

# Close-ups

A Patient's Perspective

## Listening for Signals

The editors of *AFP* welcome submissions for Close-ups. Guidelines for contributing to this feature can be found in the Authors' Guide at <http://www.aafp.org/afp/authors>.

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A collection of Close-ups published in *AFP* is available at <http://www.aafp.org/afp/closeups>.

At the age of 82, I have accepted that I cannot participate in the more vigorous activities of my younger years. That does not mean I cannot enjoy regular exercise. I faithfully walk my dog one mile a day, seven days a week, rain or shine. On five afternoons every week, I use my "stair stepper," followed by 20 minutes on a treadmill. Most evenings, I do a stretching and strengthening routine that includes touching my toes, side-straddle hops, and exercises with 15-lb free weights.

During my exercise two weeks before Christmas, something changed. Halfway through my walk, I felt a pressure inside my chest. It was a sensation I had never had before, and I assumed it was coming from my stomach. I stopped walking and it soon went

away. The next day, the same chest pressure returned while I walked. I took some antacids, but they had no effect. On the third day, the heaviness came back, along with unusual fatigue, and I barely made it home. My wife immediately took me to the doctor. He had me take an aspirin, and then did some blood work and an ECG. The blood tests were all right, but the ECG wasn't. Next thing I know, I'm checking into the hospital. The following day I had a heart catheterization and had three stents inserted. Everything happened so fast! I hope to return to my regular exercises soon. I enjoy exercise and it's good for me, too.—P.S., 82



### COMMENTARY

As a ham radio operator, P.S. knows a thing or two about listening. When his heart started sending strange signals, he paid attention. At first, he didn't decipher the message correctly. His sudden-onset exertional angina was a surprise. He had no history of coronary artery disease and takes good care of himself. Electrocardiography demonstrated T-wave inversion in leads II, III, and aVF, suggesting inferior wall ischemia. Cardiac catheterization studies revealed triple vessel disease, including a 95 percent stenosis in the proximal portion of the right coronary artery. Left ventricular function was good. He was offered the option of bypass graft

surgery, but preferred stenting. Daily exercise pays dividends. This time, it also provoked a diagnosis.

TONY MIKSANEK, MD

### RESOURCES

American Academy of Family Physicians. (<http://familydoctor.org>)

National Heart, Lung, and Blood Institute. Diseases and conditions index. What is Angina? ([http://www.nhlbi.nih.gov/health/dci/Diseases/Angina/Angina\\_Whats.html](http://www.nhlbi.nih.gov/health/dci/Diseases/Angina/Angina_Whats.html))

National Institutes of Health. Exercise and your heart: a guide to physical activity. ([http://www.pueblo.gsa.gov/cic\\_text/health/exercise-heart/](http://www.pueblo.gsa.gov/cic_text/health/exercise-heart/))

Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. 2008 physical activity guidelines for Americans. (<http://www.health.gov/PAGuidelines/>) ■