



# Heart Failure is Heart Breaking

AHA proclaims heart failure is one of the most common heart diseases in the U.S.

By Cindy Ladage

This past September, the American Heart Association (AHA) stated, "The number of Americans diagnosed with heart failure, or HF, is expected to increase by nearly 40 percent over the next 15 years and the costs associated with managing the life-threatening illness will almost double."

AHA proclaims heart failure is one of the most common heart diseases in the U.S., with more than 870,000 new cases reported annually, and one in nine deaths

included HF as a contributing cause. I checked in with local experts to see what they had to say about this heart breaking disease that is on the rise.

Michael Jakoby, MD, MA, is an Associate Professor of Medicine in the Division of Endocrinology at the Southern Illinois University School of Medicine and specializes in diabetes, metabolic syndrome, and related disorders. Dr. Jakoby and John Flack, MD, MPH, Professor of Medicine and Chair of the Department of Internal Medicine at the SIU School of

Medicine, provided information about heart failure.

Dr. Jakoby explained that the terms "congestive heart failure" and "heart failure" are often used interchangeably. "Once a patient has been diagnosed," Dr. Jakoby said, "most cases are irreversible, because heart muscle has been damaged."

Dr. Flack, a nationally recognized hypertension specialist, arrived in Springfield seven months ago and has been surprised by how many of his patients have coronary heart disease and heart failure. According to Dr. Flack, heart failure is caused primarily by uncontrolled high blood pressure, diabetes, coronary disease, and obesity. Dr. Flack described coronary artery disease, "The coronary arteries are major plumbing, supplying the blood to heart muscle. The arteries get clogged from high cholesterol, diabetes, and high fat diets. The clogs can cause trouble and reduce blood flow to the heart. This can cause chest pain in some

patients when there is a significant blockage."

"Some patients develop heart failure from diabetic cardiomyopathy," Dr. Jakoby said. "Patients develop this condition when the left ventricle becomes thickened and stiff. As that happens, this heart chamber doesn't fill very well, causing first diastolic, then systolic dysfunction, and then heart failure. This evolves over years, not weeks or months."

Dr. Flack said another less common cause of heart failure is valvular heart disease where the aortic valve doesn't direct the flow of blood out of the left ventricle like it should. "The valve gets stiffer and stiffer and it doesn't open and close as it should, allowing leakage back into the heart or restriction of blood flow out of the heart. When this happens, the heart flow can't meet the bodies demand. This is more common as you age."

The bad news on heart failure is that only 50% survive for more than five years after diagnosis.

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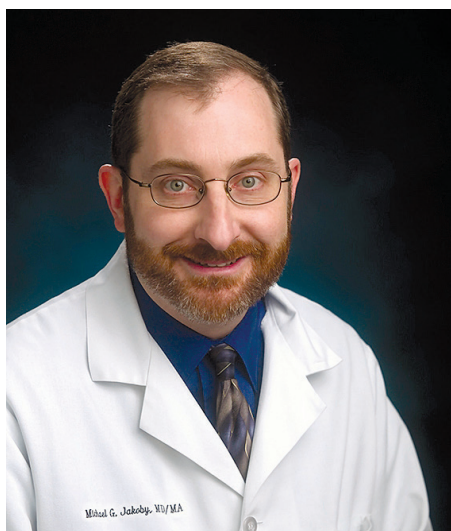


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**Michael Jakoby, MD, MA**  
Associate Professor of Medicine in the Division of Endocrinology at the Southern Illinois University School of Medicine

Photo courtesy of SIU School of Medicine



**John Flack, MD, MPH**  
Professor of Medicine and Chair of the Department of Internal Medicine at the SIU School of Medicine

## Heart Update

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“There are two basic kinds of heart failure,” Dr. Flack said. “The classic kind where the heart doesn’t pump and the stiff heart which doesn’t relax and resists blood flow which causes back up into the lungs. We do an echocardiogram to see what kind of heart failure it is.”

Symptoms of heart failure, Dr. Jakoby said, often first starts with swelling in the legs, feet, and ankles due to edema, which is retention of fluid. “Patients may even notice weight gain.”

Another symptom is shortness of breath, first when exercising then later even at rest. “Patients complain about fatigue,” Dr. Jakoby added.

Chest pain is also a sign, but signs can vary and, Dr. Flack said, chest pain doesn’t always indicate heart disease. “Lots of chest pain is acid reflux. It is important for the doctor to take a history of the patient so they don’t do intensive unneeded testing.”

To keep heart failure at bay, Dr. Flack suggested, “Control blood pressure if possible. This is not always an easy task. Despite devices and medication, half of those suffering from high blood pressure are not controlled.”

Some patients are on the wrong medicine, others won’t take their medication, and some stop and start. Besides controlling high blood pressure, Dr. Flack said it is important to have a

healthy diet and lifestyle. “Lose weight and cut sodium intake. Sometimes it is hard to see where sodium is coming from. Most fast food is filled with sodium. If you drive up to a speaker, nine times out of ten the food will be filled with high sodium content.”

“Avoid being overweight,” Dr. Flack also advised. “It is a tremendous strain on the heart and makes it overwork.”

Diabetic patients have a “triple whammy” with increased heart failure risk through high blood glucose levels, high risk of hypertension (high blood pressure), and increased risk of coronary artery disease. For diabetics, hemoglobin A1c (HbA1c), a measure of average blood sugar over the previous two-to-three months, is an important predictor of diabetes complications, including heart failure. High glucose levels damage blood vessels, cause bleeding in the eye, and diabetic neuropathy. The American Diabetes Association recommends a general HbA1c target of < 7%.

“How well diabetes is controlled is a significant factor,” Dr. Jakoby added. “When HbA1c is over 7%, each one percent rise in HbA1c increases risk of heart failure by approximately 15%.

Type 1 diabetics require insulin to survive and control blood sugars well, and patients with type 2 diabetes usually require medications, including insulin in some cases, as well as lifestyle changes (favorable diet and regular exercise) for successful

management. Early in the course of type 2 diabetes, patients can work with a primary care physician; but later, patients may need to be referred to a specialist when treatment becomes more complicated.”

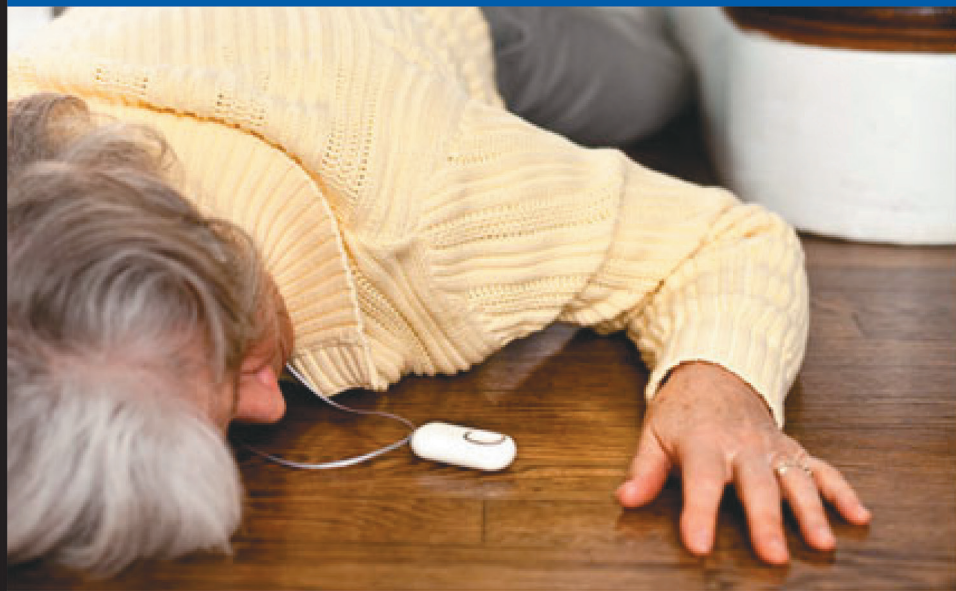
For diabetics, Dr. Jakoby advised reducing risk through diet. “Limit the intake of carbohydrates.” Along with diet, Dr. Jakoby also stated that diabetics and non-diabetics alike should try to work in two and a half hours of moderate exercise a week. “Ideally, two-thirds should be aerobic and one-third should be strength training.”

Non diabetics should also limit sodium intake. Alcohol intake should also be moderate, and if the patient is a substance abuser, they should stop because the drugs can often increase risk of heart failure dramatically. Aging with diabetes presents a significant risk of heart failure. Dr. Jakoby said, “Older individuals with diabetes have a 10-15% risk of heart failure versus 4-5% of non-diabetic individuals.”

The basic advice to reduce the risk of heart failure is to stay active, eat prudently, and treat hypertension and diabetes effectively. “If you are a smoker,” Dr. Flack said, “stop smoking.”

Hopefully, with new knowledge and appropriate concern about the risks for heart failure, we will all take a step back and follow the doctor’s advice to reduce risk and keep our hearts healthy and our bodies well. This Valentine’s Day let’s celebrate by making heart healthy choices!

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