# I Can’t be Having a Heart Attack!

It never occurred to David Chook that he was having a heart attack. After all, he was only 49, ate fairly healthfully, never smoked, and was in decent shape. Okay…his cholesterol was a little high, and there was heart disease on his father’s side of the family. But his blood pressure had always been normal, and he wasn’t having chest pain — the classic heart attack symptom. He couldn’t be having a heart attack, right? Wrong. The fallacy of that assumption hit home on the morning of Friday, April 11, 2003.

“The night before, my wife and I went out for Chinese food,” David recalls. “After dinner, I started experiencing indigestion and a slight headache. So, I took some Advil® and Tums®, the discomfort seemed to subside, and I slept fairly well.

“The next morning, Friday, I planned to work from my home office,” he continues. David is a pharmacist for a home care agency and periodically works from his Palm Desert home. “I woke up, and still had the indigestion and headache. I took some more Advil, but the headache didn’t go away. I tried to work, but the headache started to get pretty bad. I had some pain medication that I’d used for my back, so I took some and lay down, trying to take it easy. But the indigestion got worse, and the headache progressed.”

David’s wife, Ann, who is a nurse, was home that day, too. She wasn’t overly concerned about her husband’s symptoms at this point. Then, he started feeling pain that radiated down his right arm, and his jaw hurt.

“I remember my wife asking me, ‘Are you sure it’s your right arm?’” David recalls.When he told her about the jaw pain — it felt “like my jaw was in a vice” — she realized realized that this was a classic symptom of a heart attack. “She still wasn’t certain that I was having an MI (myocardial infarction or heart attack), but we decided to go to the urgent care facility to check things out….We explained my symptoms to the doctor at the center,” David says. “He hooked me up to an EKG (electrocardiogram) machine.The next thing I remember, the doctor was giving me an aspirin, starting me on an IV, and spraying nitroglycerin under my tongue. He said to me, ‘You’re having a heart attack.’”

David couldn’t believe it. “I sat up on the gurney and blurted, ‘This can’t be happening to me!’” he remembers. “I didn’t think I had the typical risk factors…I was only 49, in decent physical shape, never smoked, only drank socially on occasion, and my blood-work was OK…not great, but OK.”What’s more, he wasn’t having the classic chest pain of a heart attack.

The urgent care center called the paramedics to transport David to Eisenhower Medical Center. Puneet K. Khanna, MD, was the Board Certified Cardiologist who was on call.

“David came in having a heart attack,” Dr. Khanna recalls. “We got him stabilized, then performed an angiogram that revealed a 99 percent occlusion of his right coronary artery.This was successfully opened using a balloon, and then a stent was placed to help keep the artery open.The new drugcoated stents we use at Eisenhower stay open long-term in more than 95 percent of patients,” he adds. “I remember my wife asking me, ‘Are you sure it’s your right arm?’” David recalls. When he told her about the jaw pain — it felt “like my jaw was in a vice” — she realized that this was a classic symptom of a heart attack.”

David spent two days in the Cardiac Care Unit and another three days in a regular nursing unit. Dr. Khanna started him on an aspirin-a-day regimen, along with a blood thinner, a statin drug to control his cholesterol, and a blood pressure medication. “Even though David’s cholesterol wasn’t horrible, and his blood pressure wasn’t an issue, these medications are standard protocol after a heart attack,” Dr. Khanna notes.

“After I was discharged, I stayed home for about six weeks,” says David. “At first, I just rested, then began walking around the house, building up to walking outdoors. Dr. Khanna and I discussed some lifestyle changes. I didn’t need to make drastic changes, because I already did a lot of the right things,” Chook adds. “Mainly, I needed to get more regular exercise, manage stress better, and I’m a little more diligent than before about what I eat…I read food labels more, eat more chicken, turkey and fish, and less red meat.We also bought some books on cholesterolfree cooking.”

David has had lab work every four months since the heart attack, and annual cardiac stress tests. “Everything appears to be fine,” he says. “My lab results are pretty good. But I have to take medication, exercise regularly, and watch what I eat for the rest of my life.”

“Amazingly, David suffered no heart damage even though he’d had a heart attack,” Dr. Khanna adds. “He was extremely lucky because 30 percent of heart attack victims don’t even make it to the hospital. David has done incredibly well and I believe will continue to do well because he’s tuned in.”

Given that he didn’t fit the so-called “typical” profile of someone at risk for a heart attack, what would David have done differently? “If I knew then what I know now, I would have watched things more closely,” he admits. “I knew my family history… there was high blood pressure and high cholesterol on both sides, and heart disease on my father’s side. After age 40, I would have been more aggressive about starting on a statin drug for cholesterol control, and an aspirin-a-day to thin the blood. And, I would have paid more attention to my diet.”

“It’s all about lifestyle choices,” Chook adds. “If you want to live a long and healthy life, you have to make the right choices, and you can’t underestimate family history. But, you can still make the choice to be aware!”

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