

Health Link



Will you recognize when a heart attack strikes?

Looking at Dr. John Eastmure you see the picture of health.

A veteran triathlete who trains at a high level, he is in good physical shape on the outside, but little did he know that heart disease had been manifesting on the inside silently over years.

It wasn't until one September morning, during a half Ironman race in Huntsville, that it came to the surface and Dr. Eastmure unexpectedly suffered a heart attack.

The first leg of the race – a two kilometre swim – was complete. He was onto the 90-km bike course and doing well in his age group when he noticed a burning sensation across both shoulders that he had never felt before. Then he noticed a profound drop in his physical performance and several cyclists passed him on the course. These indicators weren't going away and he knew something was wrong.

“At this point I'm entertaining thoughts that were really foreign to me,” Dr. Eastmure says. “I didn't think I could finish the bike course. I just didn't feel like it and I was having thoughts of quitting the race, which I never have.”

“Despite it not be classical symptoms, I thought something wasn’t right. Something is different,” he said. “I felt off. I felt unwell.”

Fortunately, he was about to cycle past his own driveway on the triathlon route and took himself out of the race so his family could take him to the hospital to get checked out.

An ECG showed he was suffering a heart attack, and within minutes of arriving at the hospital he began feeling lightheaded and his heart rate dangerously accelerated to over 200 beats per minute. The crash cart was on its way, but not needed in the end, and he was given thrombolytic drugs to help dissolve the clot.

During the ambulance transfer to Southlake Regional Health Centre, the vessel must have opened up because his symptoms melted away and he felt normal again. It was later determined that one of his coronary arteries was 90% blocked and the other vessels were 40 to 50% blocked.

Looking back on the event, Dr. Eastmure says he didn’t exhibit the classic signs and symptoms that we’re told to look for, like severe chest pain radiating to the neck and arm, shortness of breath, sweating and nausea. Despite having high cholesterol, he didn’t fit the bill of a heart attack candidate.

“I had no idea I had a high risk of coronary artery disease,” he says. “Individuals with really high levels of fitness and high cholesterol levels like me aren’t generally at risk, so I wasn’t aggressive at treating my high cholesterol level. The disease process was obviously taking place over a long period of time because my coronary arteries were 40 to 50% blocked and I was performing with that deficit and having no symptoms.”

While every heart attack is different, the common element is importance of time in the prognosis.

“Time is heart muscle,” he said. “The sooner you get that thrombolytic medication the more heart muscle you preserve, the less damage is caused and the better the outcome.”

“When people have classic symptoms of a heart attack, they should not wait to see if it goes away,” he says. “They should go to the hospital immediately and be assessed and treated.”

If you are experiencing any of the signs of a heart attack, stop all activity and sit or lie down in whatever position is most comfortable.

Call 9-1-1, and if the 9-1-1 operator advises it, chew and swallow one adult tablet or two 80 mg tablets of ASA (Aspirin). Do not take other pain medications such as acetaminophen (Tylenol) or ibuprofen (Advil) instead of Aspirin. Do not substitute Aspirin for medical care; call 9-1-1 or your local emergency number first.

Health Link is an awareness column brought to you on behalf of Muskoka Algonquin Healthcare.