



 Please call 911 if you think you have a medical emergency.

Heart Attack Treatment

Self-Care at Home

If you think you are having a heart attack, seek help immediately. Do not ignore chest pain or discomfort. Time is of vital importance. Call 911 for emergency transport to the hospital. Do not try to drive yourself or being driven by someone else.

If you have regular-strength or baby aspirin available and you are not strongly allergic, chew and swallow 1 regular aspirin or a baby aspirin.

- At this dose, aspirin may help maintain blood flow through a clot-filled artery by inhibiting blood clotting.
- Chewing gets the aspirin into your system faster than swallowing it whole.

If you have had angina and been given nitroglycerin, take as recommended by your health care provider. Exact instructions will depend on the form of the nitroglycerin. If you have had a heart attack before, or if you have several risk factors, the following steps may help prevent heart attacks and save you from severe disability or even death.

- Take a low-dose aspirin tablet (160 or 325 mg) every day. Aspirin increases the risk of bleeding in some people. Ask your health care provider before taking daily aspirin.
- If you smoke, quit. This is the single best lifestyle change you can make. After 3 years of not smoking, the risk of heart disease drops to the level of a nonsmoker. Your health care provider can help you quit smoking through behavioral changes, medications, or use of nicotine replacement products.
- Lower the cholesterol level in your blood. Lowering your cholesterol, especially the level of "bad" LDL cholesterol, keeps plaques from building up in the coronary arteries. The total cholesterol level should be kept below 200 mg/dL, and the LDL cholesterol level below 130 mg/dL (under 100 mg/dL in those with known heart disease or diabetes). Some people are able to control their cholesterol level by changing what they eat, lose weight, and exercise more; others require medication.

- Keep your intake of calories from fat under 30% of your total calories. This translates to an intake of less than 60 grams of fat per day for an adult. Most diets in Western countries contain more fat than is recommended.
- Control blood pressure. Uncontrolled high blood pressure is one of the most common causes of heart disease.
- Control diabetes carefully. Uncontrolled diabetes increases your risk of heart disease, heart attacks, and circulation problems.
- If you take hormone replacement therapy (HRT), talk with your health care provider right away. HRT is no longer considered to protect women from heart disease and heart attacks.

Medical Treatment

Medical treatment may be started immediately, before a definite diagnosis of a heart problem is made. General treatment measures include the following:

- Oxygen through a tube in the nose or face mask
- Nitroglycerin under the tongue
- Pain medicines (morphine or meperidine)
- Aspirin: Those with allergy to aspirin may be given clopidogrel (Plavix).

Clot-dissolving medicines: The tissue plasminogen activators (tPAs) can actually dissolve clots.

- The earlier these drugs are given, the better the chance of dissolving the clot and opening the blocked artery, protecting the heart muscle from further injury.
- If more than 12 hours has passed since the onset of chest pain, these drugs are less helpful.
- Potential risks of this therapy include bleeding.
- The most serious risk is a stroke (bleeding into the brain).

Angioplasty: Emergency coronary angiography and coronary balloon angioplasty (percutaneous transluminal coronary angioplasty, or PTCA) are available in hospitals equipped with a full-service cardiac catheterization laboratory. This is the most direct method of removing blockage in a coronary artery.

- Coronary angiography or cardiac catheterization is first done to identify the degree and number of blockages.
- Depending on the results, angioplasty may be done.
- Coronary balloon angioplasty is an extension of coronary angiography.
- A long, thin tube (catheter) is inserted in an artery in the groin or arm.
- At the tip of the catheter is a tiny, elongated balloon, which is threaded over a hair-thin guidewire into the narrowed coronary artery.

- Once the balloon is positioned at the blockage in the coronary artery, it is inflated.
- The balloon pushes aside the plaque and clot that are blocking the artery, allowing blood to flow more freely.
- The balloon is then deflated and removed with the catheter.

Stenting: A stent is a small, metal springlike device that may be inserted into a coronary artery after balloon angioplasty. After the catheter and balloon are removed, the stent stays in place, holding the artery open. A stent is better than angioplasty alone at keeping the artery from narrowing again.

Atherectomy: Sometimes the plaques are too rigid, bulky, or calcified to be treated by balloon angioplasty. In these cases, the plaque often can be removed by cutting it out with a drill-like rotary blade or a laser or other tool.

For some patients, angioplasty or stenting is not sufficient or appropriate and coronary artery bypass grafting may be recommended.

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For more information, read the complete article, Heart Attack (<http://www.emedicinehealth.com/script/main/art.asp?articlekey=58679>) on <http://www.emedicinehealth.com>.

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