Heart Attack Warnings Vague, Ignoring Them Easy, Fatal

By Jane Brody

New York (NYT) – In the midst of an after-luncheon speech to a large group of his constituents, a New England politician in his 40's developed a crushing pain in the middle of his chest and became light-headed and short of breath.

He continued talking and the pain seemed to settle in his throat. Thinking a fish bone from lunch might have lodged there, he visited an ear, nose and throat specialist, after the speech, but the doctor found no bone.

On the way back to his hotel with his aides, the politician passed out and was taken to a hospital emergency room, where an electrocardiogram revealed that a myocardial infarction—a heart attack—was in progress.

This case, described recently by Dr Thomas P Hackett at a meeting of the American Heart Association, unfortunately is typical of the way most Americans deal with the symptoms of a possible heart attack. They deny that anything serious could be wrong, they attribute the symptoms to some other organ with less lethal implications than the heart, and the victim's companions share in the denial and fail to take appropriate action.

Studies of hundreds of persons who suffered heart attacks revealed that on the average four to five hours elapse between the onset of symptoms and arrival of the patient at a hospital. In fact, some people walk around for days with increasingly severe symptoms of a pending heart attack and do nothing about it until they literally collapse.

This delay in making the correct diagnosis and starting life-saving medical care is believed to be responsible for the unnecessary loss of more than 100,000 lives each year and needless damage to the hearts of tens of thousands of others who survive their heart attacks.

The first hour after a heart attack is the period of greatest danger—when 40 to 75 per cent of deaths occur, most of which could be prevented—but the average patient does not come under proper care until the maximum risk has passed.

A major problem is that many people don't recognize the symptoms of a heart attack and that these symptoms may be vague and readily ascribed to something else.

Between 70 and 90 per cent of patients have chest pains of sufficient intensity to shoulder, neck or arms, and it may come and go, sometimes disappearing for hours or overnight. The heart attack victim may also feel weak, nauseous or short of breath.

Many patients apparently mistake their symptoms for indigestion, since the most common response to the pain of a heart attack is to reach for an antacid.

It is not uncommon for the first symptoms of a heart attack to begin at a time of emotional or physical stress, such as

Personal Health

while giving a speech or playing tennis. But a heart attack can happen anytime, any place and under any circumstances, awake or asleep.

The American Heart Association recommends that anyone experiencing chest discomfort that lasts more than two minutes should go to a hospital immediately. Once at the hospital, the patient should be treated as if he is having a heart attack until proven otherwise.

A person in the midst of a heart attack may have a normal electrocardiogram, and doctors sometimes mistakenly reassure patients that "it's not your heart" because the tracing on the cardiogram is normal. Various blood tests must also be done. It may take three days of hospital tests to rule out—or confirm—a heart attack.

One in five heart attacks is not diagnosed at the time it occurs, and many thousands of people are walking around today with damaged hearts and don't know it. These so-called "silent" infarcts are missed because they produce little or no pain or because they cause only brief—or no—electrocardiographic or blood changes. Sometimes the doctor simply misses the diagnosis.

But by far the most common problem in missed and delayed diagnosis is denial by the patient and his companions that heart attack could be occurring.

Dr Hackett, who is director of psychiatry at Massachusetts General Hospital, said that like the New England politician, patients commonly feel, "It couldn't be happening to me." Or they don't want to "cause a fuss" or get the doctor out of bed.

In one study, more than 90 per cent took an over-the-counter medicine or home remedy – ranging from Tums to alcohol – and half actually increased their physical activity for a while after their symptoms began.

Some knew they were having a heart attack but did nothing about it because they preferred death to life as a "cardiac cripple." But, in fact, the great majority of people who survive a heart attack are hardly "cripples." Rather, they lead full, normal lives, taking only moderate precautions to preserve their hearts.

Dr Hackett maintains that teaching people the symptoms of a heart attack is not enough to overcome denial. Denial is also common among people who know the symptoms, such as patients who have already had one heart attack and doctors, who delay twice as long as average in responding to their own heart attack symptoms.

A person who realizes he is having a heart attack feels a sense of impending disaster, which pushes him further into denial. "Denial of peril is one of man's most basic responses to danger," Dr Hackett pointed out. But, he added, it may be possible to counter it by telling people to expect to deny the existence of heart attack symptoms and to blame them on other organ systems.

"We should tell people that when they reach for a Brioche to ease the pain that has been there over 2 minutes, they should instead reach for a phone and get to the hospital," Hackett recommended.

Whoever is with the patient at the time symptoms occur – spouse, business associate, friend or passerby – is perhaps the most effective means of countering denial. (Unfortunately, the wife is as likely to deny her husband's symptoms as he is.)

It's Dr Hackett's view that if that person—called the "heartsaver" by the American Heart Association – takes executive action, telling the patient, "Come on, we're going to the hospital right now," the most reluctant, denying patient will go along.

16, 1924, with a seven-column banner headline proclaiming:

"Herald Plans Beach Colony of 6,000 Bungalows; River Resort To Be Open To All Readers"

The newspaper pushed its project each day in the paper until the major plans were announced Sunday, May 25.

For $25, or $5 down and 50 cents a week plus a subscription to the weekday newspaper, one could have a 25-foot by 100-foot lot in Herald Harbor. Beach front property went for $200 a lot plus a subscription.

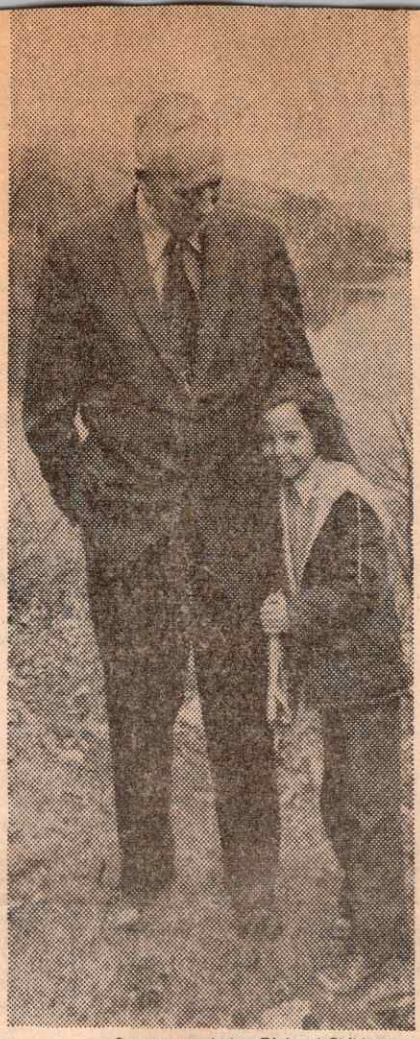
A subscription to the Sunday *Herald* made the reader eligible for a second lot. For more lots, there had to be a subscription to the newspaper to match it.

"While Herald Harbor is not to be exclusive in the snobbish sense," the *Herald* said, "we propose to keep it clean and respectable and free from offenses against the tastes of refined families . . . This particular club and colony is for white people. Lots will not be sold to colored people. After our initial colonization is completed, we hope to develop a vacation colony for our colored readers in another locality, and if those plans can be matured, that opportunity will be just as astounding to our colored readers as Herald Harbor is to our white readers."

The newspaper also had proclaimed—somewhat contradictorily—that the Herald Harbor country club would be "of the people, by the people and for the people."

Within two days, the newspaper claimed 1,000 lots had been sold.

It was a false success. The *Herald* was using the money taken in on the lots and subscriptions to pay its real estate debts. When William Randolph Hearst, head of



Sunpapers photo—Richard Childress

RICHARD HALL—With granddaughter, Cindy Hefferan, on river bank.

dozen soft shell crabs from the river.

"We used to spear the pike with a gig, they were so thick. That was against the law but we only did it when we wanted to eat pike," he said. "And the crabs were so thick, you had to be careful where you walked on the beach. It's not that way anymore. When people come, the wild goes away."

Despite the demand for homes and access to the river, Herald Harbor hasn't grown the way its planners believed it would. None of the grand plans ever have been realized.

"The lots on the plats are too small to build on," Mr. Hall said. "The topography is bad. You can't build homes where the plats say homes should be."

The small lots made the price cheap and the lack of public services made them even cheaper. People bought them, then couldn't build anything but a shack, a summer beach house.

"It started out bad," Mr. Hall said. "They developed it wrong and the place has been suffering since."

Henry Dodge, 79, moved to Herald Harbor in 1931. A carpenter, he lived first in a shack then built his own home. With the default of the Washington *Herald*, hundreds of the small lots became available and Mr. Dodge gradually bought many of them.

"This was supposed to be a common, everyday working man's community," he said. "I don't believe I can lose buying land cheap. I hope to build on it someday but with all the rules they have today, I don't think we ever will."

Herald Harbor is the odd boy on the block and the Severn River is the block. The Severn River is a rich man's river.

The Battle To Preserve A V

L. Marshal Dowling has an aerial photograph of the top of the Severn River he calls his "nightmare picture."

It shows beneath a blue sky flecked with cottonball clouds the Ben Oaks community pool glittering like a sapphire beside a river of mud.

Built in 1968, the swimming pool is a bottled-off bend in the river. When the pool was constructed, river water was filtered into the enclosure, but by 1971 the river was so full of silt it clogged the filters and forced a change. The community had to drill a well to supply clean water for the pool.

Mr. Dowling lives in Ben Oaks, a riverview community with houses ranging into the $80,000 range. A past-president of the Severn River Association, he is a tall, bald

in the river to an umbrella association of many riverfront community associations.

The group sponsors a Project Watchdog in which people are encouraged to report their neighbor's failing septic tanks to the Health Department.

B. Spencer Franklin, chief of the consumer protection division of the Anne Arundel County Health Department and in charge of monitoring the water quality for the government, said that project and a property-by-property walk by workers in his office had helped clean up the river over the past five years.

There are no sections in the river that are closed to swimming, although Mr. Franklin said the heads of creeks where marinas are located are generally full of bacteria and are not safe for swimming

traffic roils the water, suspending the silt and finely chopped organic particles. The cloudy condition left in their wake is called turbidity by water quality experts.

R. Reece Corey, a tall, somewhat disheveled man with laugh lines around his eyes accenting his smile, looks like the professor of biology he is. Dr. Corey, a biologist who teaches at the Naval Academy, has been monitoring all three kinds of pollution in the river for the past few years. The project is for the Severn River Association of which he is vice president.

About once a week during the summer, Dr. Corey takes a wooden case full of sterilized glass bottles from his Michelson Hall basement laboratory and heads for the river. At selected points from the mouth of the river around Greenbury Point to the top of the river at Severn Run, Dr. Corey samples the water.

Leaning over the side of the scow, he dips the bottle to about elbow depth, let-

The Page Opposite

The News American, Friday, January 19, 1979

Science beat

CPR: Everybody should know how to save lives

BY JOANN RODGERS

On a cold Friday night in a Baltimore department store packed with post-Christmas sale shoppers, an 80-year-old physician collapsed in the shoe department, the victim of a heart attack.

While his wife sat numbly nearby and a hushed knot of shoppers and salespeople gaped, this reporter, at first alone, then joined by a registered nurse and, finally, by a doctor paged by loudspeaker, performed cardiopulmonary resuscitation (CPR) until an ambulance full of paramedics arrived 20 minutes later with drugs, respirators and electrical defibrillators.

All of our efforts failed and the old man was pronounced dead within the hour.

The story, outside of its personal component for the writer, is common enough. Each year, according to estimates by the American Heart Association, 650,000 Americans die of heart attacks, 350,000 of them so suddenly they never make it to a hospital alive.

But there are some features of this tale that invite a closer look, despite the discomfort it brings and the urge to look at the victim's seniority and lay the incident to rest with his remains.

First is the fact that the few of us who were able to perform CPR — mouth-to-mouth breathing and vigorous, rhythmic compression of the chest that keeps oxygen-rich blood flowing in a person who is clinically "dead" — were recruited by accident.

In my case, a store employee grabbed me at random en route to the exit and asked "Do you know anything about heart attacks?" The nurse was shopping for shoes and noticed the commotion. The doctor just happened to be within loudspeaker distance in the huge shopping mall.

There was no universally recognized signal, alarm, or code to summon those able to do CPR.

Second, and most outstanding, is the fact that there were so few of us that precious minutes were lost finding anyone ready to do CPR.

We were not the first to reach the dying man. When I arrived, several people had him propped in a chair. They were fussing at his clothes and imploring someone to call an ambulance. He already had lost the pink blush of life and was motionless. (He was probably already brain dead, we later learned.) No one had checked for a pulse, or to see if his chest was rising and falling (a sign of breathing). No one had loosened his tie or belt.

After a bystander was instructed to lower the man to the floor, I asked if anyone could help with CPR. Having one person inflate the lungs while the other compresses the chest to squeeze blood through the heart, is less tiring, easier and more effective than single-person CPR.

BREATH OF LIFE: Cardiopulmonary resuscitation, or CPR, could save thousands more lives, claims the American Heart Association, if the technique was more widely taught. Here a Florida lineman works to save a fellow worker whose heart stopped after the man touched a high-voltage wire. As Joann Rodgers reports in this article, CPR was developed in Baltimore by two engineers and a physician from Hopkins.

"I don't know how," said the one man who even bothered to answer.

Third, there is the irony of hearing that statement in Baltimore, where the ABC's of CPR were discovered and developed, and whose residents published the first article on the subject on July 9, 1960, in *The Journal of the American Medical Association.*

Two of the three authors were electrical engineers at Johns Hopkins University — Dr. William Kolwenboven and his student, G. Guy Knickerbocker. Dr. James R. Jude was a surgical resident at the Hopkins Hospital.

By mid-1960, according to AHA historians, Baltimore Fire Department emergency squads were routinely taught CPR and the Maryland Heart Association helped write some of the first training materials used nationwide.

Today Dr. Myron "Mike" Weisfeldt, chief of cardiology at Hopkins, continues the Baltimore connection, developing and publishing refinements in CPR technique destined to save not only more hearts, but more brains as well. The better the CPR, the less likely is neurological impairment.

Through programs developed by the AHA, CPR can be taught now to laymen in three to four hours. More than five million Americans have taken courses offered by heart associations, fire departments and schools.

In Seattle, a model CPR community, a fifth of the population over 18 knows CPR. (This writer, incidentally, learned it from Dr. Richard Ross, now dean of the Hopkins Medical School and a former president of the American Heart Association, and Dr. J. O'Neal Humphries, professor of cardiology at Hopkins.)

Thousands of Americans have now been brought back to life with bystander CPR performed by teenagers, housewives, spouses, steelworkers, cab drivers, waiters and grandmothers.

Finally, there is the incredible lack of a national commitment and policy from public health authorities to making CPR a household acronym and practice.

In high-density areas like department stores, ballparks, restaurants — wherever large numbers of people congregate — failure to require training of at least a percentage of employees and others who deal with the public can only be considered negligent. But without dollars and uniform requirements, the training manuals, equipment, personnel and sense of urgency necessary to do the job won't always be there.

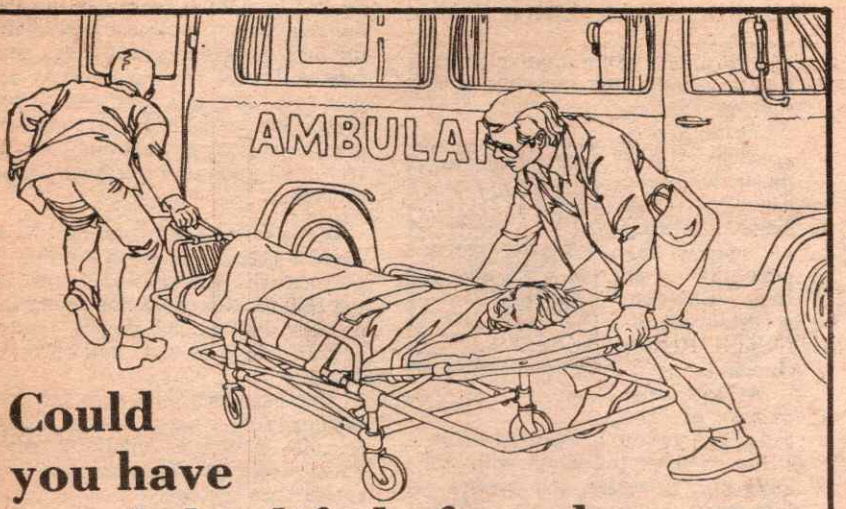
"There is no doubt that a national policy coupled with a dollar commitment to CPR from federal health agencies would be highly desirable," says Dr. Gerald Austen, professor of surgery at Harvard Medical School and immediate past president of the AHA. "And yes, I would say there should be at least a nationwide goal to make proficiency in CPR a requirement for high school graduation. To leave it all to voluntary efforts, as good as they are, is probably not going to be enough."

In the next few years, according to heart researchers, new drugs, more rapid access to hospitals, preventive efforts and modern sophisticated medical technology promise to save more and more victims from sudden cardiac death.

But in the words of AHA senior science writer Paul Sampson, help for the stricken patient right now, today, will always begin where it does now, "with the prompt response of the trained rescuer who will provide the most basic form of medicine: the compassionate laying on of hands, the healing touch."

That message was said to me that cold Friday night not quite so elegantly, but somehow as dramatically, by my 12-year-old son who had calmly comforted the dead man's widow and watched the unfolding scene on the floor of that department store in Baltimore before finally dissolving in quiet tears en route home.

"I'm going to learn CPR right away, Mom," he whispered wiping his eyes. "I never want to be the one to say 'I don't know how.' "



Could you have saved this life before the ambulance arrived?

If you had taken the CardioPulmonary Resuscitation courses—you might have!

The Baltimore Sunpapers are proud to co-sponsor these courses, at no charge to you, along with the American Heart Association, Central Maryland Chapter and the Baltimore City and metropolitan area fire departments. The one, four-hour citizens CPR course includes the showing of a film, a two-part lecture and slide presentation, a demonstration on a manikin of rescue breathing, a discussion of the early warning signs of heart attack and the legal implications of CPR, a practice session on CPR techniques and a written examination.

The courses will be taught at no charge by fire department personnel and will run from February through June. Cooperating fire departments are Baltimore and Annapolis cities, Anne Arundel, Baltimore and Howard counties (sponsored by Howard Community College).

IF YOU LIVE IN: Annapolis, Anne Arundel county, or Howard county. Pick up your registration form at any fire station.

Baltimore county. Telephone 825-7310 (CPR Program), Monday-Friday, 9 a.m.-3 p.m.

Another Community Service Sponsored By

THE BALTIMORE SUNPAPERS

In cooperation with the American Heart Assoc., Central Md. Chapter and the Baltimore city and metro area fire departments.

planked walls of the 19th century slaves' quarters on a large Howard County estate.

Still more cabin than nightclub, this tiny house has made the transition to modern times with progressive folk music, while the historic farmhouse nearby has adapted successfully as Rene's Papillon, a restaurant offering French cuisine.

A few elements of the Pub—like its simple, planked floors—still look back 150 years with some authority. However, the overall atmosphere of the one-room nightspot now belongs primarily to a romantic's vision of harder times.

The red and white checked curtains, crackling fire, plain wooden furniture and beamed ceiling make the Pub cheerfully rustic. It's also cheerfully cramped—a fact that's shrugged as a slight inconvenience by musicians and considered a virtue by patrons. The stage area is just a few square yards of cleared floorspace, and the performers hoist their speakers and empty guitar cases onto the rafters.

Many of the solo musicians who play the pub perform a heavy bill of mellow, progressive folk. They draw from contemporary recording artists like Joni Mitchell, Jackson Browne, Cat Stevens, and James Taylor.

Karen Goldberg is one of the regulars who packs the Pub to its capacity of 60 people. Formerly a physical education teacher, she began playing for audiences three years ago—and her style caught on immediately.

Ms. Goldberg has a strong alto voice that's readily adaptable to a broad range of songs by the contemporary artists. She also uses her own originals.

But much of her appeal lies in her tremendous stage presence. She

And in a small room like the Pub, her magnetism is almost overwhelming. In fact, whenever she plays, some fans will start arriving as early as 7 p.m. to be sure of a seat. And on such nights, the manager is apt to enforce a Pub practice of charging each patron a $3 minimum purchase of food or wine.

Rene's Papillon restaurant is located a short walk from the Pub for patrons with gourmet appetites. But the Pub itself sports some pretty fancy fare, like quiche, crepes, Boursin and Jarlsberg cheeses and chocolate mousse.

Pub patrons are all ages, but dress primarily in jeans. It's a casual, friendly audience—many of whom know each other. They come to listen rather than carouse.

The performers themselves reflect the mood and taste of their audience, if only because they are subject to their evaluation. Any patron can request a certain musician or different type of music by filling out an opinion card on his or her table.

The current roster of performers, according to the manager, is as follows: Monday—Dave, progressive folk on guitar and organ; Tuesday—Lynn Jacobs, progressive folk on guitar; Wednesday—Charlie Wolf, country rock; Thursday—Karen Goldberg, progressive folk on guitar; Friday—Al Westcott, country rock; Saturday—Paula and Tom, popular music; Sunday—Mike Smith, popular music.

The Pub is as cozy and personal a nightspot as you're likely to find. And if you go when a local star like Karen is playing—you'll find that it offers an incredibly enthusiastic brand of modern rustication.

Correction

In last week's Sundown column, the hours for Our Place were listed incorrectly. The correct hours are 11 a.m. to 2 a.m. daily. The Evening Sun regrets the error.

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NEWS RELEASE

"CPR--Minutes Into Years" is a 16mm, color, 30 minute, sound film and has recently been completed by Eagle Production Corporation for distribution to all training organizations. It conforms to the latest standards as recommended by the American Heart Association, the American National Red Cross, the International Association of Fire Fighters, International Association of Fire Chiefs, Emergency Medical Technicians (EMT's), the National Ski Patrol System, American Hospital Association and nationally recognized medical and legal experts such as Gerald Gordon, Denver General Hospital and Dr. Roger F. Johnson, M.D., L.L.B.

"CPR--Minutes Into Years" adheres to all the recommended protocols for cardiopulmonary resuscitation (CPR) Obstructed Airway (Choking), Electrical shock, and Drowning, all brought together in one training film.

"CPR--Minutes Into Years", in conjunction with life-saving training courses, conducted by any one of the above associations, could literally mean countless lives saved and could virtually turn minutes into YEARS.

"CPR--Minutes Into Years" covers heart attack, the correct assessment of the victim through animations, live models and simulated Annies, the correct protocol and demonstration of opening the airway, breathing and circulation, correct protocol for hand position and counting rhythm for the single and the double rescuer. It also covers the child and infant resuscitation from electrical shock and drowning victims. In addition, the Obstructed Airway is extensively covered and demonstrated as to correct protocol procedures. The legal ramifications of the rescuer or lay person are covered by a prominent

lawyer/doctor. Each step is clearly and carefully illustrated. It took a little over six months to film and coordinate the correct protocol procedures with all the organizations involved to produce this film and conforms to the latest recommended standards.

All organizations that have seen "CPR--Minutes Into Years" have felt the film is an outstanding medium for review training and to motivate individuals to take the training courses in CPR that are available to the beginning student. It has also been brought out by the many organizations that people who have been trained in CPR do not retain that training over long periods and therefore, we recommend that a review procedure be established in the community or organization doing the training approximately every three months using "CPR--Minutes Into Years" as it is claimed an excellent film for this purpose by the training organizations.

For further information, contact Eagle Production Corporation, 1875 West Dartmouth Ave., Englewood, Colorado 80110. Phone: (303) 761-4783.

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