WESTCHESTER health & life
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MYSTERY heart attack

AN APPARENTLY HEALTHY WOMAN'S SUDDEN CRISIS HIGHLIGHTS THE DANGERS OF STRESS

WHEN ROCKLAND COUNTY SCHOOL PSYCHologist Susan D'Auria rushed into the principal's office one day last November, she had a startling request:

"Please call 911," she said. "I think I'm having a heart attack!"

And she was.

D'Auria, now 52, was no one's idea of a likely heart-attack victim. She had been treated successfully for breast cancer eight years before, but her overall health was excellent. Her cholesterol was low, her blood pressure was usually low, and she wasn't overweight. She was a nonsmoker, a healthy eater and an avid exerciser. But D'Auria almost died that day. Fortunately, she was saved by physicians at Westchester Medical Center, who attribute her attack to the sometimes unpredictable role of stress—and a frightening phenomenon known as takotsubo syndrome.

At a routine follow-up appointment last fall, D'Auria's oncologist noticed that her blood pressure was higher than usual and suggested she see her personal physician. She made an appointment for November 4. But for three to four days before that date, she noticed unusual symptoms. "I felt an adrenaline rush, like you feel in a fight-or-flight response," she recalls. "It would come and go, but there was nothing to trigger it." On the 4th, at work, she felt light-headed and fatigued and also had indigestion. She thought it was just a flu bug, but by the time she got to her car to leave for her doctor visit, she was too dizzy to drive. Quickly, things got worse. "I felt a heaviness in my chest," she says. "I couldn't catch my breath."

That's when she ran back into the school and made her request of the principal.

An ambulance soon arrived to whisk D'Auria to a nearby community hospital, where doctors discovered she had gone into cardiogenic shock—her heart was pumping almost no blood, and her internal organs were failing as a result. The doctors ran tests to discover what had caused her heart attack, but they came up empty. Her coronary arteries were not blocked.

The next day, D'Auria was sent by helicopter to Westchester Medical Center, which as a regional center is better equipped than community hospitals to handle such extreme emergencies. She was placed in the care of Alan Gass, M.D., Medical Director of Heart Transplant and Mechanical Circulatory Support, who ran tests of his own. He reviewed the other hospital's evaluation and performed an ultrasound. He found that her heart had become misshapen, with a narrow neck at the top and an elongated form that tapered to a point. "It looked exactly like the shape described in medical literature as takotsubo syndrome," he says.

That syndrome, first identified by Japanese physi-
D'Auria's heart had become misshapen, with a narrow neck and an elongated form.

Dr. Gass notes that cases of takotsubo syndrome are becoming more frequent, "partly because we now have a label for it that we didn't have before, but also because of what's going on in the world today." Some people's bodies are not prepared for the kinds and levels of stress we face today, he explains, and unfortunately medicine hasn't yet learned to identify such people in advance.

Still, everyone should find a way to relieve stress. "Some of my patients turn to God, some do yoga, some exercise more," says Dr. Gass. "I try to help everyone find something to do that will complement the traditional Western medicine I practice, because I believe strongly that our physical health is linked to our inner core."

Adds Dr. Gass of the syndrome that apparently almost killed Susan D'Auria: "This is a striking example of the mind-body connection that often leads to illness. As the healthcare crisis worsens, we must look inside to prevent illness and shift the paradigm from treating diseases to preserving wellness."

**Facts about takotsubo syndrome**

- It affects women far more often than men. Some research indicates nearly nine out of 10 cases occur in women, and of those, almost all are in women 50 or older.
- In one study, 11 percent of patients experienced a recurrence of symptoms over a four-year period. About 3.6 percent of cases were fatal; most of these were in patients with other underlying health problems.
- For the vast majority of patients, it appears that the syndrome is temporary and completely reversible.
- Many doctors recommend long-term treatment with medications that block the potentially damaging effects of stress hormones on the heart.

Sources: Mayo Clinic, American Journal of Cardiology