

HEALTH

MOMS
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Pam Sutton of Red Bank, who recently suffered a heart attack, has her blood pressure checked by Lisa Zwerdling, a community health nurse with the Visiting Nurse Association of Central Jersey.

STAFF PHOTOS BY TANVA BREEN

SNEAK ATTACK

Women experience heart attacks differently than men

By SUSAN BLOOM
CORRESPONDENT

Dizziness. Shortness of breath. Chest pain. Numbness and tingling in your arms.

These are the classic symptoms we've been cautioned to associate with the onset of a heart attack. In men, that is. New research reveals that heart-attack symptoms present very differently in women and men, and knowing the difference can save your life.

"Due in part to their smaller arteries, women's heart-attack symptoms often include shortness of breath, fatigue, nausea and sweating, as well as neck, shoulder, upper back, abdominal or even elbow pain, often known as 'referred' pain because it seems to present through the spine but is actually coming from the heart," said Dr. Arnold Schonmuller, chief of cardiology at Community Medical Center in Toms River.

According to a recent study conducted on 515 female heart-attack victims by the National Institutes of Health (NIH), 43 percent reported having no chest pain during any phase of the attack, but more than two-thirds did report having weakness and other flu-like symptoms.

"The evidence clearly shows that women don't have to be having chest pains to be experiencing a heart attack," Schonmuller concludes.

The deceptive nature of women's symptoms often can lead to disaster. Despite the media attention devoted to critical conditions such as cancer and diabetes, the Women's Heart Foundation confirms that heart attacks are the leading cause of death among American women, striking more than 400,000 annually and killing more than 250,000, six times the number of women who die from breast cancer each year.

Further statistics reveal that 42 percent of women who have heart attacks die within one year, compared to 24 percent of men. Experts speculate that the fatality rate for women suffering heart attacks is significantly higher than it is for men because, unless you're aware of what to expect, the symptoms of heart attack in women can be easy to overlook — and often too late to treat by the time a woman arrives at the emergency room.

Marjorie Forgang, chief nursing officer for the Visiting Nurse Association of Central Jersey, agrees.

"Women are often conditioned to tolerate discomfort and put others



Sutton's heart attack was preceded by two nights of what she thought was very painful indigestion. "I had extreme pain under my chest bone all the way up through my jaw like nothing I had ever experienced before," she said.

'Heart disease is a silent killer, and women are at as much or more risk than men, particularly women over the age of 65. The key is to be aware of the risk factors, the signs of a heart attack, and the preventative measures that can be taken, which revolve largely around diet and exercise.'

— Dr. Arnold Schonmuller, chief of cardiology at Community Medical Center in Toms River

first," she said, "so they're more apt to confuse the symptoms of a heart attack with a far more benign condition such as the flu, or to downplay the warning signs as less serious than they actually are."

'I knew something was wrong'

Such was the case with 68-year-old Red Bank resident Pam Sutton, a retired teacher and avid gardener who suffered a heart attack on Sept. 10. With no perceived family history of heart issues and blood work readings that consistently came back normal during routine checkups, Sutton had no reason to expect a heart attack —

until two nights of debilitating indigestion created cause for alarm.

"I had extreme pain under my chest bone all the way up through my jaw like nothing I had ever experienced before," Sutton said. "I knew something was wrong."

Despite being "in denial" about her possible condition, a trip to the emergency room revealed that Sutton had suffered acute myocardial infarction — a heart attack — and doctors rushed to implant a stent.

Nearly two months after the attack, statistically, Sutton is one of the lucky ones. With support from friends and family, guidance from her physician and at-home rehabilitation and nursing care from the Visiting Nurse Association of Central Jersey, she is regaining her strength and endurance and challenging herself with new physical activity goals, while a new lower-calorie food regimen emphasizing portion control and low sodium is helping to address the dietary aspect of her recovery.

"I decided that I did not want to be an invalid, but rather a good example for my grandchildren and family, so I've fully accepted the lifestyle changes I've had to make," Sutton said.

Where to turn for support

The American Heart Association's Go Red for Women campaign (www.goredforwomen.org) promotes awareness of women and heart disease and the actions that can be taken to reduce the degree of death and disability resulting from cardiovascular conditions.

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Take care
with melatonin

Q. I take zolpidem for insomnia. It helps me fall asleep but not stay asleep, and it gives me a dry mouth.

My doctor suggested I try melatonin instead to prolong the time I stay asleep. Does that sound reasonable?

A. The studies on melatonin are mixed. A recent double-blind French study found no benefit (BMC Complementary and Alternative Medicine, June 22, 2010). It appears to be more useful for jet lag (Current Treatment Options in Neurology, September 2010).

The Food and Drug Administration recently approved an old drug, doxepin, in a new low-dose, long-acting formulation to help people stay asleep. Initial reports are favorable (Expert Opinion on Pharmacotherapeutics, July 2009). You and your doctor may wish to discuss this option, brand-named Silenor, but be forewarned: The drug may be expensive.

Q. I am having a problem with swollen legs and feet. About two months ago, the doctor changed my hypertension medications. I was on Hyzaar, and he changed this to losartan and Lasix. About a month before this, he had increased my nifedipine (Procardia) from once a day to twice a day because my blood pressure was elevated.

PEOPLE'S
PHARMACYBy
Joe Graedon &
Teresa Graedon

Recent blood work shows that I am dehydrated and have a urinary-tract infection. I have stopped taking Lasix, and I am only taking nifedipine once a day.

I have never been bothered with swollen legs as I am now. Could the losartan be responsible?

A. It is much more likely that the nifedipine is the culprit. About 10 percent of people taking nifedipine in clinical trials developed swollen legs and feet. In clinical trials, about 1 percent of people taking losartan developed swelling, but just as many people on placebo had this problem.

Don't stop any of your blood pressure pills on your own. Get in touch with your doctor soon. Another possible cause of swelling in your legs could be heart failure, and Lasix is an important drug for treating that problem.

In their column, Joe and Teresa Graedon answer letters from readers. Write to them via their website, www.PeoplesPharmacy.com.

Mosquito strains evolve
into new malaria threat

HEALTHDAY

Complicating efforts to combat malaria, new research indicates that two physically identical strains of a single mosquito responsible for most disease transmissions appear to be evolving into two genetically distinct species.

Two studies reported in the Oct. 21 issue of Science suggest that the evolution process is occurring faster than previously thought, and note that substantial genetic differences already are apparent. This development could undermine efforts to control mosquito population growth with strategies that may not be effective against both strains, the researchers said.

"Malaria is a deadly disease that affects millions of people across the world, and amongst children in Africa, it causes one in every five deaths," George Christophides, a professor in the division of cell and molecular biology at Imperial College London in England, said in a news release from the college. Christophides is one of the lead researchers.

"We know that the best way to reduce the number of people who contract malaria is to control the mosquitoes that carry the disease," he continued. "Our studies help us to understand the makeup of the mosquitoes that transmit malaria, so that we can find new ways of preventing them from infecting people."



Malaria kills one child every 30 seconds worldwide, according to World Health Organization figures cited in the studies.

The new studies focused on the so-called "M" and "S" strains of the "Anopheles gambiae" mosquito, which is involved in most malarial transmissions in sub-Saharan Africa.

After conducting detailed genetic analyses, the authors of one study concluded that significant genetic differences are dispersed all across each strain's genome, potentially altering development, eating habits and reproductive patterns.

The other study examined 400,000 different spots on each strain's genome and those on a third strain called "Bamako" to hone in on genetic variations.

The research team theorized that the strains seem to be evolving in different directions, perhaps in reaction to environmental differences or divergences in the diseases and predators each mosquito strain must combat.

The research team included scientists from the University of Notre Dame, the J.C. Venter Institute, Washington University and the Broad Institute.

HEALTH BRIEFS

MENTAL ILLNESS
SUPPORT GROUP

FREEHOLD TOWNSHIP — A support group for young adults dealing with mental illness has begun meeting at CentraState Healthcare System's Health Awareness Center.

The meetings take place from 7 to 9 p.m. the first Wednesday of the month and from 10 a.m. to noon the third Saturday. Meetings are facilitated by caregivers.

The meetings are held in

Suite 100 of the Health Awareness Center, 901 W. Main St.

For more information, contact Shrabanee Shah at 609-259-7139 or 732-533-7632, or e-mail onthego77@att.net.

SUPPORT GROUPS,
SCREENING

LAKEWOOD — Kimball Medical Center, 198 Prospect St., will offer the following support groups and screening this month at its Center for Healthy Living:

■ Grandparents Weekly Support Group — 10:30 a.m. to noon Nov. 8, 15, 22 and 29. The group is open to any person caring for a grandchild or other relative and will offer support and education for grandparents and their grandchildren. Monthly family social gatherings will offer a chance for socialization for the children as well as for the grandparents. For more information, call 732-730-9112.

■ Smoking Cessation Support Group Program — 6 to

7 p.m. today, Nov. 9, 16, 23 and 30. The center offers free, individualized assessments and weekly support meetings. Free nicotine patches will be provided for the first two weeks to individuals who sign up and attend the quit program. For more information, call 732-886-4149.

■ Bereavement Weekly Support Group — from 4:30 to 5:30 p.m. today, Nov. 9, 16, 23 and 30. This support group is for individuals experiencing long-term grief, helping them through the stages of coping with loss.

For more information, call 732-730-9112.

■ Caregivers Weekly Support Group — from 12:15 to 2:15 p.m. today, Nov. 9, 16, 23 and 30 and from 11:45 a.m. to 1:45 p.m. tomorrow and Nov. 10, 17 and 24. This support group is for individuals who are feeling isolated, alone and overwhelmed as they care for an elderly loved one or friend. Sponsored by Kimball Medical Center and Ocean County Office of Senior Services, the group is facilitated by a licensed clinical social worker. For

more information, call 732-730-9112.

■ Glucose screening — from 9:15 to 10:15 a.m. Thursday. Registration is required; call 888-724-7123, prompt 4.

■ Diabetes Support Group — from 1:30 to 3 p.m. Nov. 18. Learn what a person with diabetes can and should not eat for Thanksgiving dinner. A registered nurse and a registered dietitian-certified diabetes educator will provide diabetes management strategies. Registration is required; call 888-724-7123, prompt 4.