

# FIRST COAST CARDIOVASCULAR INSTITUTE: CONGESTIVE HEART FAILURE – ARE YOU AT RISK?

A person age 40 or older has a one-in-five chance of developing congestive heart failure, according to a recent study published in *Circulation: Journal of the American Heart Association*. The study authors also reported that lifetime risk of developing heart failure doubles for people who have high blood pressure.

So what does that mean for you? First of all, understand that the term "heart failure" doesn't mean that your heart has suddenly stopped working. Instead, heart failure means your heart is not pumping as effectively as it should to deliver oxygen-rich blood to your body's cells. More specifically, congestive heart failure (CHF) is a syndrome in which elevated pressure inside the heart causes fluid to back up in the body. More common in the elderly because of accumulated heart damage, CHF can be caused by prior heart attack, long-standing high blood pressure, diabetes, or a tight or leaky heart valve.

## Some Symptoms May Be Misleading

CHF usually develops slowly. You may go for years without symptoms, and the symptoms tend to get worse with time. This slow onset and progression of CHF is caused by your heart's own efforts to deal with its gradual weakening. Your heart tries to make up for this weakening by enlarging and by forcing itself to pump faster to move more blood through your body.

The most common symptoms of CHF, including shortness of breath and swollen ankles, are associated with many diseases. So your doctor need to do some "detective work" with questions and tests to determine whether your symptoms are true indicators of CHF.

If the left side of your heart is not working properly (left-sided heart failure), blood and fluid back up into your lungs. You will feel short of breath, be very tired, and have a cough (especially at night). In some cases, patients may begin to cough up pinkish, blood-tinged sputum.

If the right side of your heart is not working properly (right-sided heart failure), the slowed blood flow causes a buildup of fluid in your veins. Your feet, legs, and ankles will begin to swell. This swelling is called edema. Sometimes edema spreads to the lungs, liver, and stomach. Because of the fluid buildup, you may need to go to the bathroom more often, especially at night. Fluid buildup is also hard on your kidneys. It affects their ability to dispose of salt (sodium) and water, which can lead to kidney failure. Once CHF is treated, the kidneys' function usually returns to normal.

As heart failure progresses, your heart becomes weaker and symptoms begin. The Texas Heart Institute offers this checklist of symptoms that may indicate CHF:

- You have trouble breathing or lying flat because you feel short of breath.



*Dr. Ashchi and Dr. Yazan Khatib and associate Dr. Cameron Haery are at the very forefront for treating a wide range of heart and circulatory problems, especially the most difficult cases. Board-certified in cardiology and interventional cardiology, the professionals of First Coast Cardiovascular Institute bring advanced knowledge and skill to their care and treatment of patients.*

- You feel tired, weak, and are unable to exercise or perform physical activities.
- You have weight gain from excess fluid.
- You feel chest pain.
- You do not feel like eating, or you feel like you have indigestion.
- Your neck veins are swollen.
- Your skin is cold and sweaty.
- Your pulse is fast or irregular.
- You feel restless, confused, and find that your attention span and memory are not as good as they were.

Most doctors can make a tentative diagnosis of CHF from the presence of edema and shortness of breath. With a stethoscope, a doctor can listen to your chest for the crackling sounds of fluid in the lungs, the distinct sound of faulty valves (heart murmur), or the presence of a very quick heartbeat. By tapping on your chest, doctors can find out if fluid has built up in your chest.

A chest x-ray can show if your heart is enlarged and if you have fluid in and around your lungs. Electrocardiography (ECG or EKG) can be used to check for an irregular heartbeat (arrhythmia) and stress on the heart. It can also show your doctor if you have had a heart attack.

Echocardiography can be used to see valve function, heart wall motion, and overall heart size. Other imaging techniques, such as nuclear ventriculography and angiography, can provide a clearer diagnosis and show doctors how diseased your heart is.

## Who is at Risk?

Nearly 5 million people in the United States—mostly older adults—already have CHF, and the

number of people with CHF keeps rising. About 550,000 people develop CHF each year. This is because people are living longer and surviving heart attacks and other medical conditions that put them at risk for CHF. People who have other types of heart and vessel disease are also at risk for CHF.

## Risk factors for CHF include

- Previous heart attacks
- Coronary artery disease
- High blood pressure (hypertension)
- Irregular heartbeat (arrhythmia)
- Heart valve disease (especially of the aortic and mitral valves)
- Cardiomyopathy (disease of the heart muscle)
- Congenital heart defects (defects you are born with)
- Alcohol and drug abuse

## Treating Congestive Heart Failure

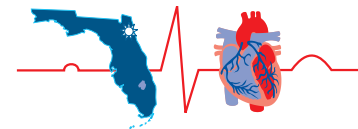
"There are three goals in the treatment of CHF patients," says Jacksonville cardiologist Majdi Ashchi. "These goals include improvement in symptoms and quality of life, improvement in survival and elimination or lessening of the complications of CHF."

Treatment of congestive heart failure has improved dramatically over the last 10-12 years, with lives saved and quality of life improved," says Dr. Ashchi. "Basic methods of treatment include restricting fluids and sodium, weight loss, treatment of any underlying disease, respiratory therapy and patient education. Plus, there are new drug treatments available as well as some standard long-standing drugs that can be successfully administered. We also have some new interventional therapies including surgery using lasers, cardiac pacemakers, or electrical conduction and electrical modification of conduction with pacemakers (Biventricular pacing)."

Dr. Ashchi and Dr. Yazan Khatib, partners at First Coast Cardiovascular Institute, are at the very forefront for treating heart and circulatory problems, especially the most difficult cases. Board-certified in cardiology and interventional cardiology, both professionals bring advanced knowledge and skill to their care and treatment of patients.

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