



PRINCE WILLIAM CARDIOLOGY ASSOCIATES

HEARTBEATS

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Resolutions for a Healthy Heart



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Atrial fi-bri-what-?

By Michael G. Escaño, M.D., FACC

Atrial fibrillation, or a-fib, is the most common cardiac arrhythmia and probably one of the most prominent abnormal or irregular rhythms seen as we age. It is estimated that over 2 million people in the United States have this condition with about 160,000 new cases diagnosed each year. This is partially due in part to the fact that people are living longer.

The normal heartbeat is initially triggered as an electrical impulse at the sinus node, which is a single focus area located in the atria (the upper chambers of the heart). This electrical impulse travels to the atrioventricular (AV) node, located between the atria and ventricle chambers in the heart, then is transmitted to the ventricles (the lower chambers of the heart) which causes the heart to contract and move blood, leading to the heart beat and pulse. A-fib is caused when there are multiple areas initiating electrical impulses in the atria, occurring rapidly and without a rhythmic pattern. These rapid, chaotic impulses are received by the AV node, resulting in fast, irregular heartbeats, which patients may, or may not, feel.

The symptoms of a-fib are palpitations or feeling the heartbeat racing, fatigue, shortness of breath, chest dis-

comfort, dizziness, or lightheadedness. Risk factors for a-fib are age over 60, diabetes, high blood pressure, coronary artery disease, history of heart surgery, heart failure, valvular disease, chronic lung disease, thyroid disorders, sleep apnea, and excessive alcohol use.

A-fib is diagnosed primarily by an electrocardiogram (ECG). The rhythm is irregular and, in some patients, can come and go without any warning. Most patients can continue to be in a-fib and may not even be aware of it. This is due to the heartbeat not being too rapid and blood is still being pumped adequately from the heart to the rest of the body.

There are two primary strategies that are used to help treat a-fib. One is called "rate control" and the other is called "rhythm control". The rate control strategy is when medications are used to slow down and control the heart rate. As previously stated, most patients may not notice when they are in a-fib compared to when they are in normal rhythm, as long as the heart rate is slow enough. Rhythm control strategy is usually indicated in patients who have symptoms or are unable to tolerate a-fib even when their heart rates are slowed down. Another reason to begin rhythm control therapy would be in patients who

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5 Tips for Heart-Healthy Cooking

Ready to get cooking? Here are a few tips to ensure a cardio-conscious recipe. First rule of thumb: Use fresh, natural ingredients whenever possible. For other ingredients, follow the rules below.

1. Choose low-fat, fat-free, reduced-fat, or light dairy products.
2. Canned goods are often loaded with salt. Use no-salt-added canned products and lower-, reduced-, or no-sodium jarred goods, such as sauces.
3. Avoid prepared products, such as piecrusts, refrigerated dough, and cake mixes, as they tend to be high in fat and sodium.
4. Use cuts of red meat and pork labeled "loin" or "round," as they usually have the least fat. To reduce fat and cholesterol even further, make veggies or legumes the star of a meal and use meat sparingly in a "supporting role."
5. Replace salt with fresh or dried herbs, spices, or salt-free seasoning mixes.



~ from www.goodhousekeeping.com/health/heart-healthy-recipes

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Gardening to a Healthy Heart

Gardening uses all the major muscle groups—the muscles that do most of the calorie burning—in the human body. Legs, buttocks, shoulders, stomach, arms, neck, and back all get a workout while increasing flexibility and strengthening joints.

How much is enough? Researchers now say you can break up the exercise sessions into short bursts (at least 8 minutes) of moderate activity throughout the day. Although each short activity has minimal health benefits, as long as those exercise sessions total 30 minutes, you'll profit. For example, if you weed for 10 minutes in the morning, push a mower for 10 minutes in the afternoon, and chop wood for 10 minutes in the evening you get similar health benefit as you would doing 30 consecutive minutes of comparable activities.

Combine gardening with a program of regular aerobic exercise such as climbing stairs, cycling, jogging, or swimming. Aerobic exercise utilizes large muscle groups (usually the legs) over an extended period of time, and as its name implies, makes you breathe harder. Aerobic exercise offers additional health benefits - improved lung functioning and increased heart strength and efficiency - that you won't get from moderate exercise like gardening.

Remember, sore muscles aren't proof that you've exercised. More often, stiffness and pain indicate inadequate or improper stretching and warm-up, or overuse of muscles. After gardening you should feel tired, not achy. Take time to stretch, and avoid marathon sessions turning compost, raking leaves, or shoveling snow. Above all, don't forget why you garden. Simply be aware of the duration and intensity of your gardening so that you accrue the maximum health benefits.



GARDENING AND YOUR HEALTH:

For your comfort, safety, and the good of your back and knees, keep these tips in mind:

- If you spend time on your knees, use a cushion.
- Keep your back straight and don't sit on your heels. Stand up and stretch your legs every 10 minutes or so.
- Use a lightweight, long-handled shovel or spade, and don't overload it.
- Bend at the knee and step forward as you raise and dump each shovel full of soil.
- Bend at the knees and hips when picking up tools

CALORIES BURNED DURING COMMON GARDENING ACTIVITIES

Typical calories burned in 30 minutes of:

Sleeping	36	Snow thrower (walking)	182
Sitting quietly	40	Trimming shrubs (manual)	182
Watering lawn or garden	61	Weeding	182
Mowing lawn (riding)	101	Clearing land	202
Trimming shrubs (power)	142	Digging, spading, tilling	202
Raking	162	Laying sod	202
Bagging leaves	162	General gardening	202
Planting seedlings	162	Chopping wood	243
Mowing (push with motor)	182	Mowing lawn (push mower)	243
Planting trees	182	Double digging	344

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Atrial fibrillation continued from front

are having difficulty controlling their heart rate despite increasing doses of medications. The rhythm control strategy usually employs a combination of antiarrhythmic medications and electrical shocks to the heart, with sedation, in an effort to try and maintain a normal rhythm.

If these options fail a more invasive procedure called atrial fibrillation ablation may be indicated. A-fib ablation therapy is performed by special cardiologists known as electrophysiologists. They place catheters in the heart, burning away the areas of the heart to stop the rapid, chaotic impulses from occurring.

One major complication related to a-fib is an increased risk of suffering a stroke. Since blood does not move in the heart as efficiently in the setting of a-fib, tiny clots can form within the heart. If the clot were to leave the heart, enter the main blood stream and into part of the brain, this could potentially cause a stroke. Blood thinners are used to help prevent this from happening. Coumadin or Warfarin is a powerful blood thinner that

has been shown to prevent the tiny clots from forming, greatly reducing the risk of stroke in atrial fibrillation. However, because it is a powerful blood thinner, patients can bleed more easily and the medication needs to be closely monitored with frequent blood checks by your doctor. Some patients are not ideal candidates for Coumadin because they are a "bleeding risk" like having had a recent surgery, bleeding in the stomach or bowels, or at an increased risk to falls that can lead to head injury or brain hemorrhage. In these patients, aspirin may be used as an alternative. Even though it still decreases stroke risk, the reduction is not as great compared to Coumadin. Depending on other medical conditions, the combination of Coumadin and aspirin may be prescribed.

The treatment of atrial fibrillation is serious and requires special care and monitoring by physicians. With proper treatment and medication compliance - patients diagnosed with atrial fibrillation can live long and healthy lives!