



Harvard Heart Letter

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Managing atrial fibrillation: An update

New guidelines provide advice on the role of drugs, weight loss, and procedures to cope with this common heart rhythm disorder.

The classic symptom of atrial fibrillation—a fluttering or thumping sensation in the chest—can leave you breathless, dizzy, and tired. Caused by electrical misfires in the heart’s upper chambers (atria), this condition affects an estimated one in 11 people ages 65 and older.

While the symptoms of atrial fibrillation (often called afib) can be unsettling, the real danger is a heightened risk of serious strokes (see “How afib can lead to a stroke” on page 7). As many as 30% of strokes from afib prove fatal, notes Dr. Christian Ruff, a cardiologist at Harvard-affiliated Brigham and Women’s Hospital.

However, clot-preventing medications can dramatically lower the risk of stroke in people with afib. New guidelines for using these drugs, in addition to other strategies for managing the condition, were published in the journal *Circulation* earlier this year.

Stroke-preventing medications

Most people with afib should take an anti-clotting drug to lower their stroke risk (see “A scoring system for people with afib”). For the most part, that means one of the novel oral anticoagulants, or NOACs: apixaban (Eliquis), dabigatran (Pradaxa), edoxaban (Savaysa), or rivaroxaban (Xarelto). For most people, these drugs are now the preferred choice over warfarin (Coumadin), which is effective but requires frequent monitoring and interacts adversely with a number of foods and other medications.

Not only are NOACs more convenient than warfarin, they prevent strokes just as well and are less likely to cause bleeding in the brain, a rare but dangerous side effect



A scoring system for people with afib

Add up your points to see if you should be taking an anticoagulant.

Age 64 to 74	+1
Age 75 or older	+2
Female	+1
High blood pressure	+1
Diabetes	+1
Heart attack or peripheral artery disease	+1
Stroke, transient ischemic attack (TIA), or a clot elsewhere in the body	+2
Heart failure	+1
TOTAL	

0 = no treatment recommended; 1 = consider treatment; 2 and higher = treatment recommended

For those who need treatment, a novel oral anticoagulant or NOAC (see main story) is recommended over warfarin, with the exception of two groups: (1) people who have a mechanical heart valve and (2) people with moderate to severe mitral stenosis, a narrowing of the mitral valve. For them, warfarin remains the best choice.

of anti-clotting drugs. And as of 2018, effective antidotes (drugs that quickly stem uncontrolled bleeding) are available for all the NOACs, says Dr. Ruff.

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FIVE THINGS TO DO THIS MONTH

- 1 Boost your beneficial bacteria intake with plain, low-fat yogurt.** Yogurt and other fermented foods may improve some aspects of cardiovascular health. (page 3)
- 2 Learn the common causes of shortness of breath.** Heart and lung conditions are to blame for most cases. (page 4)
- 3 Walk or hike in a nature preserve, forest, or urban park.** Exercising in green spaces may offer added health benefits. (page 5)
- 4 Memorize BE-FAST.** This mnemonic can help you recognize the symptoms of a stroke or ministroke. (page 6)
- 5 Munch on some unsalted peanuts.** They're full of heart-healthy nutrients. (page 7)



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ASK THE DOCTOR

by DEEPAK L. BHATT, M.D., M.P.H., *Editor in Chief*

What is diastolic dysfunction?

Q I had an echocardiogram and the report says I have mild diastolic dysfunction. What does that mean?

A Diastolic dysfunction means that your heart is having trouble relaxing between beats. Every heartbeat has two distinct phases: when the heart contracts and pushes blood out to the body (the systolic phase) and when the heart relaxes and refills with blood (the diastolic phase).

Sometimes, because of certain medical conditions or old age, the ventricles—the heart's main pumping chambers—become stiff and unable to relax normally. That limits the amount of blood that can collect for the next heartbeat. Because each contraction pumps less blood, the heart has to work harder to make up for the shortfall.

Overworked heart muscles may thicken, similar to how your arm muscles “bulk up” if you start lifting weights. The thicker the heart muscle, the less open space inside the ventricles that can fill with blood. The result is diastolic dysfunction, which affects an estimated 50% of people over age 70 and is more common in women.

Most cases of diastolic dysfunction are caused by high blood pressure, clogged arteries, or narrowed heart valves. Uncontrolled diabetes and kidney problems may also contribute to the problem. Less common conditions, such as amyloidosis, hemochromatosis, and sarcoidosis, cause protein, iron, or other substances to infiltrate and stiffen heart muscle. And in rare cases, genetic factors are to blame.

People with mild diastolic dysfunction usually have no symptoms. But if the condition worsens, you may develop diastolic heart failure, which can cause you to feel short of breath when walking or doing other low-level physical activity. Two other classic symptoms are trouble breathing while lying down and swollen legs and feet.

In diastolic heart failure, the amount of blood pumped out of the left ventricle (a measure known as the ejection fraction) remains normal. So the condition is now increasingly referred to as “heart failure with preserved ejection fraction.”

It differs from systolic heart failure, which happens when the heart's left ventricle becomes weak and flabby. The weakened muscles can't contract strongly enough to deliver sufficient blood to the body. As such, the ejection fraction is low, so this condition is known as “heart failure with reduced ejection fraction.”

To prevent your mild diastolic dysfunction from becoming worse, make every effort to eat a healthy diet that's low in salt, maintain a normal weight, and get regular exercise. And be vigilant about taking any medications your doctor prescribes to control underlying medical problems such as high blood pressure, diabetes, or atrial fibrillation. ♥

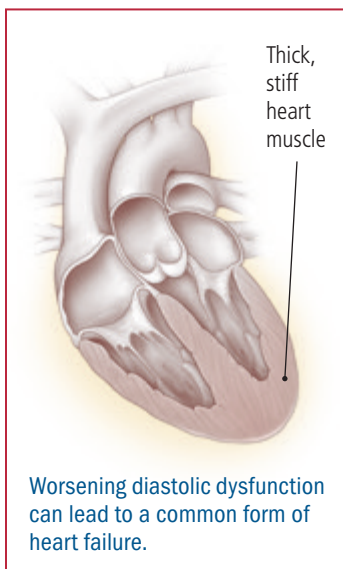


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Fermented foods: Favorable for heart health?

So far, the evidence that foods and drinks rich in good bacteria can improve cardiovascular health is promising but limited.

A number of foods—yogurt, sauerkraut, as well as some less-familiar ones such as kimchi and tempeh—are made by fermentation, an age-old tradition for preserving food. These foods, as well as the fermented drinks kombucha and kefir, have been getting buzz in recent years, mostly focused on their potential to enhance gut health. Fermented products contain naturally occurring beneficial bacteria known as probiotics, which are thought to improve digestion.

Probiotics found in fermented foods may also provide modest heart-related benefits, according to a review article published in the *Journal of the American College of Cardiology* last year. One study found that eating kimchi (see “What are fermented foods?”) daily helped people lose weight and lowered their blood pressure. Another noted improvement in blood sugar and cholesterol levels.

Yes to yogurt

Several small trials suggest that eating yogurt may lower harmful LDL



Fermented foods include yogurt and pickled vegetables such as cabbage and cucumbers.

cholesterol and blood markers of inflammation, both of which signal cardiovascular risk. What’s more, population-based studies from different countries suggest that people who eat fermented dairy products such as yogurt and some cheeses have a lower risk of cardiovascular disease compared with people who don’t eat those foods.

“People have been eating yogurt for centuries, and it’s the main source of fermented food in the American diet,” says Dr. Eric Rimm, professor of epidemiology and nutrition at the Harvard T.H. Chan School of Public Health. But we don’t really know if yogurt is healthy because it’s fermented or for some other reason, he says. Also, people who eat

healthier diets over all may be more likely to eat yogurt. “If you have a bowl of plain, low-fat yogurt and berries for breakfast, that’s a lot better than having Froot Loops,” says Dr. Rimm.

Now that other fermented products, including beverages such as kefir and kombucha, are becoming more popular, we’ll have a unique opportunity to study their potential health effects, Dr. Rimm says. Although the evidence seems to favor adding fermented products to your diet, pay attention to what else the foods contain that might be less desirable for your heart health.

Mind the salt and sugar

For example, sauerkraut, kimchi, and pickles tend to be quite high in sodium, which can raise blood pressure. In fact, in the kimchi study noted above, people ate three servings (100 grams) a day. That amount (a total of about $\frac{3}{4}$ cup) contains close to 1,000 milligrams (mg) of sodium. The American Heart Association (AHA) recommends no more than 2,300 mg of sodium daily and ideally less than 1,500 mg.

Some yogurts also contain three or more teaspoons of added sugar per serving. That’s half the daily limit of added sugar the AHA suggests for women and a third of the suggested limit for men. High-sugar diets have been linked to a higher risk of heart disease. ♥

What are fermented foods?

Fermented foods are made by allowing microbes to feed on sugar and starch naturally found in the food. This preserves the food and fosters various species of good bacteria (probiotics) and other healthful food metabolites. The following fermented foods are available in most large supermarkets.

- ▶ **Yogurt.** Choose nonfat or low-fat varieties with no added sweeteners. Look for the words “live and active cultures” on the label.
- ▶ **Kefir (kuh-fear).** This yogurt-like drink has a tart flavor with a thinner consistency than yogurt.
- ▶ **Kimchi (kim-chee).** This spicy, reddish fermented cabbage dish is made with

garlic, salt, vinegar, and chili peppers. Beware of the high sodium content!

- ▶ **Kombucha (kom-boo-cha).** A fermented tea drink with a tangy-tart flavor, kombucha may contain sugar, small amounts of caffeine, as well as trace amounts of alcohol. Look for brands with no more than 5 grams of sugar per serving.

- ▶ **Pickles.** Only certain types of pickles are naturally fermented; look for brands brined in water and salt instead of vinegar, which prevents good bacteria from growing. These are also quite salty, so enjoy them only occasionally.
- ▶ **Sauerkraut.** Go easy on this pickled cabbage dish, which is high in sodium. Choose raw or unpasteurized versions, because pasteurization destroys most of the probiotics.
- ▶ **Tempeh (temp-A).** Tempeh is made from fermented soybeans and has a firmer texture than tofu. It’s popular among vegetarians as a meat substitute.

Shortness of breath: A common symptom with many possible causes

Heart and lung issues are often to blame for breathlessness. But an accurate diagnosis may require advanced testing.

Like your heartbeat, the regular inhale and exhale of your breathing is something you usually don't notice—until something doesn't feel quite right. Shortness of breath can result from a range of problems, including an allergic reaction, an anxiety attack, or anemia. But most often, the underlying cause is a heart or lung condition.

“Because these two organ systems are so intertwined, one always affects the other,” says Dr. Aaron B. Waxman, who directs the Pulmonary Vascular Disease Program at Harvard-affiliated Brigham and Women's Hospital. In fact, about 60% of people with heart disease also have a lung disease. As a result, it's not always easy to distinguish cardiac and pulmonary issues, he says.

Cardiac causes

Many cardiovascular problems can cause shortness of breath, or what doctors call dyspnea. This symptom may appear suddenly, such as during a heart attack, or if a person has a pulmonary embolism, which occurs when a blood clot breaks free from a vein in the leg or pelvis and lodges in the lung (see “When breathlessness requires immediate attention”).

But breathing problems related to the heart may also appear gradually over time. Often, they occur only during physical activity. Possible causes include a stiff, narrowed aortic valve (aortic stenosis), a heart rhythm disorder, or heart failure. Breathlessness with heart failure—when the heart can't pump well enough to meet the body's needs—often worsens when people lie down.

Lung problems

When shortness of breath is accompanied by chest tightness or wheezing,



This simple lung function test involves blowing into a tube to lift the balls in the device.

asthma may be the cause. Worsening breathing problems and coughing may be a sign of chronic obstructive pulmonary disease (COPD), which includes chronic bronchitis and emphysema. Pneumonia, a lung infection that can be a complication of the flu, causes cough, fever, and chills along with breathlessness.

In many cases, noninvasive tests such as a chest x-ray or heart ultrasound can uncover the underlying reason for a person's breathlessness. But sometimes, all the results come back normal. Yet the breathing issues persist, leaving people unable to exercise comfortably. “People with unexplained breathlessness spend an average of two years seeking an answer,” says Dr. Waxman. They may be told that they're simply depressed, or that the problem is all in their head, he says.

Advanced testing

A central problem is that the routine testing is all done at rest. But in most cases of unexplained breathless, the symptoms occur only when the person is active. That's where advanced cardiopulmonary testing comes into play. It involves monitoring heart and lung function while the person exercises on a stationary bicycle. Doctors use thin, flexible tubes (catheters) to insert pressure-monitoring devices in the pulmonary artery (which brings blood from the

heart to the lung to pick up oxygen) and the radial artery in the arm. Together, these devices show how well oxygen is delivered to and used by the exercising muscles. A mouthpiece sensor (held in the mouth like a small snorkel) measures how efficiently the person takes in oxygen and exhales carbon dioxide.

More often than not, the test solves the mystery of unexplained breathlessness. Up to a quarter of cases are due to pulmonary hypertension, which occurs when the arteries serving the lungs become stiff and thick. Other possible diagnoses include less common forms of heart failure as well as rare neuromuscular or metabolic disorders.

If you're being treated for a suspected cause of breathlessness, you should notice an improvement fairly quickly. If you don't, ask your doctor to pursue a different route, which may include advanced cardiopulmonary testing. Treatments might include surgery, medication, or pulmonary or cardiac rehabilitation. These don't always entirely resolve the problem, but they can improve symptoms and slow down the progression of whatever condition is responsible. ♥



When breathlessness requires immediate attention

No matter what the cause, shortness of breath is a symptom to take seriously. Red flags that warrant a trip to the emergency room include

- ▶ unexplained shortness of breath experienced for the first time
- ▶ shortness of breath at rest
- ▶ shortness of breath accompanied by chest pain or pressure, lightheadedness, or sweating
- ▶ worsening shortness of breath, if you already have heart failure, asthma, or emphysema.

To elevate your exercise routine, head outside

Walking or hiking in a natural area may benefit your heart more than working out indoors.

For many people, summer's long days and warm weather make it a great time to exercise outdoors. And that just might be a great way to boost the rewards from your workout, says Dr. Edward Phillips, assistant professor of physical medicine and rehabilitation at Harvard Medical School.

"When you're moving your body, your heart, lungs, and muscles don't know or care where you are. But your mind does," says Dr. Phillips. And if you're exercising outdoors in a beautiful natural setting, you might be tempted to go a little farther than if you set out to walk for just 30 minutes around your neighborhood, he notes. "Some people say it's hard to rack up 7,000 steps a day walking a familiar route. But they often find they can go twice as far on a hike, especially if there's a nice vista at the destination," he says. If you choose a trail that includes some hills, which will force your heart to work harder, that will also increase your fitness.

Walking pole perks?

Of course, you should be careful not to overdo it, especially if you have any conditions that affect your stamina or mobility, such as arthritis (also see

"High-altitude hiking"). Using walking poles may help; they propel your body forward as you stride and provide extra stability when walking on uneven terrain. And unlike standard canes, walking poles don't have an image problem, so they're also handy for regular walks. "I have a patient who won't use a cane because he doesn't want to look disabled. But he willingly uses walking poles, and now he can keep up with his wife on walks," says Dr. Phillips.

Using poles adds an upper-body workout to your walk that tones your arms, shoulders, and back. This increases the number of calories you burn, without making you feel like you're working harder. Several studies have shown increases of 20% to 25% in cardiovascular workload and calorie burn. Yet people using poles tend to report ratings of perceived exertion that are similar to walking without poles.

Going green

As far as hiking's other advantages go, consider this: Natural settings tend to be quieter, cooler, and have better air quality than urban areas. And a number of small studies hint that spending time in green space—nature preserves,



Finding trails near you

Looking for hiking venues? Local, state, and national parks are a good place to start. A national, nonprofit organization called American Trails supports local, regional, and long-distance trails for hiking and other uses. See www.americantrails.org and check the "Trails" tab to search by state to find hikes in your area.

woodlands, and even urban parks—may ease people's stress levels. Considering that stress contributes to high blood pressure and heart disease risk, anything you can do to counteract stress is likely to be helpful, says Dr. Phillips.

Here are some tips for a safe and enjoyable hiking experience:

Hike with a partner or a hiking group.

Venturing out with companions is good for both camaraderie and safety. If you go alone, let someone know where you are headed and when you plan to return.

Protect your feet. Choose well-fitting footwear with good ankle support. Make sure to break them in with shorter walks so you don't get blisters when you're miles from a trailhead.

Bring water. Don't forget to stay hydrated, especially in warm, sunny weather. ♥



High-altitude hiking

If your summer travel plans include spending time in the mountains, you may wonder if and how the elevation may affect your heart. The higher you go in altitude, the less oxygen you take in with each breath. Your body responds by raising your heart rate and the amount of blood pumped with each beat. This temporarily boosts blood pressure, although your body adapts to the lower oxygen level within a few days.

For generally healthy people, as well as those with high blood pressure or other risks for heart disease, here's a rule of thumb: Go no higher than 8,000 feet in the first leg of the trip and stay there for at least one night. Take it easy for a day or two before any strenuous hiking and pay attention to how you feel. If you're feeling fine, then you should be okay to go a couple of thousand feet higher each day. But people with known heart or lung disease should check with their physician for more specific advice before traveling to a high-altitude destination.

Ministroke: A warning sign of a major problem

Even short-lived, subtle stroke symptoms should be evaluated.

Imagine trying to write a note, but it feels like you're moving the pen through wet concrete. Or you suddenly can't see normally—it's as if a black curtain has dropped over one of your eyes.

If these odd symptoms last for only a few minutes, you might be tempted to brush them off and blame muscle cramps or fatigue. Don't make that mistake, says Dr. Christopher Anderson, director of Acute Stroke Services at Harvard-affiliated Massachusetts General Hospital. Both of the above scenarios are examples of a possible transient ischemic attack (TIA), commonly referred to as a ministroke. Caused by a temporary lack of blood in part of the brain, a TIA is a warning sign that you are at risk for a stroke.

"People tend to try to explain away symptoms that don't last very long. But if your body is acting in a way that's not making sense, call 911 right away," says Dr. Anderson.

TIA vs. stroke

Some TIAs happen when large arteries supplying the brain (such as the carotid arteries, which run up both sides of the neck) become clogged with fatty deposits called plaque. A blood clot can form on the plaque, then break off and travel to a smaller artery in the brain. Other TIAs result from blood clots that form in the heart, while others arise from narrowing or closure of tiny vessels deep within the brain.

TIA symptoms are short-lived (usually resolving within minutes to hours) because your body's natural clot-dissolving action restores blood flow in the blocked vessel. If that doesn't happen—and the symptoms last longer than 24 hours—it's considered an ischemic stroke. About 15% of people with TIAs go on to have a stroke within the next three months, and half of those strokes happen in the first two days after the TIA.

Symptom synopsis






These are the most common symptoms of a TIA:

1. Weakness in your face, hand, arm, or leg, especially on one side. People sometimes describe this symptom as heaviness or clumsiness, says Dr. Anderson, and simple movements may require a great deal of effort. Unusual sensations (such as tingling or feeling prickly, hot, or cold) may also occur.

2. Trouble seeing with one or both eyes. This can include blurry or double vision, but one classic TIA symptom is amaurosis fugax (from the Greek *amaurosis*, meaning dark, and the Latin *fugax*, meaning fleeting). "People often describe this as a curtain descending down over one eye from top to bottom," says Dr. Anderson. In these cases, the blockage occurs in the vessel supplying the retina.

3. Confusion and trouble speaking or understanding speech. A person may be speaking normally but his or her speech suddenly becomes garbled or slurred. In some cases, other people mistakenly believe the person is drunk.

These three symptoms are identical to those of a stroke. Two additional stroke symptoms include trouble walking (often caused by dizziness or difficulty with balance and coordination) and a sudden, excruciating headache with no known cause. The latter may signal a hemorrhagic or bleeding stroke. (See "Stroke symptom awareness: BE-FAST".)

B	E - F	A	S	T	
					
BALANCE	EYES	FACE	ARMS	SPEECH	TIME
Loss of balance, headache, or dizziness	Blurred vision	One side of the face is drooping	Arm or leg weakness	Speech difficulty	Time to call for ambulance immediately

Stroke symptom awareness: BE-FAST

The American Stroke Association coined the mnemonic FAST to help people recognize stroke symptoms in other people. As memory aids go, it makes sense because the first three letters (which stand for Face drooping, Arm weakness, and Speech difficulties) account for about 75% of the symptoms people experience during a stroke. (The T stands for time to call 911.) But some neurologists suggest adding two additional letters (B for balance and E for eyes).

The simpler FAST makes sense for a public health campaign. But if you're at risk for cardiovascular disease, knowing BE-FAST makes sense, as it may help you recognize even more potential strokes.

At the emergency room

Anyone with a suspected TIA will receive a brain imaging test, usually a CT scan. Additional tests, including an ECG and ultrasounds of the neck arteries and the heart, can help doctors pinpoint a possible cause of the TIA. "If we find an abnormal heart rhythm or a blockage in the carotid artery, then we potentially can do something to prevent a future TIA or a more serious stroke," says Dr. Anderson. "As many as 40% of people who have a TIA and don't get treatment have a permanent stroke within one year," he adds. ♥

Managing afib ... from p. 1

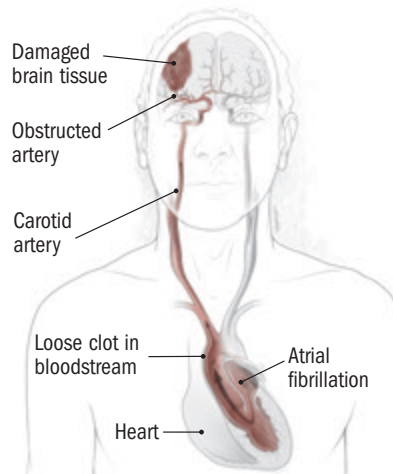
He reminds his patients that all drugs that prevent clots leave you more prone to minor bleeding, such as bleeding of the gums during toothbrushing, occasional nosebleeds, and more noticeable bruising. “But blood clots can have very serious consequences, so people need to be willing to tolerate those side effects,” he says.

Another important medication update: Aspirin is no longer recommended for stroke prevention for people with afib. In earlier guidelines, it was listed as an option for people at low risk for stroke. But evidence shows that aspirin is not very effective compared with NOACs and is associated with a similar risk of bleeding.

Ablation procedures: When and why?

Several different types of medication that slow down the heart or keep it in a normal rhythm may help tame afib symptoms. But they don't always work, and some have worrisome side effects. Another option is catheter ablation, a procedure that destroys faulty electrical pathways in the heart. For this procedure, a doctor gently guides a thin, flexible tube (catheter) into a blood vessel and threads it up to the heart. A device at the tip of the catheter emits energy that destroys (ablates) tiny patches of heart tissue responsible for the erroneous electrical signals.

How afib can lead to a stroke



During atrial fibrillation, the upper chambers of the heart (atria) quiver rapidly instead of contracting forcefully. Blood pools along the walls of the left atrium, eventually forming clots that may break free to travel through the left ventricle (the heart's lower left chamber) to the aorta. If the clot lodges in an artery to the brain, it may block blood flow downstream and cause an ischemic stroke.

The guidelines now more strongly recommend ablation for people with symptoms of afib who also have systolic heart failure (when the heart's ability to pump blood is impaired). This change stemmed from studies showing dramatic improvements in heart failure and deaths from heart disease in people who had ablation, says Dr. Ruff. But while ablation may help people avoid medications to control afib symptoms, these people still need to take clot-preventing drugs to prevent strokes, he stresses. ♥

Weight loss

The new guidelines also highlight the benefit of weight loss for people with afib who are overweight. “Weight loss is great for many things, including lowering your blood pressure and cholesterol level. But you can't actually feel those improvements,” says Harvard cardiologist Dr. Christian Ruff. But if you have unpleasant afib symptoms such as palpitations or breathlessness, losing weight may reduce the number of episodes you have and keep your afib from getting worse. That noticeable improvement in quality of life may be an extra incentive for people, especially since it may help them avoid other treatments to control their symptoms, he adds.

Legume of the month

Peanuts



Even though “nut” is in its name, a peanut is actually a legume. Like soybeans, lentils, and other legumes, peanuts are edible seeds that grow in pods. Still, most people think of them as nuts, along with tree nuts such as walnuts, almonds, and hazelnuts. (Unlike other legumes, which grow on vines or shrubs, peanuts grow underground.)

Nutritionally speaking, peanuts and tree nuts are fairly similar: they're all rich in healthy unsaturated fats and fiber, as well as several vitamins and minerals. Numerous studies suggest that people who eat peanuts or tree nuts frequently have lower rates of heart disease compared with people who rarely eat them. One added bonus for peanuts: they're not as pricey as tree nuts, making them a more affordable addition to your daily menu.

If you like peanut butter, look for a brand that contains 100% peanuts with no added sugar or salt. Spread it on whole-grain bread, topped with thinly sliced apple or banana instead of jelly or jam. You can also use peanut butter to make peanut sauce to drizzle on steamed broccoli or other vegetables. Try adding chopped, roasted peanuts to a stir-fry, or just enjoy a small handful of unsalted peanuts as a snack.





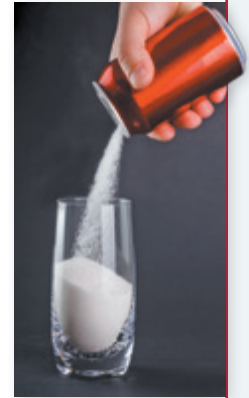
Sugary drinks linked to higher risk of dying from heart disease

Frequently drinking sugary beverages such as sodas and sports drinks may raise a person's risk of dying from heart disease, new research finds.

For the study, published in the March 18 issue of *Circulation*, researchers analyzed data from more than 118,000 health professionals over a period of more than three decades. After adjusting for other diet, health, and lifestyle factors, they found that the more sugary drinks people consumed, the higher their risk of dying from any cause—but especially cardiovascular disease. Compared with people who rarely drank sugar-sweetened

beverages, those who drank two or more per day were about one-third more likely to die of heart disease or a stroke.

Popular sugar-sweetened beverages include sodas as well as fruit drinks, sports drinks, energy drinks, sweetened waters, and coffee and tea beverages with added sugars. On average, adults drink about 145 calories per day from these drinks.



© Piotr Malczyk | Getty Images

Heart attacks: Less frequent and less deadly than 20 years ago

Fewer older adults are having heart attacks, and more are surviving them, according to a study published March 15 in *JAMA Network Open*.

Researchers analyzed data from more than 4.3 million people ages 65 and older who had suffered heart attacks over a 20-year period beginning in 1995. Back then, 20% of those included in the study died from their heart attacks. By 2014, that number had fallen to 12%.

In addition, the odds of being hospitalized for a first-time heart attack dropped by 38%. People

also came home from the hospital a few days earlier in 2014 compared with 1995, and fewer people returned to the hospital within a year because of another heart attack.

The study authors credit more widespread and consistent use of medications (such as aspirin, beta blockers, and statins) for these improvements, along with increased use of the artery-opening procedure known as angioplasty plus stenting. Lifestyle changes likely also played a role.

Positive outlook linked to better outcomes after angina

People with chest pain caused by narrowed heart arteries (angina) who report feeling hopeful about their condition seem to fare better than those who are less optimistic, new research finds.

The study, published May 1 in the *American Journal of Cardiology*, included nearly 2,400 people

with chronic angina who had undergone a procedure to open at least one narrowed heart artery (known as revascularization). More than half rated themselves as optimistic or very

optimistic, and most stayed positive over the following 12 months. During that time, they were about 40% less likely to be hospitalized or to need another revascularization compared with people who were less optimistic, even after researchers accounted for other illnesses and angina frequency.

The findings don't prove that optimism itself leads to better heart health, but they echo similar observations among heart attack survivors and others with heart disease. The results warrant future research on interventions to improve optimism, say the authors. For example, doctors could remind people with angina that their odds of returning to normal are quite good (and mention the encouraging statistics described above). ♥



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What's coming up:

- ▶ **Unscrambling the message about eggs**
- ▶ **More applause for hands-only CPR**
- ▶ **Even light activity may help the heart**
- ▶ **Wider use for less-invasive valve replacement?**