PATIENT POWER

Northwestern Memorial Hospital

Heart Failure
Live Webcast
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Dr. John O'Connell
Judith Stromek
Gene Chapoton

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Introduction

Andrew Schorr:
And welcome to our first live edition of Patient Power with Northwestern Memorial Hospital on HealthNet. Thank you so much for joining us. I know the weather is terrible, and so maybe it's good to just get close to the computer and get some empowering health information, understand how you or a loved one can be healthier. That's what we'll be doing every month on this live program, Patient Power, medical and health issues from the patient's perspective.

And I am, as you just heard, almost an 11-year leukemia survivor and feeling good and really benefiting from high-quality care. And that's what this program is all about, helping you connect with experts from Northwestern Memorial Hospital, one of the leading institutions in the nation if not the world, and allowing you to call in or e-mail in with questions and hear about important health topics, all the details are on our web site which is healthnet.nmh.org. You can take a look at healthnet.nmh.org.

It's also on another website I have, patientpower.info. But it all goes to the same place helping you get the latest information so you can be a smarter patient or smarter family member when it comes to health for someone you care about.

We're starting off our program today talking about a condition that affects about five million Americans, and that's referred to as heart failure, sometimes congestive heart failure. Now, we're not talking about heart attack, we're talking about the heart muscle not pumping efficiently, and it can cause lots of problems. And you are going to hear more from our expert and our patients about some of the ramifications of that. But, basically, when it's not treated well you do not lead a full life and it certainly can lead to a shorter life.

But happily there are now tools to help you do better. And certainly at Northwestern Memorial Hospital, as you'll hear about, there is a center for heart failure at the Bluhm Cardiovascular Institute. They specialize in this. And you're going to meet the director of that in just a minute.

Meet a Patient with Congestive Heart Failure

Andrew Schorr:
But first I'd like to introduce somebody who's been affected by heart failure. Normally, she is right in the area by Chicago, Willow Springs down I-55, but some of the time she's up Racine, Wisconsin, where I don't think they're having quite the snow right now and that's Judy Stromek.

Judy is 56 years old, just like me. And a number of years ago she started having health problems, first spinal problems, and needed a number of surgeries starting in her 30s, and then she developed rheumatoid arthritis, and then she started to have heart problems. And naturally she would seek out care close to home, and she did go to a cardiologist near her house and was getting various medicines that they do for heart failure and, ultimately, first one pacemaker then a more sophisticated pacemaker.

But Judy, you were still having problems, weren't you? It was still difficult for you. And welcome to the program Judy.

Judy:
Thank you. Yes, I was. I was having a lot of problems.

Andrew Schorr:
What were some of those problems?

Judy:
Well, the reason they put my pacemaker in was because I kept passing out. And I would feel weak and dizzy all the time, and then on occasion I would pass out. After they put my first pacemaker in, I still felt weak and dizzy. The only change was I didn't pass out anymore. So I kept telling them my symptoms and they--I was on a lot of medications for my arthritis and I kept being told that it was my medications.

And then after about three years I could feel myself getting weaker and weaker, and I was having a harder and harder time breathing, so I decided to go to Northwestern, to the medical faculty foundation.

Andrew Schorr:
Right. And you had done that before, because I know you told me after all the spinal surgeries you were in a wheelchair. You were in disability having been in desktop publishing before but could no longer do that. You had gotten spinal surgery at Northwestern and that worked out well and got you out of the wheelchair.

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Judy:
Yes.

Andrew Schorr:
And gave you that part of your life back. And also with rheumatoid arthritis you got treatment. So then now for your heart you went to Northwestern.

Judy:
Correct. That's right. And then that's when they put a three-wire pacemaker in, which helped me, made me feel better. And then I was told that I had congestive heart failure, and that was the first time I had heard.

Andrew Schorr:
You knew you had heart problems but you hadn't been told what it was.

Judy:
Correct. I had been told that it was just an electrical problem, and that's why I needed the pacemaker.

Andrew Schorr:
Right. I understand. And we're going to learn about congestive heart failure, heart failure, in a minute, but I just want to understand how bad it was. My understanding was hot water, shower, bath, you would faint, right, or feel faint?

Judy:
Well, almost. I'd have to be real careful not to take too hot of a shower because I would get so weak and light-headed. When I got out of the shower I'd have to lay down, you know, for maybe 15 minutes until things kind of cooled off, and then I wouldn't be so weak and so light-headed.

Andrew Schorr:
And going up stairs, anything like that was difficult.

Judy:
Very difficult, very difficult.

Andrew Schorr:
So you went to Northwestern and you connected with Dr. John O'Connell, the director of the heart failure center there at the Bluhm Cardiovascular Institute. And how are you today?

Judy:
I'm much, much better. My quality of life has improved tremendously. Dr. O'Connell started me on medications which--each medication I felt a little bit better. And now this last medication I feel much better. And with this last

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medication, Atacand, since I'm on that I can take a hot shower now, and it's been almost five years that I could take a hot enough shower to steam up my bathroom. I'd have to be careful because sometimes I would turn it up and turn it up, because the heat would feel good because of my arthritis in my back, and then I'd start feeling kind of weak and then I'd have to turn it down to cool myself down.

Andrew Schorr:
Oh, my.

Judy:
I'd always have to be careful of that.

Andrew Schorr:
Now, Judy, you have three grand children, I know, ten, eight and two. Anybody would want to play with your grandchildren, but with heart failure, for a while, you couldn't do that very well. Can you enjoy you're grandchildren now?

Judy:
Yes, much more because I can take them places now, and I can walk around much better than I did before. My oldest daughter used to laugh because she would walk with the two older ones and I would walk with the little one, because she'd say, Ma, she's more your speed. Because I could never keep up, but now I can.

Andrew Schorr:
I'm so glad you got a lot of your life back now. I know you have some health issues, but I guess the whole idea is to live as well as you can, and it seems like you're doing much better now.

Judy:
Oh, yes. My quality of life has improved tremendously.

Meet the Director of a Heart Failure Hospital Program

Andrew Schorr:
Well, let's meet the man who helped make that happen. That's Dr. John O'Connell. Dr. O'Connell is the director of the Center for Heart Failure at the Bluhm Cardiovascular Institute.

Dr. O'Connell, you specialize in this and certainly not every cardiologist does. It sounds like Judy's situation was a little complicated, and so by her getting to you could really try to sort out what was going on and make a difference.

Dr. O'Connell:
Well, yes, Andrew. And, in fact, that's essentially what the role of the Center for Heart Failure is. Heart failure is such a common illness it's treated by most family

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physicians and cardiologists, and it's only when the conventional treatments have failed to improve the situation in a patient that they really need to be sent to us, and fortunately we got a chance to work with Judy, and the result was very gratifying.

Andrew Schorr:
Well, let's take a short break, Dr. O'Connell. Learn more about heart failure and how you're making a difference with your heart failure center there. It's so important to people in getting the right care. I'm a big believer in that.

By the way, if you'd like more information about Northwestern Hospital's physicians and services just visit www.nmh.org. I'm Andrew Schorr. Stay tuned for more Patient Power on HealthNet, brought to you by Northwestern Memorial Hospital.

Andrew Schorr:
Welcome back to Patient Power. And we're talking about heart failure on HealthNet, Northwestern Memorial Hospital's one-stop hub for education about health. And we have with us today the director of the heart failure center at the Bluhm Cardiovascular Institute, Dr. John O'Connell.

Dr. O'Connell, you started to tell us that heart failure is kind of complicated in some people, so help us understand what heart failure is and how it affects people.

Cause and Symptoms

Dr. O'Connell:
Well, I think the first issue is that heart failure is a term that encompasses many diseases. It is simply the heart's inability to provide enough blood flow to meet the demands of the body. So the body requires a certain amount of blood flow at rest in the base state, but when we do activities, such as exerting ourselves and perhaps even eating, the heart has to perform more work in order to provide the blood flow. And when that doesn't occur a set of hormones interact with the body and the nerves of the body to create this syndrome that we know as heart failure.

And generally what happens is that patients will first of all experience fatigue because they're not getting enough forward flow to their muscles. They'll experience some shortness of breath because blood that was going into the left side of the heart cannot get into the heart properly because the heart is overfilled and it backs up behind that part of the heart, which is in the lungs. So people get breathless because of that. And the breathlessness generally occurs in the beginning only when they really exert themselves, and then after a while they can't even lie flat in bed and then sometimes even have to wake up at night short of breath because the gravitational forces of the fluid fill up the air sacks so they can't breathe.

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In addition, because the pressures are high in the right side of the heart and because the kidneys don't get enough blood flow and the body retains salt and water as a result of that, swelling occurs. Generally, it starts in the dependent part of the body. That is, if you're standing upright it will start--it will be in your legs. And frequently patients will get up in the morning and they'll have absolutely no swelling in their legs, but by midday the swelling starts to accumulate and by the end of the day they've got quite a bit of swelling. Those are the cardinal symptoms of heart failure.

In addition, there can be irregularities in the heart rhythm that occur. There can be episodes where you get light-headed or pass out. And all of those components are all related to the basic fact that there has been some injury to the heart that has resulted in its inability to provide proper blood flow.

Andrew Schorr:
Now, can people live with heart failure? You know, the whole term failure sounds so final, sounds like you're headed for the grave when this happens, but yet I know people live with it. Can you help people live pretty well with it?

Dr. O'Connell:
Oh, absolutely. In fact, the earliest stages of heart failure occur when people have absolutely no symptoms whatsoever. They can have significant abnormalities in heart muscle function and yet function perfectly normally. In fact, only the small minority, only about 5 percent of all the patients who have heart failure are so incapacitated by their disease that they're essentially leading a life of rest at home because they can't exert themselves at all. The rest of the people with heart failure can function from to either a great degree or to a degree that allows them to do the normal daily activities.

Andrew Schorr:
But the trick is to get with a provider who's knowledgeable and then have the care tailored for their needs.

Dr. O'Connell:
That's correct. I think that there's--we now know that there are at least seven or eight medications that may benefit patients. In fact, the treatment becomes very complicated in that the average patient in this country is on eight different medications, taking at least ten different pills a day in order to treat the form of heart disease when they get to the point when they experience breathlessness.

The Story of a Heart Transplant Patient

Andrew Schorr:
Okay. Now I want you to meet another patient of yours, Dr. O'Connell, and that's Gene Chapoton. And he lives up above Detroit and knew you when you used to

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practice there. And when you went to Northwestern and his heart problems were growing worse he decided to make the 300-mile trip from up above Detroit, Fairhaven, Michigan, to downtown Chicago to see you because of your specialized center at Northwestern Memorial.

Gene, welcome to the program.

Gene:
Hello. How are you doing?

Andrew Schorr:
Hi, Gene. Now, I understand that heart problems and heart failure run in your family. You told me the other day on the phone that your dad died of heart problems, you lost two uncles in their 50s, and you're about like me, almost 56, and you were concerned you were headed the same way right?

Gene:
That's correct.

Andrew Schorr:
And what sort of problems did you have?

Gene:
Well, your basic symptoms. The fatigue, the fluid in the legs. Then it got to the point where I had fluid on my lungs. Just no energy, I mean, to the point where I was like down on the couch a lot of days where I couldn't function at all. Other days I'd be okay.

Andrew Schorr:
So you went through medication, where most people start, and in your case there were some electrical issues so you had, first, one pacemaker and then a more sophisticated pacemaker, like Judy. But that didn't cut it, did it? You still needed more, right?

Gene:
Well, it worked for a while. The pacemaker helped for oh, a couple years, the first one. And then the second one, it helped with the treatment of the heart rhythms, you know. But after that it didn't do the job either.

Andrew Schorr:
Your heart just was not pumping efficiently, continued to sort of go downhill. So I want to point out that Gene Chapoton from Michigan is on one end of the spectrum. He had the most serious complications with his heart muscle, and so when you get to that point he eventually, last March, Gene, you were put on a list for a heart transplant, correct?

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Gene:
That's right.

Andrew Schorr:
And were lucky enough where there was a donor heart, and so at Northwestern Memorial in September you had a heart transplant. That's a major decision, but maybe it was one of your few options for you and your family. How are you doing now?

Gene:
Oh, I'm doing great. It's unbelievable how much better I feel. I never thought I'd feel this good again in my life, and it all went so well it's just hard to believe.

Different Treatment Options

Andrew Schorr:
Welcome back to hopefully a full life, Gene.

Dr. O'Connell, just put it in perspective. We heard Judy with a number of conditions and, as you say, many medicines that people take, not just for the heart problems but maybe others, like her rheumatoid arthritis and pain related to her spine etc. And then you have Gene where a history of heart problems in the family and then ultimately a transplant, he's on a--am I right, would you say--I mean, it's a treatment that worked for him. He needed a much more significant intervention, but it's what you can offer at Northwestern.

Dr. O'Connell:
Oh, yes. That's one of the reasons we developed the center the way we did, because we can offer from the basic medication treatments through the pacemaker devices that both Gene and Judy had up to left ventricular assist pumps and heart transplantation. Being a comprehensive center we're able to put things into perspective for each of these patients.

I think that the complexity of the other illnesses that interact is absolutely correct, because the fact is that many of these drugs will interact with one another and you have to be very careful which ones. For instance, very common arthritis drugs, the non-steroidal anti-inflammatory drugs, very common over-the-counter drugs can actually make heart failure much worse. So part of the issue when you have people with complex illnesses is to educate them about what they can and cannot take in order to be able to maintain their heart problem under control.

In addition I just wanted, the other thing, the thought, that just came to my mind when I was listening to the commentary is that it also demonstrates, these two people demonstrate how heart failure arises from very different illnesses. In Judy's

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case, there were several interplays of her other diseases that led to heart failure. In many people it may be high blood pressure. It may be blood vessel disease. But in Gene's case he actually had a form of heart disease that ran in his family, which was very different than Judy, but yet the final common pathway was this syndrome of heart failure.

Andrew Schorr:
Well, that's why I understand it's important with that complexity and the range of ways you get there and all the different medications that people may be taking and the family history, I'm a big believer in getting to a specialist. And in your case you are a subspecialist and you have the Center for Heart Failure.

So Gene, are you glad you made the drive.

Gene:
Oh, definitely. Definitely. It's been so nice, because even though it's a drive there I get there and then everything is done. It's under one roof. I get results from my tests right away. There's no worrying, you know, that long wait and running around getting tests done. So it's great. It's really worked out well.

Andrew Schorr:
Well, Gene, we'll hear more from you as we continue later in the show. Dr. O'Connell I'm going to start to give you some questions from listeners. I want to mention to folks they can call 877-711-5611. 877-711-5611. If you have a question for Dr. John O'Connell, who is the director for the Center for Heart Failure at the Bluhm Cardiovascular Institute at Northwestern Memorial.

Recommendations About Salt Intake

Andrew Schorr:
And we've already gotten some email questions in, and I ask you one just before we go to the break. This one is from Raina in Joliet. She says, "How can I reduce my salt intake? My doctor tells me that too much salt is not good for my heart failure."

Dr. O'Connell:
Well, that's absolutely true because the kidney causes the body to retain salt when you have heart failure, and when salt is retained, water is retained, and that's where all the swelling comes into play. It's very important that patients with heart failure watch the salt in their diet. And typically, we tell them to take a--the low-salt diet that they take would be to eliminate table salt from their foods, to avoid foods that are heavy in salt, foods like fast foods.

Andrew Schorr:
Got it.

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Dr. O'Connell:
To avoid the snack foods, to avoid Chinese food that has monosodium glutamate in it.

Andrew Schorr:
Doctor, we're going to take a quick break. We'll be back with this.

If you want to request an appointment with Dr. O'Connell just visit nmh.org. Stay tuned for more on HealthNet and Patient Power. We'll be right back.

Monitoring Your Heart to Ensure an Early Diagnosis

Andrew Schorr:
I want to thank the American Heart Association for their support, and you can always take a look at the web pages on line, americanheart.org slash heart failure for some information there that's always helpful. They also have a heart profiler for you to assess your risk and see how you're done related to heart and heart treatment options. And that's www.americanheart.org slash heart profilers. Let's go back to our visit with Dr. John O'Connell, who's the director for the Center for Heart Failure at the Bluhm Cardiovascular Institute at Northwestern Memorial Hospital.

So Dr. O'Connell, we had a caller call in with this question, and that is, "My father died of congestive heart failure. As long as I have a stress test every year will I know early on if my heart is starting to fail so I can have an early diagnosis?"

Dr. O'Connell:
Well, I think the best way to have--you don't need to have a stress test every year in order to predict whether you are prone to have heart failure. The most important thing for the average person is to make sure their blood pressure is under control, to make sure that their cholesterol is under control. To protect them from developing blood vessel disease, and also if they're diabetic to make sure their diabetes is under control. Heart failure can be and should be prevented, and it can be prevented by those simple steps.

Ejection Fraction Explained

Andrew Schorr:
Okay. Good point. I want to mention our phone number again if you'd like to call in. If you're there in snowy Chicago land, just 877-711-5611. It's a toll-free call. 877-711-5611. We welcome your call for Dr. John O'Connell, who's a cardiologist who specializes in heart failure and runs a center at Northwestern Memorial that is really dedicated to that.

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Here's another question. This is from Erin in Oak Park. He writes, "My doctor tells me that my ejection fraction is 20 percent," and he says, "I'm not sure I know what he means by that and that he is doing as much for me now as he can but I feel awful. Is there something else that can be done for me?" Dr. O'Connell?

Dr. O'Connell:
Well, first of all, let me address the ejection fraction issue. The ejection fraction is the standard by which all physicians gauge whether someone's heart failure is caused because the heart muscle doesn't contract vigorously enough. The normal ejection fraction is above 50 percent. So when the doctor tells you have an ejection fraction of 20 percent it does not mean that your heart is only pumping at 20 percent capacity. It means that it's suppressed from the normal of 50 percent. Now, many people with an ejection fraction of 20 percent can do quite well. It sounds like Erin is still struggling with that ejection fraction--

Andrew Schorr:
Yeah, he is.

Dr. O'Connell:
--despite the fact that he's on medications. And in order for me to ask whether any more can be done I would obviously have to know what medication regimen he is on at this time and whether he is compliant with the drugs he is taking.

ALL Medicines: Traditional and Alternative

Andrew Schorr:
Okay. And it's--that's where you really sit down, history, what medications. Also, I understand you specialists and physicians in general now not only want to know what prescription medicines you're talking but you want to know a lot about somebody's diet or any alternative products as well.

Dr. O'Connell:
That is correct. Because there are many alternative medicines that have been touted to be beneficial in heart failure--and quite frankly, some of them may be. We just don't have enough data to support it. But we also know that there are several alternative medicines and several over-the-counter medications that can in fact make heart failure worse.

Andrew Schorr:
Okay. So I know sometimes people think, Well, I'm going to this naturopath or going to this health food store and I'm getting this or that from them, but I go to the M.D., I'm a little embarrassed about it. I don't want to tell them. We'll keep all this separate. But it's really important, I would think, with something as complex as heart failure for you to really get the whole story.

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Dr. O'Connell:
Well, that's absolutely true because we need to know what medications, all medications, people are taking because there may be drug interactions that need to be dealt with. We do have experts in our team who do have a background in complementary and alternative medicine and are able to sort through some of those issues with each of the patients.

Andrew Schorr:
Dr. O'Connell, let's talk about that for a second, not just related to alternative medicines or something somebody got at the health food store, they're trying some root or something like that, but let's say somebody has diabetes which often leads to health problems. So their doctor is not at your center, might be at Northwestern though, how do you work as a team with those other physicians for the benefit of the patient?

Dr. O'Connell:
That is a critically important part of our center. One of the things that we've absolutely been rigid on is our communications with the physicians who ask us to see their patients. When a patient comes to see us for the first time not only do their physicians get a letter from us that's mailed within 24 hours of the visit, but we make a phone call to their physician, and if we are able to reach them frequently we'll talk to the referring physician even before the patient leaves our office.

With respect to diabetes, I couldn't agree with you more. The treatment of diabetes is getting more and more complex, but it's getting more and more effective. And at the same token, some of those medications can interact a bit with the medications we're giving the patient for their heart failure. So in fact it's very important for us to know what medications they're on. And it's also very important to get tight diabetes control because we know that makes heart failure better.

Blood Sugars Effect on the Heart Muscle

Andrew Schorr:
Here's a question from Susan in Florida who writes, "I am a diabetic. How does blood sugar affect the heart muscle and cause congestive heart failure?"

Dr. O'Connell:
Boy, that is a very important question, and there is not a strict answer to it. We know that in animal models you can literally induce heart failure buy creating diabetes and not controlling it properly. We know that if you control diabetes heart failure gets controlled better. We also know that if we control heart failure the diabetes gets controlled better as measured by the hemoglobin A1c, which is the

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blood test that tells a diabetic how well they're controlled all the time. So there's a complex interaction. We do know that when diabetes is treated more effectively the heart failure gets better.

The Role of Exercise in Patient's with Heart Failure

Andrew Schorr:
Okay. Here's an email question we got from Justin in Chicago. He writes, "I'm afraid to exercise with my heart failure but I love to walk. I'm doing no exercise now. Can I please walk?"

Dr. O'Connell:
Well, Justin, I think--if you had heart failure in the 1950s you would probably be put to bed rest for an extended period of time, like months. That's not the way we treat heart failure now. In fact, we encourage aerobic exercise for our patients. We encourage them to exercise to the point where they feel breathless and then sit down and relax. Don't push themselves, but once they get there they should stop once they get to that point.

We know that if patients exercise regularly, and walking is superb exercise for a patient with heart failure, that in fact they can walk further and further and further. They can actually condition themselves despite the fact that they have heart failure. And since one of the major goals of treatment is to allow people to do more despite their condition, exercise is an integral part of it.

The ACE Inhibitor Lisinopril Explained

Andrew Schorr:
Here's another one from Terry in Aurora, Illinois. "My doctor just started me on lisinopril for my heart failure. What does this drug do?"

Dr. O'Connell:
Lisinopril is a drug in the category called ACE inhibitors. Those drugs are the first-line treatment of all forms of heart muscle disorders, whether the heart is stiff or whether the heart doesn't contract vigorously enough. And it's even used for patients who have abnormalities in heart muscle function before they develop heart failure.

It works by several ways. It inhibits the generation of a hormone called angiotensin-2, and that hormone causes us to retain salt and water. It causes our blood vessels to constrict. And it also causes the heart muscle to change its shape, a term we use is remodeling for that, where the heart gets larger and it gets more ball like rather than the cone it normally is. It causes the muscle cells to thicken,

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and it causes scar tissue to form within the heart muscle. Giving lisinopril can attenuate all of those abnormal events that follow the high levels of angiotensin-2 that occur.

Andrew Schorr:
I know in another condition, asthma, if people are not treated early enough then their airway starts to remodel--this word you were just using--and you may never recover from that. Does that argue for earlier treatment of heart failure so you don't have that remodeling of the heart muscle?

Dr. O'Connell:
Oh, absolutely. It argues for early and aggressive treatment of heart failure. But we also know, unlike the scenario that you just described, we know that the remodeling of the heart is actually reversible. And so the administration of certain medications we know will cause, induce reverse remodeling. And that is the heart gets smaller the ejection fraction goes up and it actually becomes more conical and less spherical.

Andrew Schorr:
Okay. Well, again, it sounds like if you have this problem of maybe the unsteadiness, the fainting, the other symptoms, the fluid, etc., you want to go ahead and move ahead on that and get someone who can help you.

And I think what Judy did, she went to the nearest cardiology clinic, and they began to help her, but she still didn't feel well. Then she drove further into town, right downtown into Chicago, well worth it, and connected with the center devoted to her condition.

We're going to be taking a break in a second. I just wanted to mention that coming up in two weeks you'll be able to access a program we're recording with Dr. Marla Mendelson on Women and Cardiovascular Risk Factors. So that will be available for you in two weeks.

Now, to request an appointment online with Dr. O'Connell just visit nmh.org. If you'd like more information about Northwestern Memorial Hospital's physicians and services, again, nmh.org.

I'm Andrew Schorr. Stay tuned for more Patient Power on HealthNet, brought to you by Northwestern Memorial Hospital.

<u>The Importance of Seeing a Subspecialist</u>

Andrew Schorr:
Thanks for being on us on a snowy night if you're listening live to Patient Power. I'm Andrew Schorr here. I'm almost an 11-year leukemia survivor, and I've

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decided, since I'm doing well, to just devote myself to discussions like this one, medical and health issues from the patient's perspective and I'm really delighted we can do this in partnership with Northwestern Memorial and connect you with just their wonderful experts to help you understand some complicated, complex health conditions.

One of them that affects about five million people is heart failure, also spoken of as congestive heart failure, and yet as we hear from Dr. John O'Connell, who's the director of the Center for Heart Failure at Northwestern Memorial, the Bluhm Cardiovascular Institute there, people can live a pretty good life. We met Judy at the beginning of the hour, and she's doing so much better, playing with her grandkids. We'll have her back. And Gene Chapoton who lives up in Michigan, had a heart transplant at Northwestern and is doing really well now, never thought he could do so well.

Dr. O'Connell, we didn't mean to say that the cardiologist who's nearby, maybe close to home, is not well qualified. It sounds like, though, in both the cases of Judy and in Gene, and there may be other people like that, that sometimes it gets a little complicated and seeing a subspecialist like you is at least worth a second opinion.

Dr. O'Connell:
Oh, I think absolutely. I think that--and most cardiologist, quite frankly, are very willing and interested in having their patients seen by centers like ours because there's a point where they feel as frustrated as the patient. They've got the patient on four or five drugs, the patients still aren't doing well. They want to know whether it's time to put a device in, a pacemaker or a defibrillator, and those kinds of things are things that we can help with.

Various Treatment Options for Differing Heart Conditions Explained

Andrew Schorr:
Help us understand your tools, if you will. We've mentioned lisinopril. We've mentioned pacemakers. We've mentioned three-wire pacemakers. We've mentioned heart transplant. Kind of help us understand the landscape of the armamentarium you have, if you will, and then how that get personalized to people with different conditions.

Dr. O'Connell:
Sure. We have a cascading series of medications that we use that have been well studied with multiple--tens and hundreds of thousands of patients have taken these drugs over time in clinical trials that have proven their efficacy. Those drugs, the first line medications are largely ACE inhibitors. Lisinopril is one of those. Beta blockers, which are drugs that block the sympathetic nervous system and its adverse affects on the heart. There are two of those that are in use for heart

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failure. A drug called carvedilol or Coreg and a drug called metoprolol succinate or Toprol-XL.

In addition, whilemany of the patients will respond to those two medications, if they still have problems with breathlessness as they're active we add a third medication called spironolactone, and if--and we may add in addition another medication called an angiotensin receptor blocker, the two that are available are candesartan or Atacand or valsartan or Diovan are the two drugs that can additionally be added.

Uniquely in the African American population there's a specific therapy that has now been proven to be effective. It's a combination therapy of hydralazine and isosorbide dinitrate. Collectively, all of those medications, first of all, improve survival, make patients feel better, reduce their hospitalizations, and also allow their heart to reverse remodel, that is, to get smaller and to improve its ejection fraction.

If in fact the patient has not totally responded to that therapy, we know that even though they're feeling better there is a small but real risk of sudden cardiac death. And as a result of that we suggest to them that they get a defibrillator, which is an electrical wire that's placed in the heart, and a tiny little box is placed under the collar bone, and it's designed as a safety valve that when a serious rhythm disturbance occurs it will discharge and eliminate that rhythm disturbance. It's almost analogous to you wouldn't buy a car without a seat belt or air bags. You would hope that you wouldn't have to use it, but you certainly wouldn't buy a car without it. It's the same kind of phenomena with the defibrillator.

Andrew Schorr:
Right.

Dr. O'Connell:
And the last standard therapy is that third wire pacemaker, that's called a biventricular pacemaker. In selected patients, which only represents about 20 or 25 percent of the patients, this will improve their--resynchronize a heart that has become badly dyssynchronous because of scar tissue that distorts the electrical impulses and consequently distorts the sequence of muscular contraction of the heart.

Andrew Schorr:
Okay. And heart transplant, where does that come in?

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Dr. O'Connell:
Once a patient has gone through that entire sequence, if in fact they are still limited to the point where they can do minimal activity without getting breathless--and as Gene described, he could do nothing, he spent his time on the couch--then it's time to start considering whether we can either replace the heart or use a mechanical pump to help improve the heart function.

Heart transplantation is a wonderful tool to use, but the problem with that is that it's an issue that you're limited by the number of donor organs that are available. And the wait time may be much longer than one has time for, to be frank with you.

Andrew Schorr:
Right. By the way, we will be doing a program on transplantation coming up this March. Let's see. You're going to have to help me with the pronunciation of this doctor, Dr. Abecassis who's a transplant physician at Northwestern Memorial. That's on Tuesday the 13th, and I'm sure he's going to have a lot to say in urging people to consider having that organ donor card as well.

Dr. O'Connell:
That's correct. I am sure he would.

Water Pills and Night Urinating

Andrew Schorr:
If you'd like to give us a call, we still can take some calls. It's 877-711-5611. 877-711-5611. I did want to pose this question to you that came from Mike in Chicago, and he writes, "I have to take a water pill two times each day for my heart failure, but I'm up all night urinating. How close together can I take my water pills?"

Dr. O'Connell:
That's a common question. We generally suggest you take the first one shortly after getting up and having breakfast and take the second one around four o'clock in the afternoon. That will minimize the time you spend at night.

However, you have to realize that one of the cardinal symptoms of heart failure is actually getting up at night to urinate, because when lie back down you mobilize the fluid that was in your tissues and it gets into your circulation and goes to your kidney and you have to urinate anyway. So you're kind of caught between a rock and a hard place. If you have too much fluid on board you're urinating at night, and if you take your diuretic too late, you're urinating at night.

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Andrew Schorr:
Again this is a discussion you have with your doctor. Now, you scared me for a minute because, look, I'm a middle-aged man. I get up in the middle of the night. This does not necessarily mean I have heart failure, right?

Dr. O'Connell:
No, it certainly does not. I'm as middle-aged as you are and I can assure you that that's the case in our household as well.

Progress Being Made in Treatment Options

Andrew Schorr:
Okay. Okay. But, again, to look for these signs.

So Dr. O'Connell, when you take all this together, we talked about the whole range of medicines. We talked about all the different causes which result in somebody's heart not pumping well, then maybe remodeling and getting in worse shape, their ejection fraction going down. And certainly that happened to Gene as his family history kicked in and the other aids in helping him, including the three-wire pacemaker were just not doing it anymore. You're still encouraged that we're able to help people do better?

Dr. O'Connell:
You know, if you look at the combination of all of our medications in a patient who is significantly ill when they first present and you look at survival rates over a two-year period of time, if you treat a thousand people with that medication you'll actually save 450 lives. So there is no question despite the complexity of treatment that the benefit is substantial.

And we have many people now that get so much better that their heart muscle, for all practical purposes, normalizes. I've been taking care of heart failure patients for two and a half decades now, and I can tell you in the beginning it was rare to see a patient get better to the point where they normalized. Now it's not uncommon. It certainly doesn't happen to everyone, and we wish it would. People still die of heart failure, people still need heart transplants, but in fact there are people who do better to the point where they normalize. And that's something that's been very positive about the therapies we have to offer now.

Andrew Schorr:
It's really a partnership between patients who seek out quality care and then get in a relationship with a specialist such as you and then you work together, really, to try to give them back their life.

Dr. O'Connell:
Well, it actually goes even beyond that. The way we have set up our program we

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have a number of nurse practitioners who really are there talking to the patients all the time, constantly calling them to make sure that they're comfortable with their medication regimen. They're seeing them, bringing things to our attention as the physicians involved. It's a partnership amongst our entire team and the patient, but the patient is very much a part of their own healthcare in this process.

The Role of the Nurse

Andrew Schorr:
Now, help me understand the role of the nurse. Now, if somebody has concerns, you're a busy guy and you're the director of the center, can a call to the nurse if you have concerns be helpful in getting it handled?

Dr. O'Connell:
Oh, absolutely. Our nurses are trained solely in the management of heart failure. They know as much about heart failure management day-to-day as almost all the physicians who work there. We are constantly in the office with them. If there's any questions they ask us about them. They see the patients in the ambulatory practice with us. They see the patients with us when they're in the hospital. So they are always available and actually serve as a wonderful mediary between the patient and the physician.

Andrew Schorr:
I know it's worked out that way for me in cancer care. And, certainly, I received chemotherapy and those nurses were by my side. And I know that when we visit with Gene and Judy as we come to the end of our show they're very appreciative to your team.

We're going to be taking a break. I just want to mention a couple things again. In two weeks we're going to talk specifically about heart issues for women and also risk factors. And if you--feel strong about don't smoke, anybody, but ladies, you've been smoking too much. That's Dr. Marla Mendelson. So take a listen to that. That will be posted two weeks from tonight.

We have a lot more coming up as we continue our discussion on heart failure. And also we'll ask Dr. O'Connell to tell us how it can be prevent it a little bit. Are there things we can do so we don't get to that advanced stage. To request an appointment on line with Dr. John O'Connell at the Bluhm Cardiovascular Institute just visit nmh.org. I'm Andrew Schorr. Stay tuned for more Patient Power on HealthNet, brought to you by Northwestern Memorial Hospital.

Andrew Schorr:
Welcome back. We've been learning about heart failure and, really, there's no program like this anywhere in the country, so tell your friends. The replay will be posted shortly. If you're listening live just go to healthnet.nmh.org. Look for the

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replay. It will be there. And the transcript will be following probably in just a few days, and you can show that to your doctor or your friends, etc.

I want to get back to Gene Chapoton, who is that man who had all the family history of heart problems, and ultimately he needed a heart transplant and had one just last fall at Northwestern Memorial Hospital and came down from north of Detroit to do it so he could continue his relationship with Dr. O'Connell, our guest tonight.

Gene, I understand you used to be a helicopter skier; is that right?

Gene:
Oh, I did it a few years ago, ten years ago, 15 years ago, yes.

Andrew Schorr:
But you say you're feeling better now. I don't know whether you're going to do that, but how do you feel about your future with your new heart and the treatment you've gone through?

Gene:
The future looks real bright for me. I plan on getting back skiing again next year up in the mountains up in British Columbia. Things are just going well.

Andrew Schorr:
Well, it's certainly a blessing, Gene. I'm glad you, you know, had the courage to go through what you have. You've worked with your medical team, and it's turned out well. I know that we all wish you all the best.

Gene:
Okay. Thank you.

Andrew Schorr:
Okay. Thank you so much. Gene Chapoton is from Fairhaven, Michigan. We're going to have Judy back in a minute.

Dr. O'Connell, it must be very gratifying when you hear Gene say he's thinking about going skiing again.

Dr. O'Connell:
Well, you know, the scary thing about Gene is that when he was really sick he wanted to go skiing, and I had all I could do to keep him from going up to high altitudes. But I think the fact is he will go skiing again. I have no doubt about it. He's already back to work full time, and it's been barely five months after his heart transplant.

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That's what heart transplant has to offer people. One of the things that comes back to us all the time in people who undergo heart transplantation is that Why didn't I do this earlier? Well, you don't do it earlier because we have to give the heart to the sickest patient, and if you're not sick enough yet, then it's not the right time. But if we time it right, like we did with Gene, fortunately, he's got a very bright future ahead of him.

Steps to Lower Risk and Prevent Heart Failure

Andrew Schorr:
That's so neat. Now, people are listening and they're wondering, Well, I'm not sure if I have heart failure. Maybe I know somebody or I worry about it in a family member but I sure don't want it. Are there simple steps that people can do to try to prevent it or lower your risk?

Dr. O'Connell:
Absolutely. Exercise, stop smoking. Your alcohol consumption should be moderate at most. Make sure that you see your doctor regularly for routine preventive measures so that if you have high blood pressure it's treated effectively to a normal pressure. If you're diabetic it's treated-it's very tightly controlled. If you have high cholesterol, you pay attention to your diet, you exercise regularly. And if you need to take the drugs that control cholesterol you don't miss a dose because that is some of the most critical issues in preventing heart failure. Heart failure is the end of the line for forms of heart disease. So you just start with the basic premise of living a healthy lifestyle and you'll be able to prevent heart failure.

Andrew Schorr:
Okay. I'm going to do all that. Judy Stromek is back with us. We're going to go just a couple minutes long because I want to hear from Judy.

Judy, so you feel bright about the future? How do you feel? You can take a shower, you can play with the grandkids, and I know your life was really limited before. How do you feel now?

Judy:
I feel real bright about the future because I know I have Northwestern for a support group. Because of all of my medical issues that I've had, I've always gotten fabulous care and support through Northwestern.

Andrew Schorr:
Right. Well, they got you out of the wheelchair with the right spinal surgery and good rheumatology care for your RA, and you got smart and said, Okay, I've got a heart problem, and you connected with Dr. O'Connell and I know you're appreciative.

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Judy:
Exactly. And I just feel so fortunate that I can go to Northwestern. I feel like they've saved my life several times over. You'll get fabulous care. They truly treat mind, body and spirit all in one because they have such a great support group there.

Andrew Schorr:
Judy, I'm glad it's worked out so well for you. We wish you, your husband, those grandkids a long time together and glad you're doing so much better. Thank you for being with us.

Judy:
Thank you.

Final Comments

Andrew Schorr:
And here's your doctor, one last time, Dr. John O'Connell director, Center for Heart Failure at the Bluhm Cardiovascular Institute at Northwestern Memorial.

Dr. O'Connell, we wish you well with your work. Now, you talked about this whole array of tools you have for heart failure, but I know research goes on and a lot of it right there at Northwestern. Are you optimistic about the future that hopefully we can do a better job with prevention but that we'll have even more elegant treatments, if you will?

Dr. O'Connell:
Oh, absolutely. The future is extremely bright. As we enter the genetic and molecular era we are just on the verge of being able to choose medications for patients based on an intrinsic genetic characteristic that they have, something that's now being called pharmacogenomics. And what that will allow us to do in the future is when a patient comes into our office, draw their blood, find out what their genetic make up of all the proteins that interact in heart failure are and choose specific treatments for that genetic makeup, so they don't have to be on 15 drugs. They can be on two or three drugs.

In addition, the whole era of stem cells and of cells that create blood vessels and cells that create new heart muscle cells is upon us. And in fact we at Northwestern are very fortunate to have recruited one of the country's leading cellular therapy experts in Dr. Doug Losordo, who has joined us in December. And we now have a host of programs that are designed to see if we can help the heart muscle regenerate itself.

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We also are very much involved with the left ventricular assist devices that are developing that are now being miniaturized, are much more effective, can be totally implanted and will allow the heart to rest for a period of time and perhaps even recover.

And, finally, we're working with a whole number of these pacemaker-like devices that even measure pressures in the heart now. So there is--it's really an exciting time for us as a group in heart failure, but also for our patients because we know that in the next five to ten years there'll be even much better treatment that will allow them not only to live with their disease longer but also in many cases to totally recover.

Andrew Schorr:
Well, I really admire what's going on and your passion. After 25 years you're still excited and excited about the future. Dr. John O'Connell, thank you so much for being with us on our premier live webcast with HealthNet and Northwestern Memorial. We wish you well with your Center for Heart Failure at the Bluhm Cardiovascular Institute at Northwestern and urge people to consider, if this is their condition, to at least perhaps explore a second opinion there or maybe Dr. O'Connell will be your doctor.

Dr. O'Connell, thanks a lot.

Dr. O'Connell:
Thank you so much.

Andrew Schorr:
I hope you folks will join us for Dr. Marla Mendelson in two weeks as we talk about heart issues for women. If you'd like more information about Northwestern Memorial Hospital's physicians and services it's all waiting for you at nmh.org.

I'm Andrew Schorr. You've been listening to Patient Power on HealthNet brought to you by Northwestern Memorial Hospital.

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