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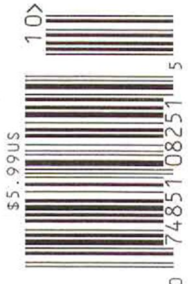

THREE STORIES Barbara Coldiron, Jay Shepard (top right), and Gary Terry each had a heart attack—but very different symptoms.

Surviving a heart attack

Know the signs and save a life

"My chest felt tight, and my hands were tingling. I thought I had slept on them wrong. I have no heart-attack risk factors, so I felt silly calling an ambulance, but I did when I noted that my heart rate was low. I also got nauseous and threw up. Tests showed that I had a heart attack!"

Barbara Coldiron, 55, Austin, Texas

"I kept having to stop a hike when I became winded and uncomfortable with what I thought was indigestion. Looking back, I think that's when I had a heart attack. Although I continued to get out of breath easily, I didn't have my heart checked until months later. It turned out I had a moderate to severe heart attack."

Jay Shepard, 53, Essex Junction, Vt.

"I felt fine on the way to the airport that day. But I reached for my bag after clearing security and just collapsed. Fortunately, someone started CPR immediately and airport police had an AED on the scene within minutes. Their prompt response saved my life."

Gary Terry, 62, Hurst, Texas

Three people, three descriptions of a heart attack. Would you recognize one? Do you know what tests are needed to diagnose heart disease and which ones aren't? And if you've already been diagnosed, do you know which treatments are right for you and whom to see for the best care?

Those are big questions with critically important answers. Cardiovascular disease remains the No. 1 killer of men and women in the U.S., in part because heart-attack victims often don't recognize the symptoms and delay getting care. And doctors sometimes push high-tech tests and treatments when simpler measures are safer, cheaper, and at least as effective.

This report will help you recognize heart disease and learn how to treat it. And we've teamed with the Society of Thoracic Surgeons, a nonprofit organization that represents physicians who operate on the chest, to present ratings of cardiac-surgery groups based on key performance measures for heart-bypass surgery.

What to watch for

"I think I expected a heart attack to be like on TV, with sudden severe chest pain. That's not what I had at all," Shepard says. In real life, heart attacks often start slowly, and many survivors describe them as uncomfortable but not very painful.

Chest discomfort is the most common symptom, but women are somewhat more likely than men to experience others, such as nausea, shortness of breath, and pain in the back or jaw. Women are also prone to an especially deadly reaction—denial. "I have to admit, I was reluctant to call an ambulance and then terribly embarrassed when the EMTs initially said my heart seemed OK," Coldiron says.

So how do you know which symptoms warrant concern? If an area is tender when you push on it or hurts more when you breathe deeply, you're probably not having a heart attack. But if exertion triggers or worsens the discomfort, it might be heart-related chest pain. Symptoms such as cold sweats and difficulty breathing are red flags but can indicate other health problems.

You have to use your judgment, says Kathleen Cowling, D.O., vice president of the American College of Emergency Physicians. "It could be an odd pain in the middle of your back or indigestion that doesn't go away with antacids. But if any of these symptoms is a new problem for you, it could be the beginning of a heart attack."

PHOTOGRAPHS: BARBARA COLDIRON: MARK GREENBERG; JAY SHEPARD: ANDY DUBACK; GARY TERRY: PETE LACKER

Take action

If you suspect you're having a heart attack, call 911 immediately. Then chew and swallow one 325-milligram uncoated aspirin (or four 81-milligram baby aspirins) to help prevent clots from forming in your coronary arteries. Don't even think about driving to the hospital yourself or having someone take you.

If you're with someone who might be having a heart attack, ask whether an automatic electronic defibrillator (AED) is available, in case the person becomes unconscious and doesn't have a pulse. Those easy-to-use devices check heart rhythms and deliver a shock if needed.

Get the right tests

Of course, it's better to identify heart disease before you have an attack. But that's not always easy. For example, CT coronary angiography, a noninvasive test that provides a three-dimensional image of the heart, is widely touted in direct-to-consumer ads. But it carries a hefty radiation dose and can register false-positive results that can lead to additional invasive tests and procedures. Here are several tests and what you need to know about them:

Stress test. This measures the heart's function while it is stressed by exercise or, in some cases, medication. Some doctors use it for people with no heart symptoms as part of a routine exam. "That's generally a bad idea," says Steven Nissen, M.D., chairman of cardiovascular medicine at the Cleveland Clinic in Ohio. "The test is not as accurate in low-risk people and can trigger unnecessary and expensive follow-up." The only exceptions: older airline pilots, bus drivers, or others whose job affects public safety, or middle-aged or older people with multiple heart-risk factors who are just starting to exercise.

But for people with symptoms of heart disease, a stress test should usually be the first test ordered. And it should be combined with an electrocardiogram and one of two other tests, both of which produce an image of the heart: an echocardiogram (which uses sound waves) or a nuclear test (which uses radioactive material).

Coronary angiography. This is the gold standard for confirming heart disease in people with worrisome stress-test results. It involves threading a flexible tube from the groin into the coronary arteries and injecting a dye to make blockages visible on an X-ray. Going straight to such an invasive test is warranted only for people at very high risk of having heart disease or have symptoms or an underlying condition that could make stress testing risky.

CT angiography and electron beam computed tomography. These tests have almost no role in treating people without symptoms of heart disease and are of limited use even for those who do have them. Supporters contend that the tests can help determine how aggressively to treat people at moderate risk for heart disease—whether to prescribe drugs for someone with borderline-high cholesterol, for example. But doctors can usually accomplish the same thing by assessing a patient's risk based on such factors as blood pressure, family history, and in some cases his or her level of C-reactive protein, which reflects inflammation in the arteries. Even in people with suspected heart disease, results of CT angiography are often so uncertain that the test has to be followed up with standard angiography.

Get the right treatment

The hype for high-tech solutions extends to treatment, too, partly because doctors and hospitals have a financial incentive to keep the gadgets humming and partly because of persistent, outdated notions.

DID YOU KNOW?

Common symptoms

- **Chest discomfort: pain, pressure, squeezing, or fullness in the chest.**
- **Upper-body symptoms: pain or discomfort in one or both arms, the back, jaw, neck, or stomach.**
- **General symptoms: cold sweats, light-headedness, nausea, or shortness of breath.**

Aspirin for your heart

The website for Fasprin, aspirin that dissolves in your mouth, suggests that it works faster than other aspirin to limit damage during a heart attack. It also recommends Fasprin for preventing attacks. And although Bayer says that its Quick Release Crystals are not appropriate for cardiovascular use, it's easy to see why some people might think they're a good idea. Are those aspirin products really better than other kinds?

Help during attacks

Nothing has been proven to be better than chewing and swallowing an uncoated, 325-milligram tablet during a heart attack, says Steven Nissen, M.D., chairman of cardiovascular medicine at the Cleveland Clinic. You would have to take four Fasprins (81 milligrams) to match one regular aspirin. And Bayer says its Quick Release product—which contains 850 milligrams of aspirin, plus caffeine—hasn't been assessed for treating heart attacks and shouldn't be used for that purpose.

For prevention

Aspirin can help prevent heart attacks, too. But it's not for everyone, in part because it can also cause gastrointestinal bleeding. People at very high risk of heart attack or stroke should usually take low-dose aspirin. Men between 45 and 79 without that history should talk with a doctor to determine their 10-year heart-attack risk based on such factors as blood pressure and cholesterol levels. Women between 55 and 79 often also benefit, but only if they have a high 10-year stroke risk. The therapy should generally be limited to those who are not at increased risk of gastrointestinal bleeding. And everyone should take these steps to maximize aspirin's benefits and minimize its risks:

Stick with low-dose, 81-milligram (baby) aspirin. Fasprin might be a good choice if you can't swallow pills, but it costs more than generic forms, and its fast action is largely irrelevant for prevention.

Protect your stomach. If your doctor says you need aspirin, but you have a history of stomach bleeding, ask about adding a stomach-protecting drug such as omeprazole (Prilosec and generic).

Don't stop on your own. That might elevate your risk beyond the original level by making the platelets in the blood more likely to form clots.

Don't mix with related pain relievers. Drugs such as ibuprofen (Advil and generic) or naproxen (Aleve and generic) multiply the risk of stomach problems. So try acetaminophen (Tylenol and generic) instead.

CLAIM CHECK
Generic baby aspirin is cheaper than Fasprin, whose fast action is largely irrelevant for prevention.

Heart disease is often described as something of a plumbing problem. Under that model, cardiologists pinpoint blockages using angiography and then use angioplasty, or percutaneous coronary intervention (PCI), to snake a balloon into an artery and inflate it, crushing deposits. In most cases, doctors also insert a metal stent to prop open the vessel.

That might relieve angina, or chest pain on exertion, but it won't necessarily prevent heart attacks. That's because diseased arteries are often riddled with deposits too small and numerous to be treated with PCI—and most attacks occur not when a large deposit blocks an artery but when other factors cause smaller, less stable ones to rupture.

Yet some doctors recommend PCI immediately after angiography reveals coronary narrowing, often while the person is still on the table. Unless a patient has just had a heart attack or one appears imminent, there's usually plenty of time to discuss options, including drugs, exercise, and a healthful diet. People who take that approach are about as likely to become free of angina as those who also have PCI.

If testing reveals severe blockages, immediate PCI or bypass might be necessary. Bypass often makes sense when major coronary arteries are blocked; PCI might be an option if one or two vessels are blocked. Bypass or PCI can also be appropriate if symptoms don't improve after three to six months of drug therapy.

Heart-bypass surgery: 50 top-rated surgical groups

It's long been easier to make informed choices about cars or vacuums than about health-care providers. Now Consumer Reports has teamed with the Society of Thoracic Surgeons to present ratings of heart-bypass surgical groups based on how their results compare with national standards for survival, complications, and other measures.

The 50 groups listed here all received three stars, meaning that their performance was rated as above average. Subscribers to ConsumerReportsHealth.org can get detailed information about all 221 rated groups, including the 166 two-star performers and the five one-star groups. Go to the website and click on the Doctors & Hospitals tab.

The ratings include groups that have agreed to let us publish their results. We will periodically update the ratings, including data from additional groups that release their information to us. If you're considering a group that's not yet rated, you should still ask for its results. That's because many groups that have not shared their data with us have given their data to the STS—and should be willing to provide it to you. In fact, if a group can't or won't do that, you should keep looking.

Surgical groups are arranged alphabetically within states.

CALIFORNIA

East Bay Cardiac Surgery Center Medical Group Alta Bates Summit Medical Center, Oakland

Orange County Thoracic and Cardiovascular Surgeons Saint Joseph Hospital, Orange

Pomona Valley Cardiac Surgery Medical Group Pomona

COLORADO

Front Range Cardiac, Thoracic & Vascular Surgery Exempla Saint Joseph Hospital, Denver

Penrose Cardiothoracic Surgery Penrose-St. Francis Health Services, Colorado Springs

DISTRICT OF COLUMBIA

Frederick Lough, M.D., and Surgeons George Washington University Hospital, Washington

Washington Regional Cardiac Surgery Washington Hospital Center, Washington

DELAWARE

Christiana Care Cardiac Surgery Beebe Medical Center, Lewes

FLORIDA

Cardiovascular Surgical Associates St. Joseph's Hospital, Tampa

Munroe Heart Munroe Regional Medical Center, Ocala

Winter Haven Hospital Bostick Heart Center Winter Haven

ILLINOIS

Prairie Heart Institute St. John's Hospital, Springfield

INDIANA

CorVasc MDs St. Vincent Heart Center of Indiana, Indianapolis

Fort Wayne Cardiovascular Surgeons Parkview Hospital, Fort Wayne

KENTUCKY

London Cardiovascular Surgery Saint Joseph Hospital, London

MARYLAND

Union Memorial Hospital Baltimore

MASSACHUSETTS

Boston University Cardiac & Thoracic Surgical Foundation Boston Medical Center, Boston

Division of Cardiac Surgery Massachusetts General Hospital, Boston

Mount Auburn Hospital Cambridge

North Shore Medical Center Salem

MICHIGAN

Cardiothoracic Surgeons of Grand Traverse Munson Medical Center, Traverse City

West Michigan Cardiothoracic Surgeons Mercy General Health Partners, Muskegon

MINNESOTA

Central Minnesota Heart Center St. Cloud Hospital, St. Cloud

Twin Cities Heart and Lung Mercy Hospital, Coon Rapids

NORTH CAROLINA

Asheville Heart Mission Hospital, Asheville

Forsyth Cardiac and Vascular Surgeons Forsyth Medical Center, Winston-Salem

Hawthorne Cardiothoracic and Vascular Surgeons Presbyterian Hospital, Charlotte

Wake Forest University Physicians-Cardiothoracic Surgery Wake Forest University Baptist Medical Center, Winston-Salem

NORTH DAKOTA

Altru Health System Grand Forks

NEBRASKA

Nebraska Heart Institute Heart Hospital Lincoln

NEW JERSEY

Mid-Atlantic Surgical Associates Morristown Memorial Hospital, Morristown

The Valley Columbia Heart Center The Valley Hospital, Ridgewood

NEW YORK

Active International Cardiovascular Institute Good Samaritan Hospital, Suffern

Albany Medical Center Division of Cardiothoracic Surgery Albany

George L. Hicks, M.D., and Surgeons University of Rochester Medical Center, Rochester

OREGON

Cardiothoracic Surgeons at the Oregon Heart and Vascular Institute Sacred Heart Medical Center, Springfield

PENNSYLVANIA

Consultants in Cardiovascular Disease Saint Vincent Health Center, Erie

Department of Cardiothoracic Surgery Geisinger Wyoming Valley Medical Center, Danville

ESSA Heart and Vascular Institute Pocono Medical Center, East Stroudsburg

Hamot Flagship CVT Surgeons Hamot Medical Center, Erie

Main Line Cardiothoracic Surgeons Lankenau Hospital, Wynnewood

Main Line Health Cardiothoracic Surgeons Paoli Hospital, Paoli

McGinnis Thoracic & Cardiovascular Surgical Associates Western Pennsylvania Hospital-Forbes Regional Campus, Monroeville

Venkat Machiraju, M.D., and Surgeons UPMC Shadyside Hospital, Pittsburgh

SOUTH CAROLINA

Providence Hospitals Sisters of Charity Providence Hospital, Columbia

TENNESSEE

Cardiovascular Associates Wellmont Holston Valley Medical Center, Kingsport

Cardiovascular Surgery Associates Saint Thomas Hospital, Nashville

Wellmont Cardiology Services Wellmont Bristol Regional Medical Center, Bristol

VIRGINIA

Centra Cardiothoracic Surgery Lynchburg General Hospital, Lynchburg

WASHINGTON

Harrison Health Partners Cardiothoracic Surgery Harrison Medical Center, Bremerton