

The Catholic Doctor Is In: Say a Rosary and Call Me in the Morning

It's 3 AM and you suddenly wake up and feel your heart racing. At first you think you are dreaming but you soon realize you really are awake. Your heart is going very fast and it feels irregular as well. There's a slight pressure in the chest and you feel somewhat clammy. You have taken your pulse before and after working out so you try to take your pulse, counting it for 30 seconds and doubling it. A quick swag tells you your heart rate is at least 140 beats per minute. You think to yourself "Am I having a heart attack?" You get out of bed and head to the bathroom. You feel lightheaded and wonder whether you're going to pass out. You crawl back to bed so if you do pass out there's not far to fall. Then, you get back in bed, wake up your spouse and make the decision to call 911.

In the emergency room the triage nurse quickly puts you on a heart monitor and your look up at the screen and see the pulse readings are jumping between 130 and 160. The emergency doctor walks in and asks if you have ever been in atrial fibrillation before..... because you are now! You were anxious already but now you're getting close to panic mode. What does all this mean? What happens next?

Atrial fibrillation (A-fib) is the most common arrhythmia that cardiologist see. Almost every time I am on call for my cardiology group I see a case or two. Many times we investigate the etiology and find no cause, but there is a variety of reasons and medical problems that can cause A-fib. One cause is an undiagnosed heart valve abnormality. We always get an echocardiogram to see if there is heart problem like a leaky or narrowed valve. It will also tell us if there is a cardiomyopathy present (weak left ventricle) which is also in the differential diagnosis and is associated with cardiac arrhythmias like A-fib. An overactive thyroid (hyperthyroidism) is another cause and with effective treatment of the thyroid condition the atrial fibrillation will resolve.

The older you are the more likely that you may experience A-fib. At age 80 one study discovered 9% of the population has paroxysmal, persistent, or permanent A-fib. The young are also not spared from experiencing this arrhythmia. I have seen it many times in the 20-40 age group. Sometimes it is related to using stimulants like coffee or energy drinks. I am sometimes amazed at finding out that the patient I am seeing in A-fib slugged down 10 cups of coffee that day and threw in a "5 hour energy" as well!

Some weekend alcohol enthusiasts have a higher risk of presenting in atrial fibrillation either during their binge drinking or soon thereafter. In fact, this has a special name "Holiday Heart Syndrome" that was coined by one of my mentors at Ohio State University where I trained. New Year's weekend always seem to have a high incidence of A-fib presentations that livens up the already busy emergency room that day.

The treatment plan for new onset atrial fibrillation is a little more complicated than the scope of this article but if we find the cause than that's what needs treated to try to prevent or at least control future episodes.

The most serious complication of A-fib is stroke. When the left atrium is in fibrillation it is not contracting and efficiently moving blood into the left ventricle. The left atrium is basically just shaking, making blood move sluggishly, and clots can form. These small clots can move out of the heart and head up to your brain causing a stroke. Actually, about 1 out of every 4 strokes is caused by A-fib. A good percentage of people can go into A-fib and not experience palpitations or enough symptoms to even know they are out of rhythm. These are the same people that can present with a stroke first and then the diagnosis of atrial fibrillation is made.

If you have frequent episodes of A-fib or have permanent A-fib your doctor will likely recommend anticoagulation. Coumadin (warfarin) has been the main stay for decades but now we have four new novel anticoagulants that have been proven to be as good or better than Coumadin. One huge advantage of these new agents is they do not need any regular blood tests like Coumadin does. The downside is that if you don't have good insurance they can be very expensive.

The incidence of A-fib has grown exponentially in the past two decades. There was even a recent medical conference named "The Epidemic of Atrial Fibrillation." Nobody quite knows why we are seeing so much more A-fib than ever before.

A recent study proved regular meditation can actually reduce the incidence of atrial fibrillation. That sounds like prayer to me. We can all agree that prayer is good for the soul but it also looks like it may be good for the body as well. Imagine your doctor prescribing a daily rosary as preventive medicine. Or, even better yet for the doctor at AM –"Say a rosary and call me in the morning!"

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