

Don't Panic, Heart Help is on the Way

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Studies suggest that women who have experienced panic attacks may be at increased cardiac risk. In fact, a recent study found that postmenopausal women who experienced at least one panic attack were four times as likely to have heart disease as women who have never had a panic attack.

Symptoms of Panic:

If you suffer from panic attacks, common symptoms such as dramatic, overwhelming fear, anxiety and generalized irritability often occur and aren't attributable to a real threat. When panic strikes, our body quickly shifts into overdrive causing a number of heightened and often uncomfortable feelings which include:

- Overwhelming sense of impending doom
- Difficulty breathing
- Palpitations and irregular heart beats
- Sweating
- Shakiness
- Dizziness

How do Panic Attacks Affect Our Heart?

Panic, stress and anxiety trigger the "fight-or-flight" response which leads to a flooding of hormones into our blood stream known as "catecholamines". These powerful chemicals can be toxic to our heart causing decreased blood flow and making heart muscle irritable and prone to SmartNow—Panic and Heart Disease

John M. Kennedy, MD, FACC 2 abnormal rhythms leading to palpitations. In some studies, researchers speculate that panic attacks trigger dangerous heart rhythms associated with sudden cardiac events, including heart attacks.

Another possible mechanism for the relationship between panic attacks and heart disease is the possibility that symptoms of "panic" are in fact symptoms of *real McCoy* heart disease masquerading as panic. The point being, whether a true panic attack or an acute cardiac condition, symptoms should not be taken lightly.

Panic—A Dangerous Imposter

There tends to be overlap of symptoms common to both heart disease and panic attacks which make it challenging even for specialists to distinguish between the two. Shortness of breath, palpitations and dizziness, for example, can be seen in both disorders. And women who are in the throes of a heart attack or other acute heart problems are much more likely to be misdiagnosed than are men with similar symptoms.

Triggering Panic Attacks

Panic either strikes without warning or is triggered by a familiar but unpleasant situation. Elevators, public speaking or interactions with particularly contentious individuals can spark an attack.

Diagnosing Panic Attacks

The most important components in making the correct diagnosis of a panic attack are a thorough medical history and physical exam. Your doctor will glean most of the vital information from this interview so be sure you're honest and forthright about prior medical history and contributing factors such as drug, alcohol, diet supplement or caffeine use. If your symptoms mimic heart conditions, tests such as an ECG or an echocardiogram may be part of the workup. Other conditions such as thyroid disease and epilepsy also mimic panic attacks, so tests depend on your specific symptoms and doctor's analysis.

Treating Panic Attacks

Remember that panic attacks are real and can wreak havoc on your delicate cardiovascular tissue especially if they go untreated. Data suggests that women with panic attacks are more likely to have cardiac events which mean the days of "it's all in your head" are long over. SmartNow—Panic and Heart Disease John M. Kennedy, MD, FACC 3 Whatever you do, don't panic because there are a number of antianxiety, antidepressant, and behavioral therapies that are extremely effective in treating this disorder. In addition to a good consultation from a medical professional, simple things like diet and healthy food choices, exercise and disciplines such as yoga, tai chi and chi gong are extremely helpful for warding off panic. So, if you or someone you know has panic attacks be *heart-smart*—make sure you seek medical advice because there are a number of very effective therapies that will help you stop panic in its tracks.

Commonly Asked Questions About Heart Disease In Women:

• *Dr. Kennedy, I heard that women, once diagnosed with a heart attack, have a worse prognosis than men even after treatment. Is this true, and if so, what accounts for this difference?*

Heart disease is the number one cause of death for both men and women accounting for 880,000 deaths in the U.S. annually. However, women before age 60 are less likely than men to develop heart problems, but once the disease occurs, women often fare worse than men. Just some of the observations that may account for these gender differences include:

- Women's symptoms tend to be more subtle and less predictable, leading to potentially detrimental outcomes.
- Women often underestimate the severity of cardiovascular disease, and fail to take preventive measures, acknowledge warning signs, or seek treatment for symptoms.
- Women with blocked coronary arteries tend to be older than men with similar blockages and have worse symptoms and more advanced disease.
- Women are also more likely to have other problems like high blood pressure, high cholesterol and diabetes, which may make surgery riskier.

- Women are more likely than men to develop heart failure, a weakening of the heart muscle which causes varying degrees of shortness of breath and can be fatal.
- Women have more complications after bypass surgery, angioplasties or stents—all treatments for blocked coronary arteries. These differences have been attributed to smaller blood vessels.
- Women are more likely than men to have problems with inflammation and anemia, which have been implicated as factors contributing to worse outcomes.

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- *Dr Kennedy, I am perimenopausal and recently read that hormonal changes can affect levels of HDL-“good cholesterol.” Can you comment on this?*

Prior to menopause, estrogen may have a protective effect in maintaining levels of “good” highdensity lipoprotein (HDL) cholesterol, which protects the body’s overall cardiovascular health. Estrogen also relaxes the smooth muscle of arteries which helps to maintain normal blood pressure. The force created by high blood pressure can damage the delicate inner lining of the coronary arteries leading to heart attacks. Unfortunately, the beneficial cardiovascular effects of estrogen are lost after menopause and marks the time when heart disease in women increases. So, after menopause women need to be keenly aware of their risks for heart disease and take measures to protect their hearts like eating healthy, exercising and controlling modifiable risk factors such as blood pressure, cholesterol and smoking.

Dr. John Kennedy is an invasive cardiologist and board member of the American Heart Association. He has a particular interest in the negative impact of stress on our cardiovascular system and speaks regularly to businesses about managing stress in the workplace. Dr. Kennedy is co-author of the book “Breathe: Heal Your Heart in Just 15 Minutes a Day,” which will be released by John Wiley & Sons in February 2009.



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