leave your loved ones. Well, I decided I couldn't live my life that way, and my husband was very supportive of me."

Ginny is lucky. Forty six percent of women are disabled by heart failure within six

years. Thirty eight will die within the first year. But Ginny is a survivor. "I never thought I was going to die. It never entered my mind. I can't even explain it. Maybe it was my support group. When I went in to have my pacemaker put in, my kids came; my husband was there, my next door neighbor, a Presbyterian minister, was there. Our pastor was there. My best friend was there and she was Catholic and my son's a Baptist. I thought, 'I'm well represented. I had everyone there.'"

"You know, when they had to haul me to The Christ Hospital on the first of December, I knew that I wasn't doing very well. I had four stents by that time. As I look back, I know God was with me. That's all I can tell you. That was the week that they finally put in the pacemaker. And that's the last time I've been in the hospital. I am very grateful for the care I've received at Ohio Heart. I do believe that Dr. English has cared for me like she would her own mother and Dr. Schloss instantly gained my trust."

If you ask Ginny about her most meaningful experience in life, she says, "That's a tough one. I just think I'm blessed. I've had a good life. I have lots of friends. I have a wonderful husband. And I'm still here. I think that's pretty meaningful."

## Q&A with Dr. Jody English, MD, FACC



**Jody English, MD, FACC**  
*Ohio Heart physician*

**Q:** *Ginny was living a healthy lifestyle did not experience obvious chest pain with her episodes. Is that common?*

**A:** Women who experience heart attacks can often have symptoms that are more atypical and do not involve chest pain. These symptoms include shortness of breath, back/neck/jaw pain, weakness, sweating, dizziness, fatigue, stomach upset and nausea. Sometimes patients can have silent heart attacks in which there are no symptoms. This is less common and tends to occur more often in diabetics.

**Q:** *When Ginny began to feel ill she took an aspirin. What is the effect of aspirin during a heart attack and do you recommend it?*

**A:** Aspirin helps to break up blood clots in the blood vessels. Taking aspirin can help to improve blood flow through the artery which is blocked and is causing the heart attack. It is one of the first treatments that patients receive in the

emergency room when they arrive. It is a good idea to take an aspirin (and to chew it) if a patient thinks they may be having a heart attack at home. They still need to seek immediate medical care and should call an ambulance as soon as possible.

**Q:** *How did you know that Ginny was a good candidate for a pacemaker?*

**A:** Ginny had a very weak heart muscle (cardiomyopathy) which was causing her to go in and out of heart failure. Some patients with cardiomyopathy can benefit from a special pacemaker called a biventricular pacemaker. This type of pacemaker helps the left and right heart chambers pump in synchrony and can improve the way the heart functions. This device is used to treat heart failure symptoms can also improve the patient's quality of life. A Defibrillator (ICD) is a different kind of device that helps to prevent fatal heart arrhythmias if they were to occur.

**Q:** *Ginny continues to pursue her interests and enjoy life. Do you notice a difference in patients that stay active and have a positive outlook versus those that do not?*

**A:** Definitely! I find that almost all of my patients that exercise regularly and have a healthy diet tend to feel a lot better and have a better quality of life than the patients that are inactive. Having a positive outlook on life is always a plus, no matter what you are dealing with. That also includes your health

To determine your risks  
for cardiovascular disease, go to  
[www.ohioheartandvascular.com](http://www.ohioheartandvascular.com)  
to take a free risk assessment.  
Click on the HeartAware link.

*Patient education can improve  
your odds against heart*



# The Facts

## About women & heart disease

You owe it to yourself to take this information to heart, for heart disease is a woman's concern, every woman's concern. It is not a condition that affects only your husband, your father, your brother or your son. This information tells you why you should be concerned about your own heart health, and what you can do to prevent heart disease.

### The stats

Every 60 seconds a woman dies of heart disease. Women often focus on breast cancer, but heart disease kills 17 times more women than breast cancer every year.

One in three female adults has some form of cardiovascular disease. Since 1984, the number of heart related deaths for females has exceeded those for males. More than 454,000 females die from cardiovascular disease in the U.S. each year, compared to only 268,000 who died from a form of cancer. Breast cancer claimed the lives of approximately 40,000 females; lung cancer claimed almost 70,000 lives.

### Risk factors

Some women have more "risk factors" for cardiovascular diseases than others. Risk factors are traits or habits that make a person more likely to develop a disease. Some risk factors for heart-related problems cannot be changed like family history and age, but others can be. The major risk factors for cardiovascular diseases that you can control are cigarette smoking, high blood pressure, high blood cholesterol, overweight and physical inactivity.

Other risk factors, such as diabetes, also are conditions over which you have some control. Although growing older is a risk factor that cannot be changed, it is important to realize that other risks can be reduced at any age.

Some groups of women are more likely to develop cardiovascular diseases than other groups. African-American women are more

likely to die of coronary heart disease than white women, and their death rate for stroke is higher. Older women have a greater chance of developing cardiovascular diseases than younger women, partly because the tendency to have heart-related problems increases with age. Older women, for example, are more likely to develop high blood pressure and high blood cholesterol levels, to be diabetic, to be overweight and to be less physically active than younger women.

Also, after menopause, women are more apt to get cardiovascular diseases, in part because their bodies produce less estrogen. Women who have had early menopause, either naturally or because their ovaries have been surgically removed, are more likely to develop coronary heart disease than women of the same age who have not begun menopause.

While any one risk factor will raise your chances of developing or worsening heart-related problems, the more risk factors you have, the more concerned you should be about prevention. If you smoke cigarettes and have high blood pressure, for example, your chance of developing coronary heart disease goes up dramatically.

