

Dealing with heart failure

DR MD HABIB MILLAT

Heart failure has become the fastest growing type of heart disease worldwide. People over 40 and older have a 1 in 5 chance of developing heart failure in their life time.

The term heart failure sounds pretty dramatic, scary and alarming. Heart failure does not mean that the heart is about to stop or having a heart attack. It simply means heart is not pumping as well as it should be. That means heart is unable to pump adequate oxygen-rich blood to tissue or unable to relax properly to effective filling of the heart to prime itself for the next squeeze. Heart failure is called as 'Congestive heart failure'. 'Congestive' means fluid is building up in the body because of the heart is not pumping well.

What can cause heart failure?

Heart attack is an important cause of heart failure. A heart attack results in damage to some of the muscle of the heart. It happens due to complete blockage of one of the blood vessels supply blood to the heart. The blockage develops due to atherosclerotic disease of the coronary arteries. Other important causes of heart failure are leaking or narrowed heart valves, long standing uncontrolled high blood pressure, irregular heart beats, disease of heart muscle itself (cardiomyopathy), congenital heart defects, alcohol and drug abuse, diabetes mellitus etc. There are no identifiable cause of heart failure (idiopathic) in 30-40 per cent of cases.

What are the symptoms of heart failure?

There are several symptoms commonly noticed by the people with heart failure independent of its cause. But there are few symptoms which are specifically related to cause. Symptoms may

be absent initially. As heart failure progresses, heart become weaker and symptoms begin to appear.

Common symptoms of heart failure are fatigue, loss of energy, tiredness, shortness of breath with activity or when lying flat, wake up from sleep due breathing problem and sit up to get air, loss of appetite, ankle swelling (leg edema), weight gain due to congestion, light-headed spells and blackouts, palpitations, chest pain, chest or throat tightness, discomfort or uneasiness in the chest, edema of lungs, liver and

ence of abnormal heart beats. Doctor will also examine lungs to find congestion or fluid accumulation, sign of congestion in the abdomen and ankle swelling.

To confirm the diagnosis and search for the cause, doctor may ask for few tests which includes blood tests, urine tests, chest x-ray, ECG, echocardiography, exercise test, heart scan, holter monitor, coronary angiography etc.

Blood tests includes blood counts, kidney function tests. A chest x-ray can show enlarge-

ment of heart and fluid around the lungs. ECG is an important test which shows electrical activity of the heart. It can provide information of the rhythm of heart, hints about any history of heart attack. Echocardiogram shows the pumping and filling function of the heart, abnormality of heart valves, heart motion and overall size of heart. Exercise test is a treadmill or stationary bike test to assess ability to do exercise. 'MUGA' or Thallium scan assess function of the heart. Holter monitor is recording of the heart rhythm over a period of 24 to 48

How is heart failure treated?

Heart failure needs to be treated, since it reduces life expectancy and cause unpleasant symptoms. People with heart failure are also prone to potentially dangerous conditions such as arrhythmias (abnormal heart rhythms), a stroke (damage to the brain due to lack of blood supply), a heart attack, thromboembolism (blood clots in the lungs, blood vessels), liver problems.

Many therapies can help to ease the workload of the heart. The aim of the treatment is to improve symptoms and maintaining that improvement, preventing heart function from getting worse and to prolong survival with overall improvement of the quality of life.

Treatment may include life style changes, medications, transcatheter interventions and surgery.

Life style changes.

Exercise and rest: By regular exercise and regular rest, people suffering from heart failure can get significant benefits. Exercise should be start off at a low level activity and gradually build up as tolerated. Walking, swimming or cycling are excellent forms of exercise. Level of activity depends on individual capacity. Take advice from your doctor regarding activity level suited for you.

Diet: Salt restriction is a critical component of heart failure treatment. Remember excess salt in

diet will result in fluid retention and the development of congestion. Eat a sensible diet, which is low in calories, saturated fat and salt.

Daily weighing and noting of weight: Daily weight measurement is very important for the heart failure patients and noting of significant increase in weight (4 lbs or 2 kg above base line weight sustained over two days) provide early warning of developing congestions. If treated at early stage, more significant congestion can be avoided. Weighing should be done at the same time of the day with same level of clothing.

Ensuring compliance with medication: Taking medication on a regular basis is critical for keeping free of heart failure. If you miss a tablet for some reason you should not automatically take extra tablets next day. If you are unsure about medication, ask your doctor. Control of blood pressure, cholesterol and diabetes is important. Immediate cessation of smoking is essential.

Medication: A range of medications can be used to relieve the symptoms of heart failure and slow down any worsening condition. Any underlying cause will be treated first. One or more medications may be needed, depending upon symptoms. Doctor will discuss about these medication and it may take a while to find out the best medicine and the best dosage of it for individual patient.

Several kinds of medicines are commonly used and they work in different ways. Most common medications used in heart failure are diuretics (water tablets), ACEI (Angiotensin Converting Enzyme Inhibitors), Digoxin, Beta Blockers, Nitrates, Hydralazine and Angiotensin II Receptor Blockers, Anticoagulants (warfarin).

These medications are effective in the treatment of heart failure. They have some side

effects as well. Sometimes hospital admission may be needed to start treatment. Some medications need careful monitoring i.e regular blood tests. You should ask doctor for information of these medications. Remember, never hesitate to ask questions.

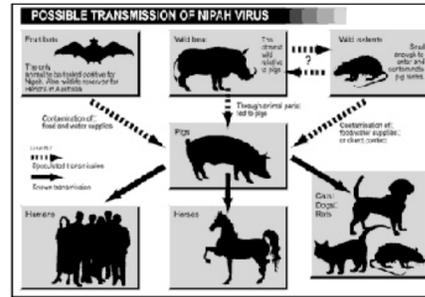
Transcatheter interventions: The aim of coronary angioplasty is to open or widened blocked or obstructed coronary artery by using a small inflatable balloon. When the balloon reaches the obstruction, it is expanded to push the vessel wall out.

Stent insertion: Some times, stent (a small mesh like wire tube) is placed in the coronary arteries to keep them open. Depending upon patient's individual situation, the stent may be plain, drug coated or a drug time-released stent. It is gaining popularity now a days

Surgery: In some cases, doctors recommend surgery to improve symptoms and treat underlying problem that lead to heart failure. Surgery for heart failure includes heart valve repair or replacement, pacemaker insertion, repair congenital heart defects, coronary artery bypass surgery, mechanical assist devices, cardiac wrap surgery (wraps a failing heart in a mesh bag, helping to prevent further failure), artificial heart (mechanical heart) and heart transplantation.

Heart failure is usually a long-term condition, with no complete cure. The best way to prevent heart failure is to practice healthy life style habits that reduce the chance of developing a heart problem. This means not smoking, being physically active most days and eating a balance diet. Patients should carefully follow doctor's advice. They can continue to live full and productive life. You can live well with heart failure.

Second outbreak of Nipah virus during 2004



From 19 February to 16 April 2004, 36 residents of Faridpur district, Bangladesh became ill with Nipah virus encephalitis; 27 died—this was the second outbreak of Nipah virus encephalitis during 2004. Unlike previous Nipah virus outbreaks, the epidemiologic evidence from this latest outbreak supports person-to-person transmission. At least six patients developed acute respiratory distress syndrome (ARDS), not previously documented as a common feature of Nipah virus infection. Efforts continue to characterise risk factors for infection, enhance infection control measures in hospitals, and understand community beliefs about the virus in order to develop effective prevention messages.

Source: ICDDR,B

Obesity/Diabetes could hit life expectancy



Twin global epidemics of obesity and diabetes are out of control and could reduce life expectancy in the future, health experts said.

Obesity, a major risk factor for diabetes, already affects 300 million people worldwide while an estimated 194 million suffer from diabetes. By 2025 the number of obese people is expected to reach 333 million.

"I suspect that within a short period of time we will begin to see a reduction in life expectancy because of the twin epidemics," said Professor Claude Bouchard, president of the International Society for the Study of Obesity (IASO).

He was speaking at the 13th European Congress on Obesity, being attended by some 2,500 doctors and health experts.

"The rise in Type 2 diabetes is, in great part, due to weight gain," said Professor Pierre Lefebvre, president of the International Diabetes Federation (IDF).

As many as 80 percent of cases of Type 2 diabetes are linked to overweight or obesity, particularly abdominal obesity.

The disease was once thought to be limited to adults but obese children are now developing the illness.

A new report on diabetes by the IDF and the IASO, released at the conference, estimated that at least half of all diabetes cases would be eliminated if weight gain could be prevented. Even a small weight loss, of about five percent, can decrease or slow down the risk of developing Type 2 diabetes and other complications of the illness, such as a raised risk of cardiovascular and kidney disease and some forms of cancer.

"A slight decline can have a beneficial effect on diabetes risk," said Lefebvre.

The report described the twin epidemics as a global health crisis and stressed the importance of eating a low-fat healthy diet and getting plenty of exercise.

"If left unchecked, the outlook for world health is bleak," the report concluded.

Source: <http://www.reuters.com>

Tiniest babies grow up to be mostly healthy adults

While children born very premature often develop behavioral and social problems in their teen years, these children report a normal quality of life in early adulthood, according to findings from an ongoing study.

Dr. Richard W.I. Cooke at Liverpool Women's Hospital in the UK has followed a group of very low birth weight children since the early 1980s. The study excluded children with disabilities that prevented them from going to mainstream schools.

Cooke previously reported that the preterm children tended to do more poorly in school than normal weight children. And by early adolescence, they were more likely to have behavioral problems and were having a harder time making friends.

"As a result, we supposed that they would have increasing

difficulties in early adulthood," Cooke said.

For the most part, that does not seem to be the case, Cooke reports in the March issue of the journal Archives of Disease in Childhood. Based on questionnaires filled out at ages 19 to 22, very low birth weight children and normal weight children reported similar quality of life.

"Despite some differences in achievement and health, the perceived quality of life was similar in the two groups, which is an optimistic outlook for parents and health professionals," Cooke said.

As young adults, the low birth weight group did lag a little behind the normal weight group. The low birth weight group was more likely to be taking prescription medications, mostly for asthma.

They tended to be shorter and weigh less. Perhaps because of their smaller stature, they were less likely to think of themselves as attractive.

But in contrast to their experience during their early teen years, individuals who had been tiny at birth seemed to have normal social relationships. They were just as likely to have had a boyfriend or girlfriend as other young adults and to be sexually active.

There were a few differences in behavior, however. Although smoking was equally common in both groups, the low birth weight group was less likely to report going to pubs. This group was also less likely to use drugs, according to the report.

Socially, low birth weight individuals seemed to have closed the gap, but they tended

to be behind their peers in terms of school, the study found.

"Only half as many were in higher education," Cooke said. He noted, however, that the disparity "was made up in vocational training," with the low birth weight group more likely to be enrolled.

One limitation of the study, Cooke noted, was that the results were based on questionnaires, not in-person interviews. He added that preterm children with major disabilities were not included.

To see how well very low birth weight children make the transition from school to the "real world," Cooke said that he plans to contact the participants again when they are in their late 20s.

Source: Archives of Disease in Childhood, March 2004.



Bounlid, Claire, Hiwot, Renu, Damiana and Samah share their experiences of pregnancy and childbirth

Great expectations on maternal & child health

The subject of World Health Day 2005 is maternal and child health.

In the lead up to World Health Day on 7 April next year, six mothers-to-be living in different countries of the world will share their experiences of pregnancy and childbirth.

These women will share the experience of pregnancy and childbirth, but will tell their individual stories from different parts of the world: Bolivia, Egypt, Ethiopia, India, the Lao People's Democratic Republic, and the United Kingdom of Great Britain and Northern Ireland. They will tell us about their hopes and fears, the impact of their wealth or poverty, and the importance of their families, communities and traditions.

These are six unique stories, but they reflect a common theme the central importance of maternal and child health to our families, communities and societies. In a world where over half a million women die in childbirth every year and where four million newborns each year do not survive beyond one month, these documentaries aim to raise awareness of the challenges we face as a global community in improving maternal and newborn health. They will also draw attention to the pressing need to meet the Millennium Development Goals of reducing maternal deaths by three quarters, and reducing child mortality by two thirds by 2015.

Source: <http://www.who.int>



Recently Siemens Bangladesh Ltd. donated 4 Ultra Sonogram Machines to the Health Ministry for the development of the medical and health sector. Dr Klaus Wucherer, Executive Vice President, Siemens AG, Germany, donated the machines on behalf of Siemens, Germany to Dr Khandakar Mosharaf Hossain, the Honorable Minister of Health and Family Welfare of People's Republic of Bangladesh. High officials of Siemens and Health Ministry were present at the official handover ceremony.

Don't try this at home!



If you pine for pearlier whites, call your dentist. A study found that home tooth-brushing kits could cause infection or nerve damage if you have cavities.