

Heart

continued from D1

khakis, with an eager depth, a sweetheart demeanor and a passion for what wakes him up at all hours of the night.

Why do some people survive heart attacks and some people die instantly?

Dr. Metzger explains with his innate energy – since he’s had only two hours of sleep from being “on call” last night: “My phone rang at 3 o’clock this morning. It was the Delray Medical Center. The ER told me they had a 64-year-old man that was having chest pain on and off since Sunday. After the paramedics stabilized him and brought him to the hospital, he suffered a cardiac arrest in the Emergency Room.

His heart actually stopped, requiring emergency resuscitation (done successfully with prompt use of the electrical paddles and chest compressions). We were then called to bring him for an emergency angiogram and stent to treat his culprit vessel and its ruptured plaque.”

But was the good doctor too late? No. The patient was out of surgery and recovering an hour later – the blood clot gone and a stent put in.

Why did he survive? Was it just timing?

“There’s a difference between a heart attack and a cardiac arrest – which is also known as sudden cardiac death. ... A heart attack is when a cholesterol plaque that has been steadily accumulating through one’s adult life suddenly ruptures, and a blood clot forms at the site. This leads to an abrupt cessation of blood flow in the vessel, which causes the typical chest pain we associate with heart attacks.

Very often, despite the intense chest pain or shortness of breath, pa-



Michael Metzger provides attention to patients with heart-related emergencies at two community hospitals. CONTRIBUTED

MOST COMMON SYMPTOMS OF HEART ATTACK IN WOMEN ARE THE ABC’S

- Angina:** Chest pain, back pain or deep aching and throbbing in the left or right bicep or forearm
- Breathlessness:** Or having difficulty catching one’s breath
- Clammy perspiration**
- Dizziness:** Lightheadedness or even blackouts
- Edema:** Swelling, particularly of the ankles or lower legs
- Fluttering:** Or rapid heartbeat
- Gastric:** Upset stomach or nausea
- Heavy fullness:** Or pressure-like chest pain between breasts and radiating to left arm or shoulder.

tients are able to remain stable enough to get to the emergency room with a normal heart rate and blood pressure, and can calmly discuss what is happening to them.

“A heart attack can present with several additional complications, depending on the size and location within the heart, as well as the time delay until treatment. Among the most potentially fatal complications is an electrical ‘short circuit,’ which can produce an arrhythmia called ventricular fibrillation. This is an unstable electrical rhythm of the heart, and people will collapse or pass out when this occurs – and without prompt treatment (external shocks from a defibrillator), will nearly invariably die.

“Ventricular fibrillation is therefore a common cause of a cardiac arrest and is likely the major reason people die of a heart attack at home. However, please understand that not all heart attacks cause this electrical complication, and not all cardiac arrest is from a ‘heart attack.’ This is a common misconception.”

Is heart disease still the No. 1 killer of women?

“Cardiovascular disease is the most common cause of death in women. This encompasses more than just heart attacks – it includes stroke, heart failure, valvular heart disease, etc.”

How has heart care changed?

There are new ways to

assess what somebody’s individual cardiovascular risk is. For example, Metzger says, a patient may have normal cholesterol levels but still have a heart attack. This is because not all cholesterol is equal.

“Some people make big fluffy pieces of LDL (‘bad’ cholesterol), while others make small, dense pieces. We know that small dense LDL is more likely to form cholesterol plaque in an artery wall.”

With new tests, identifying people with the small dense LDL should reduce deaths.

So what is a typical day in a matter of life and death job?

“It is a lot of hard work – I am up by 5 or 6 a.m. every day, going to hospitals for procedures and rounds in the mornings, followed by a busy office schedule in the afternoons, and often back to the hospitals at night to see more patients. It is taxing from a physical perspective with all the running around, and there is also a lot of emotional strain and stress as every single thing we do, all day long, and often in the middle of the night is a decision.

Metzger exudes a real passion for his office and his practice. Was it similar to an artist’s calling? “In medical school I found myself listening to a cardiac lecture only once and completely understanding it and didn’t have to memorize anything. It made practical sense to me – that is how I know found the perfect specialty for me.”

What’s your top advice to preserve heart health?

“My one tip would be to see a physician who can assess risk. We have ways to assess risks include metabolic factors and advanced lipid testing. This is not ‘cookie-cutter’ doctoring. We come up with a personalized plan based on someone’s individual risks.”

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