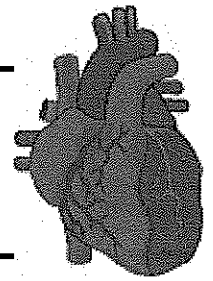


# TO YOUR HEALTH



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## “AND MY HEART WENT FLIP FLOP...”

By Barbara Chenoweth, NP

More than just a body organ, the heart is our emotional and spiritual center. From it radiates warmth, caring and love. When we fall in love or we miss someone we love or we worry about the safety of a loved one, our heart “turns over, skips a beat or does a flip flop.” We all can recall times when we felt like our heart was physically responding to a strong emotional feeling: “my heart was in my mouth” or “it felt like my heart had stopped beating.”

And indeed, emotions do cause us to feel as if the heart is flip flopping, but sometimes the heart really *is* flip flopping. Palpitations are sensations that the heart is racing or beating too fast, or it may seem that the heart is skipping a beat or beating too forcefully. Sometimes palpitations feel like the heart is pounding or that the heart beat is irregular. These sensations can be frightening.

Palpitations can be more serious if they are accompanied by dizziness, shortness of breath, chest pain or fainting. In any case, palpitations should not be accepted or ignored, but they should be called to the attention of a health care provider. In many cases, palpitations are not a serious problem, but it is important to find out their cause.

Perhaps the most common trigger of palpitations is stress; being in a stressful situation can produce physical symptoms as well as emotional turmoil. Exercise can induce palpitations as can a fever or an acute illness. Caffeine and alcohol are often triggers for palpitations, (Lipman, M., “Palpitations: Harmless or Deadly?” *On*

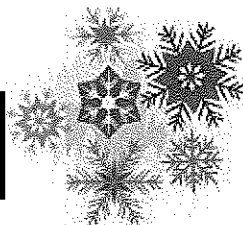
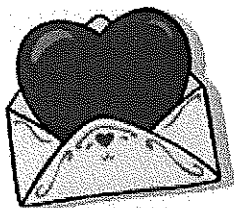
*Health/Consumer Reports*, November 2009). Like caffeine, certain medicines that act as stimulants can cause palpitations. Over-the-counter cold remedies like Sudafed, that contain pseudoephedrine, can be culprits. Likewise, some Asthma inhalers that contain stimulant medicines, such as albuterol, can cause a “racing heart” in some people. A small number of people may have a heart “arrhythmia,” or an irregular heart beat of some kind, ([www.mayoclinic.com](http://www.mayoclinic.com)).

Heart arrhythmias come in several varieties: tachycardia is a rapid but regular heart rate while bradycardia is a slow, regular heart rate; atrial fibrillation is an irregular heart beat. A “skipped” heart beat is usually caused by a premature heart beat that feels like a delay in the regular heart rhythm. A “skipped” heart beat is usually benign unless, in rare circumstances, a long string of skipped beats develop and produce more serious arrhythmias like ventricular tachycardia or ventricular fibrillation.

For this reason, it is important to look into the cause of palpitations. Certain people may have a higher risk for developing a serious arrhythmia. These include people who:

- are in stressful situations
- have anxiety or panic anxiety disorders
- have hyper-active thyroids
- take Asthma or cold medicines
- have heart trouble
- have an event (a flip flop) that lasts longer than five minutes, (*Clinical Reviews*, January 2010)

The diagnostic evaluation begins with a good description of the “flip flop,” includ-



ing the context in which it occurred. Equally important are details about how long it lasted, how frequently it occurred, and a description of the rate and rhythm. Usually diagnostic tests will include an electrocardiogram that shows the heart rate and rhythm. Since palpitations are usually intermittent, the ECG may not catch an irregularity. For this reason, sometimes a Holter monitor is worn for 24 hours to see if an arrhythmia is occurring. There are times when an Event Monitor is worn for more than 24-hours, and a person is asked to press a button on the monitor whenever they experience a symptom. These monitoring devices seek to "capture" a palpitation to see if it is serious or not. Often a cardiac ECHO is performed to determine the health of the heart chambers and the heart valves. In one study, the source of palpitations was identified in 84% of the patients, and less than half of these cases (43%) identified a cardiac causation, (*Clinical Reviews*, January 2010). Nonetheless, a work-up is often done so that a potentially serious heart condition can be diagnosed and treated.

As always, a diagnosis opens the door to treatment. Since palpitations are a symptom, not a disease, their cause must be investigated. Heart rates that are too fast can be treated with heart medicines that slow the heart rate, while heart rates that are too slow are successfully corrected with pacemakers. Atrial fibrillation is treated with blood-thinning medicines and medicines that slow down the heart. Much can be done to treat serious, underlying heart conditions. However, the majority of palpitations are not serious and respond to lifestyle changes: avoiding caffeine and alcohol, coping more effectively with stress, and learning to worry less and enjoy life more.

*"Make everything as simple as possible, but not simpler."* — Albert Einstein

### H1N1 FLU VACCINE CLINIC

There will be a walk-in H1N1 Flu Vaccine Clinic for Townhouse, Badger Terrace and Winthrop Terrace Residents on Thursday, February 4 from 1:30 to 3:30 in Auditorium Right.

### WINTER IN NEW ENGLAND



When the weather is bad, with snow or ice on the ground, it is better to stay in until your outside area has been cleaned and sanded. Avoid falls.

### HEALTH EDUCATION LECTURE

"Parkinson's and Movement Disorders" will be presented by Jeanine Reczek, MD. Dr. Reczek is a neurologist at Emerson Hospital. Join us on Wednesday, February 24, at 10:30 in the Auditorium Center.

### WELCOME

The Clinic Staff is delighted to have Char Bush, RN join us for ten weeks as she completes the Mass. General Hospital Geriatric Nurse Practitioner program. She will be working with Barbara Chenoweth on Tuesdays.

