Is broken heart syndrome real?

February is American Heart Month, which takes place every year to raise awareness of the No. 1 killer of Americans – heart disease. Hearts may also come to mind in February because of Valentine’s Day, but love isn’t always in the air.

When you think of a broken heart, you may picture a cartoon drawing with a jagged line through it. But a real-life broken heart can actually lead to cardiac consequences. There are established ties between depression, mental health and heart disease. An extremely stressful event can have an impact on your heart.

Breakdown of a Broken Heart
Broken heart syndrome, also called stress-induced cardiomyopathy or takotsubo cardiomyopathy, can strike even if you’re healthy. Tako tsubo, by the way, (pronounced TAH-koh SOO boh) are octopus traps that resemble the pot-like shape of the stricken heart.

Women are more likely than men to experience the sudden, intense chest pain — the reaction to a surge of stress hormones — that can be caused by an emotionally stressful event. It could be the death of a loved one or even a divorce, breakup or physical separation, betrayal or romantic rejection. It could even happen after a good shock (like winning the lottery.)

Broken heart syndrome may be misdiagnosed as a heart attack because the symptoms and test results are similar. In fact, tests show dramatic changes in rhythm and blood substances that are typical of a heart attack. But unlike a heart attack, there’s no evidence of blocked heart arteries in broken heart syndrome.

In broken heart syndrome, a part of your heart temporarily enlarges and doesn’t pump well, while the rest of your heart functions normally or with even more forceful contractions. Researchers are just starting to learn the causes, and how to diagnose and treat it.

The bad news: Broken heart syndrome can lead to severe, short-term heart muscle failure (in rare cases it can be fatal).

The good news: Broken heart syndrome is usually treatable. Most people who experience it make a full recovery within weeks, and they’re at low risk for it happening again.

What to Look for: Signs and Symptoms
The most common signs and symptoms of broken heart syndrome are angina (chest pain) and shortness of breath. You can experience these things even if you have no history of heart disease.

Arrhythmias (irregular heartbeats) or cardiogenic shock also may occur with broken heart syndrome. Cardiogenic shock is a condition in which a suddenly weakened heart can’t pump enough blood to meet the body’s needs, and it can be fatal if it isn’t treated right away. (When people die from heart attacks, cardiogenic shock is the most common cause of death.)

It’s best to call 911 if you’re experiencing chest pains and shortness of breath. Calling 911 is almost always the fastest way to get lifesaving treatment.

Read the full article.
Lindsay Brooks-Shriver and her younger sister, Ashley, are two peas in a pod. They did everything together growing up, including going to Ashley’s doctor appointments. Ashley was born with a rare form of cardiomyopathy. When they were kids, it was normal for Lindsay to accompany Ashley during medical visits. She recalls being in awe as Ashley completed blood work each month – never complaining or showing any trepidation.

“As I got older, I realized this was simply normal life for her, and she was used to it,” Lindsay said. “I always thought of her as being tough and resilient. She dealt with her circumstances with a smile on her face.”

When Ashley expressed interest in going to nursing school, Lindsay said she should follow her dreams and helped her study once she was accepted into the program. School and life were not always easy, and the girls were there for each other. After graduating, Ashley explored the idea of becoming a travel nurse in San Diego, California, and Lindsay supported her decision to move there.

“She made arrangements for new doctors before she moved, and everything worked out beautifully,” Lindsay said. “Ashley has often said that the four years she spent in San Diego were the best time of her life. And when she wanted to buy her first home, I was there with her every step of the way.”

Lindsay enjoys being Ashley’s cheerleader, and Ashley has accomplished many things with Lindsay alongside her, pushing her to achieve her dreams.

“We have these silly moments where only we know what’s going on in the other person’s head,” Lindsay said. “Ash is my very best friend, and I couldn’t imagine my life without her.”

Ashley is not the only one living with heart disease in the family. While Lindsay is fortunate not to have any heart health complications, she lost both her nana and her father to heart attacks. Other family members are also living with various forms of heart disease. Ashley has one of the more severe heart conditions and has already had two heart transplants by age 37. For these reasons and more, the AHA is at the top of Lindsay’s charities to support.

“Each person in my family that has heart disease has a different form of heart disease – no two are alike,” Lindsay said. “Heart disease also caused my sister to have a stroke. While the AHA has led the way for many advances, there is still so much we don’t know. I hope my gifts pave the way for future advancements.”

Lindsay, age 41, and her husband, Tom, live in Shrewsbury, Missouri. When the AHA sent the Shrivers information on FreeWill.com/heart, a free and easy online tool for creating and updating wills, they decided to create their will and included the AHA as a beneficiary of their plan.

“We hope the AHA will lead more advancements that facilitate the recovery of heart transplantation,” Lindsay said. “My sister takes many medications and is now a diabetic due to her anti-rejection medicine from her first heart transplant. The costs of all of this are astounding, and we feel these medicines should be much cheaper as she needs them to survive. I am confident there are more answers on the horizon, and I am happy to support the AHA in its mission to get us there.”

To learn more about common myths surrounding wills, fill out our online form to get your free brochure, 37 Things People “Know” About Wills That Really Aren’t So. Questions? Contact us at PlannedGiving@heart.org or 888-227-5242.
Bernard “Bernie” Savransky didn’t know he would help people live longer, healthier lives and make American Heart Association history growing up during the depression. But in July 2021, Bernie funded his 25th charitable gift annuity to the AHA just a few months prior to his passing on Oct. 10, 2021, at age 98.

Bernie learned the value of supporting others at a young age. He began working at 13 years old to help his family make ends meet. He went on to serve in the U.S. Navy for 20 years and worked for the federal government. He was preceded in death by his wife of 50 years, Elizabeth, who died in 2002.

Bernie often shared the story that inspired his continued dedication to the American Heart Association. As he was becoming involved with the organization, an AHA staff member took him to a local hospital to meet a heart transplant patient. When they walked in, the patient thanked Bernie for his support of heart health and helping advance the AHA’s scientific breakthroughs that allowed patients, like him, to receive innovative treatments. Bernie said every year when he made his gift, he would remember that patient’s face and how the AHA allowed him to make a greater impact. As one person he couldn’t have helped the patient, but together with the AHA, he was able to help save lives.

By giving through a charitable gift annuity, Bernie was able to benefit from tax deductions and receive guaranteed income. A charitable gift annuity is a giving vehicle that a donor funds with cash or securities. In return for the gift, the donor receives a tax deduction and a lifetime stream of income. At the end of the donor’s life, the balance transfers to the organization.

Bernie wanted to give his money while he was alive, and the charitable gift annuities allowed him to make donations over three decades and see the overall impact his gifts will make. The fixed annual payments allowed him to maintain his lifestyle and made sure he wouldn’t outlive his savings. Bernie’s 25th annuity in July 2021 was record-breaking for the AHA. He has funded more annuities than anyone in the nearly 100-year history of the AHA.

Bernie was fueled by the need to help others so they might benefit from research and advances in healthcare and treatments. As a member of the Cor Vitae and Paul Dudley White Legacy societies, Bernie was proud of his commitment to heart and brain health. He enjoyed attending local Pennsylvania AHA events and treasured the relationships he had with staff. Bernie was truly part of the AHA family. Bernie will be remembered as a train lover, sports and travel enthusiast, generous philanthropist and fierce friend.

To learn more about secure lifetime income, fill out our online form to get your free brochures. Smart Solutions and 10 Surprising Facts About Your American Heart Association Questions? Contact us at PlannedGiving@heart.org or 888-227-5242.
Thanks to CPR and AEDs, air travelers have higher-than-average survival rates from cardiac arrest

It is estimated that thousands of air travelers around the world have a cardiac arrest each year, with nearly a quarter of those occurring on a plane, according to new research that points to the success of CPR and AEDs in keeping survival rates higher than the national average.

Because cardiac arrests are relatively rare on commercial flights, few studies have looked at their frequency, the use of lifesaving interventions and the outcomes. Researchers for the new study set out to gauge the impact of a 2004 Federal Aviation Administration requirement that all U.S. commercial airlines be equipped with automated external defibrillators, or AEDs.

They looked at Seattle-Tacoma International Airport records of every adult treated by emergency medical service workers for cardiac arrest, which is when the heart suddenly stops beating because of an electrical malfunction. A heart attack can trigger cardiac arrest, but so can other heart and non-heart issues.

During a 16-year period, from 2004 to 2019, they tracked 143 cardiac arrests that occurred before EMS arrived, with 34 (24%) happening on a plane and 109 (76%) happening off the plane. People who had a cardiac arrest at the airport survived to hospital discharge 44% of the time, compared to 15% for those whose cardiac arrest happened on a plane.

That’s still higher than the national average survival rate of less than 11% for out-of-hospital cardiac arrest, which points to the importance of CPR and AEDs, said the study’s lead author Dr. Neal Chatterjee. He noted, for example, that all survivors of on-plane cardiac arrests were treated with an AED.

“Our study found that even though a cardiac arrest is rare, it’s certainly survivable if we can deliver early interventions. Flight attendants and airport staff should be trained to intervene, but there are also things we can do as bystanders on the plane or off-plane to improve outcomes,” said Chatterjee, a cardiologist and cardiac electrophysiologist at the University of Washington Medical Center in Seattle.

Bystanders who see someone collapse or become unresponsive should immediately alert a flight attendant or an airport employee, Chatterjee said. If you’re in an airport and are comfortable performing CPR until help arrives, it’s OK to do so. But if you’re on a plane, you should quickly alert the flight crew and follow their cues.

“It’s incredibly important for there to be a calm, organized environment where there’s a person in charge. Trust the flight crew to make those decisions, and wait to volunteer if they ask for assistance in resuscitation efforts,” said Chatterjee.

Around the world, about 5 billion people fly commercially each year. When researchers applied the results of their study to those figures, they estimated 2,000 travel-associated cardiac arrests happen globally each year, with 350 in the U.S.

Read the full article.

She had a heart attack on the way to her wedding

Four hours into a nearly six-hour flight from Seattle to Mexico, Sara Metz felt overly anxious – far more than the usual jitters of a bride-to-be days before her wedding on a beach in Playa del Carmen.

She felt burning in her jaw, upper chest and left arm – a few of the common warning signs of a heart attack, with the added complication of being 30,000 feet in the air.

Thankfully for Sara, a cardiologist was onboard. Using equipment most U.S. airlines carry, he took her blood pressure and pulse, and gave her aspirin and some nitroglycerin.

The pilot turned around and landed the plane. Sara was rushed to a hospital, where doctors determined she’d suffered the kind of heart attack called a “widowmaker” because of the low odds of survival.

Doctors cleared Sara’s blockage through an angioplasty procedure. Only two days later, the doctor released her from the hospital and said she could continue to Mexico to get married.
Cocoa could bring sweet relief to walking pain

Consumption of cocoa may improve walking performance for patients with peripheral artery disease, according to the results of a recent research trial published in the American Heart Association’s journal Circulation Research.

In a small study of 44 peripheral artery disease patients over age 60, those who drank a beverage containing flavanol-rich cocoa three times a day for six months were able to walk up to 42.6 meters further in a 6-minute walking test, compared to those who drank the same number and type of beverages without cocoa. Those who drank the flavanol-rich cocoa also had improved blood flow to their calves and some improved muscle function compared to the placebo group.

Peripheral artery disease or PAD, a narrowing of the arteries that reduces blood flow from the heart to the legs, affects over 8.5 million people 40 years of age and older nationwide. The most common symptoms are pain, tightness, cramping, weakness or other discomfort in leg muscles in while walking.

Researchers hypothesized that epicatechin, a major flavanol component of cocoa, may increase mitochondrial activity and muscle health in the calves of patients with lower extremity peripheral artery disease, potentially improving patient walking ability. Epicatechins and flavanols also have the potential to improve blood flow.

The cocoa used in the study is commonly available natural unsweetened cocoa powder, which is rich in the flavanol epicatechin, found in larger quantities in dark chocolate (>85% cacao) than in milk chocolate. Regular chocolate would not be expected to have the same effect.

“If our results are confirmed in a larger trial, these findings suggest that cocoa, a relatively inexpensive, safe and accessible product, could potentially produce significant improvements in calf muscle health, blood flow, and walking performance for PAD patients,” said lead study author Mary McDermott, M.D., the Jeremiah Stamler professor of medicine and preventive medicine at the Feinberg School of Medicine at Northwestern University in Chicago.

Read the full article.

Chocolate Nut Cookie in a Mug

Serving Size 1 cookie

Ingredients
1  tablespoon trans-fat-free tub margarine
10  drops chocolate-flavored liquid stevia sweetener
1  tablespoon unsweetened cocoa powder
1  tablespoon all-purpose flour
1  tablespoon egg white
1  tablespoon chopped walnuts
OR
1  tablespoon chopped pecans

Directions
1. Put the margarine in a small microwaveable mug, ramekin, or custard cup. Microwave on 100 percent power (high) for 10 seconds, or just until the margarine is melted. Stir in the liquid stevia sweetener and the cocoa powder. Gradually stir in the flour until well blended. Stir in the egg white and nuts until well blended.

2. Microwave on 100 percent power (high) for 45 seconds, or until a wooden toothpick inserted in the center comes out clean.

3. Let cool for 5 minutes.

For more American Heart Association recipes, visit recipes.heart.org.