
Jefferson Cardiology Association Happenings

Sleep Apnea and Congestive Heart Failure

A recent study was published in the *European Heart Journal* evaluating the presence and risks of sleep apnea in heart failure patients. In this study of 1117 subjects, consecutive patients hospitalized for heart failure without a prior history of sleep apnea were evaluated. It was found that nearly half of these persons had a form of sleep apnea.

After discharge, the newly diagnosed sleep apnea patients were compared with those heart failure patients without sleep apnea. Those patients with sleep apnea had a greater long term mortality rate. It is not known whether treatment for sleep apnea will reduce mortality rates or reduce re-admissions. Currently, there are ongoing studies to answer this question. Similarly there is currently evidence that treating patients with sleep apnea reduces heart attacks, atrial fibrillation and stroke. Studies looking at these questions are ongoing.

Recurrent Atrial Fibrillation after Ablation

For a number of years, a technique called catheter ablation has been available for treatment of atrial fibrillation. This technique has mostly been used in younger persons with atrial fibrillation whose rhythm could not be controlled with medications and had intolerable symptoms. Also, some younger persons were reluctant to take long term rhythm medications.

In such patients, electrical energy was delivered to areas in the heart that generates the rhythm abnormality by a catheter placed through the leg and di-

rected to the heart. After the first treatment, the success rate may be 50-75% and several additional treatments may be needed.

How long do benefits of this procedure last? A recent study looked at recurrence of atrial fibrillation over 3 years after the procedure. This study from the journal, *Heart Rhythm*, reported findings from 57 patients. The median time to recurrence was 61 months. After recurrence, such patients had repeat treatment. There was no recurrent rhythm problem in 63% at one year. Initial treatment was directed toward the area of the pulmonary veins. Recurrent atrial rhythm disturbance developed in other areas of the heart.

Obesity and Sudden Cardiac Death

There has been broad recognition of the obesity epidemic and the associated cardiovascular consequences. A study looked at a population of nearly 15,000 persons. An association was sought to evaluate outcomes in obese patients identified by several measures of obesity. There was a definite correlation between obesity and sudden death.

Risk of Isolated Systolic Hypertension in Young and Middle Age Adults

A group of nearly 16,000 men and over 11,000 women were followed for 31 years. The subjects ranged from age 18-49 when entering the study, and were classified by blood pressure readings.

Over the 31 years, there were 1,700 deaths from cardiovascular disease and 223 from stroke. It was found that those with isolated systolic hypertension, systolic over 140 mm mercury and dias-

tolic under 90 mm mercury, had more events than those with normal blood pressure or with isolated diastolic hypertension, diastolic over 90 mm mercury. Curiously, those with both systolic and diastolic hypertension had less events than those with only systolic hypertension.

Happy Valentine's Day to you and your loved ones from all of us at Jefferson Cardiology.



Happy Valentine's Day

Peach Crumb

8 ripe peaches, peeled, pitted and sliced	Juice from 1 lemon
1/3 teaspoon ground cinnamon	1/4 teaspoon ground nutmeg
1/2 cup whole-wheat flour	1/4 cup packed dark brown sugar
2 tablespoons margarine, cut into thin slices	1/4 cup quick cooking oats

Preheat oven to 375 degrees. Lightly coat a 9-inch pie pan with cooking spray. Arrange peach slices in the prepared pie pan. Sprinkle with lemon juice, cinnamon and nutmeg.

In a small bowl, whisk together flour and brown sugar. With your fingers, crumble the margarine into the flour-sugar mixture. Add the oats and stir to mix evenly. Sprinkle the flour mixture on top of the peaches.

Bake until peaches are soft and the topping is browned, about 30 minutes. Cut into 8 even slices and serve warm.

Nutritional facts: Calories: 140; Protein: 2g; Carb: 26g; Cholesterol: 0mg; sodium: 40mg; Fiber: 3g; Fat: 3g; Sat Fat: trace; Potassium: 253mg; Calcium: 18mg

A publication of Jefferson Cardiology Association

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