



The Beat Podcast  
Season 2, Episode 5: Transcript

# Ask a cardiologist: Expert answers to your questions

## The Beat: Season 2, Episode 5

[00:00:01] **Caroline Lavallée** Over the past season and a half of The Beat, we've had the opportunity to bring you stories, experiences and insights into all facets of heart disease and stroke. We've also heard from you, our listeners, about some of your most pressing questions. For this special episode, I talked to Dr. Ratika Parkash, a cardiac electrophysiologist, and asked her some of the most common questions we hear from our listeners.

We'll tackle questions such as the impact of family history on your risk for heart disease, what to expect if you're recovering from a cardiac arrest and what to do if someone is having a heart attack. I hope this episode teaches you something new and that you find the insights provided by Dr. Parkash as valuable as I did. I'm Caroline Lavallée, and you're listening to The Beat, a podcast by Heart & Stroke, with support from our generous donors. Thanks for listening. Now let's get into the episode.

[00:01:08] **Ratika Parkash** Hi there. My name is Ratika Parkash. I'm a professor of medicine at Dalhousie University and a cardiac electrophysiologist, which is a heart rhythm specialist in Halifax, Nova Scotia.

[00:01:19] **Caroline Lavallée** So thanks for taking the time. Could you tell us what is a heart attack and how would you define it or describe it?

[00:01:26] **Ratika Parkash** Thanks, Caroline, for that question. It's extremely important that everybody is aware of the signs of a heart attack. The main things that people feel are chest discomfort. And it's not necessarily chest pain, and that's the important thing that people need to distinguish. Chest discomfort could be a feeling like an elephant sitting on your chest, feeling like somebody squeezing in the centre of your chest. It's not necessarily a sharp pain. And that's what people often aren't clear on. So the sitting-on-your-chest symptom is the main one that people get when they're experiencing a heart attack. And it can happen suddenly without any provocation.

So it doesn't necessarily happen when you're doing something. It can happen while you're sitting and all of a sudden you will feel this sensation in your chest. The other things that can go along with a heart attack are profuse sweating. Some people experience upper body discomfort. So neck pain, jaw pain, they can have pain down their arms or in their upper back. And that actually is something that happens in women more than men.

So women to get the chest discomfort, but they can also get the upper body discomfort. I had one woman who felt upper body pain when she was vacuuming and didn't recognize that it was the precursor to a heart attack, called angina, and then proceeded to end up having a heart attack. It was dismissed from the emergency department because unfortunately, they didn't distinguish the fact that this was different than just a pain that might be due to shoulder discomfort while vacuuming. It was actually a precursor to heart attack.

Some of the other things... you could get nauseated. You can actually vomit, have shortness of breath and lightheadedness. And unfortunately, some of the presentations of a heart attack are a cardiac arrest where people actually have a dangerous heart rhythm and they pass out and require CPR to resuscitate them. That can be the first presenting sign or a later one, and that's, of course, the deadliest sign of a heart attack. So those are the things to watch out for with respect to a heart attack.

[00:03:29] **Caroline Lavallée** Now, would you say that, generally speaking, the signs of a heart attack are different in women than in men? And if so, what other signs are different?

[00:03:38] **Ratika Parkash** The main thing is that women may less often get the typical chest pain that I described—they may get upper back pain, they may get pain down their arm, they may get jaw pain. So those are the main differences in women than in men.

[00:03:52] **Caroline Lavallée** And tell me, what should someone do if they experience these signs or if they observe them in someone else?

[00:04:00] **Ratika Parkash** If you feel you or somebody else is having a heart attack, the first thing you need to do is call 911. The second thing is stop what you're doing. Wait for the paramedics to arrive to help. If you have nitroglycerin, so if you had warning signs of a heart attack and you have nitroglycerin, you can take your nitroglycerin. And again, lie down when you take it, because it does lower the blood pressure. Chewing two Aspirin is always recommended. It can help right away to thin the blood. If you don't have it, the paramedics will give it to you.

[00:04:30] **Caroline Lavallée** I'd like to know what happens after someone is treated for a heart attack. Does everyone need medication or rehabilitation?

[00:04:38] **Ratika Parkash** Absolutely. So most often the treatment for a heart attack involves putting in something called a stent, or in some cases you can actually have bypass surgery. If you don't end up with either of those, then your options for treatment are medications to manage it. Sometimes there isn't a blockage that needs to be fixed right away, and in that scenario, the medications would need to be used to prevent further events.

And those medications are critical. They will prevent heart attacks and save your life. Some of the medications we use are medications to prevent future blood clots like Aspirin or other blood thinners, medications to lower cholesterol, which is known to be involved in heart attacks, and other medications that might help treat blood pressure or make the heart pump better if you've had any damage from a heart attack, and all of those things basically keep you alive.

The rehabilitation issue is also extremely important. Unfortunately, not everybody undergoes rehabilitation after a heart attack, but they really should. The parts of rehabilitation that are helpful are making sure you're on the right medications after a heart attack.... We have lots of guidelines to guide us how people should be treated and making sure those are optimized, making sure you have the right advice on physical activity and making sure you get back to physical activity safely.

[00:05:58] **Caroline Lavallée** How much care does a person who's had a heart attack, how much care does that person need and what kind of care, whether from a physical or emotional standpoint?

[00:06:08] **Ratika Parkash** There are several elements that need to be addressed after a heart attack, because the physical disability that occurs shortly after a heart attack, as well as the mental effects of having a heart attack, actually predict how you're going to do — whether you're going to have another

heart attack. It affects how well you're going to be after having that heart attack. And so there's clear information in our literature to suggest that if your mental health is affected, if you have depression after heart attack, that is not associated with a good outcome long term.

And so people often get depressed after having heart attack, particularly when they're younger in age. And, you know, all of a sudden, it's a sudden event. It's a sudden life changing event. And some people don't address that mental effect. And it's important that you do. And so, again, part of rehab that can help. We don't have enough psychologists out there to address these issues. We don't have good coverage for psychologists out there. But for people who are severe, they need to be seen. They need to get help in this regard.

[00:07:11] **Caroline Lavallée** And what about certain types of populations? Are some of them more at risk than others of having a cardiac issue?

[00:07:19] **Ratika Parkash** Yeah. So there are some ethnic groups that are more at risk than others. In Canada they've looked at the Indigenous and non-Indigenous population. And the Indigenous population has a significantly higher risk of heart disease. They also have a risk for something called rheumatic heart disease, which affects the heart valves mostly, and it occurs from having had an infection called rheumatic fever, usually in childhood, and then it can later on cause heart issues.

Other populations that are at higher risk are some of the Asian populations. So... the highest risk that we've seen is people from Sri Lanka. They have a very high risk of coronary disease, much higher than the general population. Patients who are of Chinese origin, for example, actually have a lower risk. So there's some... ethnic groups that that actually have a lower risk compared to others.

[00:08:12] **Caroline Lavallée** Is there an easy way to determine how someone's body shape or weight will affect their risk of heart disease or stroke?

[00:08:21] **Ratika Parkash** Yeah. So there are two ways really of looking at body weight and measuring whether you're sort of out of range and whether the body shape is part of the equation. And one of them is the body mass index. And so that is weight divided by height squared, units being kilograms and centimetres for height. There are calculators online. And so there's guidelines on what an elevated BMI would be.

The better way for heart disease is the waist circumference, because it actually takes into account body shape, which has been found to be the one that's the most important. So if you measure your waist circumference just at the top of your hipbone, at the level of your belly button, and if your greater than 90 centimetres for a woman or 100 centimetres for a man, that's a higher risk for heart disease. And so that's a really easy way of determining whether or not you're at risk. Looking at body weight, they noted that the waist-to-hip ratio is the one that really tells you what your risk of heart disease is. And looking at that waist circumference as a number is the easiest way of determining your risk.

[00:09:24] **Caroline Lavallée** If someone's parent or grandparent has had a heart attack, is the risk of having one higher?

[00:09:31] **Ratika Parkash** The family history, what we call a positive family history of premature coronary artery disease, which is the precursor, of course, of getting a heart attack, that's what we call blockages, hardening of the arteries. I think it's the usual term. If a man has had a heart attack before the age of 55 and a woman has had a heart attack before the age of 65. So if your parent... falls into one of those categories, that is called a risk factor for having heart disease.

When you look at it in all the studies — OK, so we look at all of these things very carefully — that risk factor of a family history is probably the least important one. I'm not saying it's not important; it is. But it's not the one that influences your risk greatly. Smoking, high blood pressure, diabetes — these are much greater risks, having high cholesterol. Just on the cholesterol, there can be a family history of high cholesterol that would be more of a risk factor for you than just this risk factor of a family member having had a heart attack at a younger age.

One of the reasons that it isn't as strong of a risk factor is because it doesn't take into account that family member's behaviour, doesn't take into account whether that family member was smoking, had diabetes and had high blood pressure. And so, you know, we're inflicting all of those things on you as the individual, when you may not smoke, you may be exercising, you may be doing all the right things, you're not diabetic, you're not overweight. I mean, all of those things are factors. So that's why there's a potential risk, but it's not like a one-to-one relationship that you're going to have a heart attack just because your mother or father did.

[00:11:11] **Caroline Lavallée** Let's talk about physical activity and exercise. Now, I'm sure that some listeners are wondering about this, so I will dare to ask, is it safe to be sexually active after heart surgery or a heart attack? Why or why not?

[00:11:31] **Ratika Parkash** Yeah. So once again, sexual activity is a form of physical activity. You know, your heart rate goes up. There is strain that is involved in the whole event. Once again, we tell people to — the best, easiest way to put it is — take it easy after heart attack. And so that take-it-easy period lasts for about a month and then we start getting people back into rehab and so on. And at that point is when you really should be thinking about sexual activity again. People who are sexually active do better. That's been seen after a heart attack. They've actually looked at it in heart attack patients. So, you know, again, it helps your mental health, it helps your physical health. There's many, many aspects of being sexually active that are positive.

[00:12:16] **Caroline Lavallée** So definitely, you know, knowing our risk factors, exercising, eating well, our ways to improve heart health and to prevent heart disease and stroke, we know that, but what about for people who live a very busy lifestyle? What are the simplest ways for them to improve their heart health? What advice would you share with them?

[00:12:38] **Ratika Parkash** Even though we're all busy, right, you're not going to do well if you aren't looking after yourself. And that's the first thing to remember: diet is critical. There's a lot of things we can do with diet. Yes, we all reach for those comfort foods. You know, comfort foods are great. They make you feel good for that moment, but then they make you feel pretty horrible later. And so, you know, everything has to be in moderation. Alcohol, smoking... smoking should be a no no. That's not, we don't want to moderate that.

But alcohol, the new guidelines just came out, you know — two drinks a week, which I think is very reasonable, actually. You know, two drinks a day I thought was too much. But anyway, in moderation, you know, the diet has a huge impact on what your body is going to be like. Processed foods — you should be avoiding them. I know, we know we're all busy, but try to reach for those fresh fruits and vegetables as much as you can. I think that's the main message. You know, meats are obviously fine, try to have less fat; fish is a great part of your diet. The omega-3s are fantastic.

We're lucky in Canada, we have access. I know that in some regions in Canada... some of these things are expensive, but we need to be cautious around it. Get rid of those soft drinks. Get rid of the refined

sugars as much as you can. And again, everything is OK once in a while. But I think those are things that we can do, even though we're busy and to make things better for us.

And try to find that time walking. Just take a walk, you know, 30 minutes a day, five times a week. You're at the 150-minute level. Now, they're changing the physical activity guidelines. They may change them up to 200 minutes a week as the recommended thing. But right now they're still at 150 and, you know, that's all you need. Get good sleep. I mean, those are all the things that we know, but we don't do.

[00:14:34] **Caroline Lavallée** To sum it up, we could recommend that our listeners do listen to this podcast while taking a walk. That would be one way to keep healthy.

[00:14:45] **Ratika Parkash** Perfect. That's all you need. You don't get much more than that. And, you know, I don't ask people to do much when I ask my patients to do increased physical activity. But the main thing is just move. Don't sit on the couch. I tell some people, every hour, move for 10 minutes and you know, you've got your, you do that five times a day, you've got 50 minutes. I mean, that's a lot. And so, you know, little things.

[00:15:09] **Caroline Lavallée** So thank you so much. This was a really great, great conversation. Thank you.

[00:15:15] **Ratika Parkash** Thank you very much.

[00:15:21] **Caroline Lavallée** Thank you, Dr. Parkash, for all your insights and for taking the time to answer my questions. I found our conversation enlightening, and I know our listeners did as well. One of the most important things to remember is that there is lots you can do to decrease your risk of heart disease, even if you live a busy life.

Adopting healthy habits like eating well and doing daily physical activity can make a big difference to your heart health. Taking small steps now can make a big difference over time. If you have questions about heart health and risk factors, visit [heartandstroke.ca](http://heartandstroke.ca) for more information.

Look forward to upcoming episodes about the unexpected heart brain connection, as well as the Indigenous experience of heart disease and stroke.

Thanks for listening to The Beat, and a special thanks to our donors for making this podcast possible. I hope you'll take away some valuable insights from today's episode, and maybe you'll be inspired to join a community that's determined to beat heart disease and stroke. Subscribe now to stay informed, get inspired and rediscover hope. Don't forget to rate and review the podcast so we can reach even more listeners. Stay tuned for our next episode. Until next time. I'm Caroline Lavallée.