

Helping Hearts

While the worry of heart disease leads many to change their ways in their 50s and 60s, heart troubles can strike sooner and for surprising reasons

Just a few days after his 35th birthday, in 2006, David Thomasson of Dallas felt chest pain. “I wasn’t sure what was happening, so I drove myself to the emergency room,” he says. What was happening turned out to be a heart attack. The staff at Baylor Jack and Jane Hamilton Heart and Vascular Hospital whisked him to the cardiac catheterization lab, where doctors inserted four stents to help clear blockages around his heart.

Many people believe heart disease is something that happens to older people. And while symptoms often appear as people reach their 60s and 70s, the plaque deposits that lead to heart disease start building in blood vessels decades earlier. In fact, a study of 3,000 teenagers and young adults who died from unrelated causes found early signs of heart disease beginning in childhood.

Thomasson’s heart attack seemed sudden, but he says in hindsight he had been tired and short of breath beforehand. “I had stopped exercising and started gaining weight—I wasn’t taking the best care of myself,” he says.

The heart attack jump-started a list of lifestyle changes: He quit smoking, lost 30 pounds, learned how to better manage his stress, changed his eating habits and launched an exercise program. Still, additional blockage in blood vessels that didn’t have stents led him to a quadruple bypass in 2007 at Baylor University Medical Center at Dallas.



David Thomasson

Now, he says he feels incredible. “I have an amazing energy level. I didn’t realize how tired and sick I was until I started feeling better,” he says.

AN EARLY START

Early-onset heart disease is becoming more common, with risk factors showing up in childhood, says James W. Choi, M.D., an interventional cardiologist on the medical staffs at Baylor Heart and Vascular Hospital and Baylor Dallas. “Pediatricians are starting to see type 2 diabetes now, due to obesity,” he says.

He warns that people with a family history of early heart disease—a parent or sibling who had a heart attack or heart problems before age 55—should be particularly careful.

Baron L. Hamman, M.D., a thoracic surgeon on the medical staff at Baylor Dallas, says that younger patients with risk factors need to be on the lookout for the same symptoms a parent or close relative may have experienced with heart disease: chest pain, palpitations or unusual shortness of breath.

“If you’re in football practice and you run 100 meters and notice shortness of breath, that’s OK,” he says. “If you’re carrying the water a short distance, that’s a little different.” He also warns to watch for flushing or sweating on and off during the day, which can be a marker for diabetes and is often linked to heart disease.

Dr. Choi says that people who lead sedentary lives may feel they’re slowing down and attribute their sluggishness to aging. That was the case for Thomasson. “I really felt tired and short of breath all the time, but I thought that’s what happens when you get to be 34 or 35,” he says. In fact, his symptoms were signs of his worsening heart disease.

A SECOND LOOK

It’s not just heart attacks that demand attention at an early age. For some heart conditions, problems that went untreated in childhood may need a second look in adulthood. Joanne Barnes, 59, of Coppell was born with a heart defect called coarctation of the aorta, but for years the only symptom was a murmur. For a long time, the risks of surgery—including paralysis—outweighed any benefit.

Around 10 years ago she started to notice more symptoms—shortness of breath and loss of sensation in her legs. She tolerated them for a long time, but doctors told her the condition would worsen as she aged, possibly causing heart damage and pressure on the aortic valve.

She decided to have surgery to correct the defect in 2008, when she was still relatively healthy and young, and better able to recover from the operation. Thanks to advances in surgical techniques, the risks were reduced and surgeons on the medical staff at Baylor Regional Medical Center at Grapevine repaired her aorta.

Barnes’ heart defect wasn’t considered serious in her childhood. But children born with serious congenital heart defects a generation ago are still living well into adulthood now. “They need to be followed periodically by a cardiologist with a working knowledge of pediatric heart disease,” Dr. Hamman says. *By Stephanie Thurrott*

■ **No matter what your heart disease risk factors are, Baylor can help you take care of your heart. For a referral to a physician on the Baylor Dallas medical staff, call 1-800-4BAYLOR or visit BaylorHealth.com.**

SOLUTIONS WITHOUT SURGERY

Not so very long ago, open-heart surgery was the only way to treat most heart problems. It meant a large incision and a long, uncomfortable recovery.

Today, interventional cardiology has gained prominence as a less-invasive approach to repair many heart problems while avoiding surgery. After threading a catheter through an artery in the groin and up to the heart, the cardiologist can evaluate the size and strength of the heart muscle, trace blood flow through the heart’s chambers, check heart valve function, and see if any of the coronary arteries are narrowed by plaque related to atherosclerosis.

According to Ravi Vallabhan, M.D., an interventional cardiologist on the medical staffs at Baylor University Medical Center at Dallas and Baylor Heart and Vascular Hospital, refinements in interventional procedures are giving patients and cardiologists more options. For example, instead of going through the groin artery, the catheter can be inserted through the radial artery in the wrist. This approach is helpful for very obese patients, or those who have severe blockages in their lower abdominal arteries.

The most common techniques performed by interventional cardiologists are angioplasty and stenting. “Most of the recent advances in angioplasty and stenting have been in stent materials and design, and new types of drug coatings,” Dr. Vallabhan says. And when it comes to treating heart defects, a significant technological breakthrough called the Amplatzer® device has made it possible to use a catheter to close atrial septal defects and patent foramen ovale, defects in which there is a hole in the wall separating two chambers of the heart. The tiny, umbrella-shaped patch is inserted into the opening to seal it off.

“We deliver the collapsible device through a catheter that is a bit larger than the one we use for angioplasty,” Dr. Vallabhan says. “What once required open-heart surgery now typically only requires a patient to have a less-invasive procedure and an overnight stay in the hospital.” *By Deborah Paddison*

For a referral to a cardiologist on the medical staff at Baylor Dallas, call 1-800-4BAYLOR or visit BaylorHealth.com.



Joanne Barnes