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How to Survive a Heart Attack

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School of Medicine, Vermillion
and
South Dakota State University
Cooperative Extension Service, Brookings
How to Survive a Heart Attack

Pick two men.
Any two men.
One of them will die of a heart attack
(U.S. average).
Heart attacks kill half of all men in America. Cancer plus all other diseases
plus accidents and warfare kill the other
half. If you are a woman, your chance of
dying with a heart attack is somewhat less
than your husband's. But as more women
start smoking, the male/female statistics
come closer together.

Rural South Dakotans are at a disad-
vantage because speed in getting treat-
ment for a heart attack is so important—and 50,000 of us live 50
miles or more from a doctor; 150,000 live
that far from a hospital. Here is one case
where speed saves.—speed in your re-
tions as well as in transporting the
patient.

Be sure everyone in your family past
the fifth grade knows:
1. Heart attack symptoms.
2. The fastest way to get help.
3. Cardio-pulmonary resuscitation.

Try not to be dead on arrival
By "heart attack" we are referring to a
heart crisis brought on by conditions
known as coronary thrombosis, coronary
occlusion, myocardial infarction, coro-
ary artery disease or simply as coronary.
The heart is a muscle supplied by ar-
teries. When an artery becomes blocked
the part of the heart muscle served by
the artery dies rapidly and the individual has
a heart attack. After the attack the rest
of the heart muscle continues to pump
circulation. If not too much muscle is lost, but if
not enough blood is pumped, shock and
death will result.

Of all the victims of a heart attack, 40 to
60% are "dead on arrival" at the hospital.
These odds can be improved. The sooner
they are recognized as a heart attack and help is sought, the better
the chances. The longest delay is usually the victim’s own decision time.*

Most male heart attack victims are
brought to the hospital by their wives;
the women became concerned. Too
often men try to be tough he-men
and refuse to admit anything might be wrong
with them. This is an argument you can’t
win. The sooner reality is faced the bet-
ner the chance of survival. It is better
to be smart and alive than dead, dumb, and
heroi.

There are three simple precautions
that can save a heart attack victim’s life,
though he or she might live 200 miles

from a hospital. They are: know the
symptoms, have a plan and know how to
administer cardio-pulmonary resusci-
tation.

Know heart attack symptoms
The symptoms of a heart attack vary by
individuals and severity of attack. Most
people will experience pain or severe
uncomfort in the chest under the breast-
bone or sensation of pressure on the mid-
chest. Survivors describe the symp-
toms as "someone standing on my chest" or "a rope around my chest" or "just a
squeezing sensation."

The crushing feeling or pain may
move up the left shoulder to the neck and
lower jaw. It may be accompanied by
nausea, sweating, shortness of breath
and fear of death—a most appropriate
feeling under the circumstances. It
means: get help fast.

Contrary to popular belief, most heart
attacks are not brought on by exertion or
emotion. Few occur on the job. Most
occur at home. A commonly heard state-
ment is "I didn’t feel well yesterday so I
stayed home from work today." That’s
why 64% of the sudden deaths from
heart attack occur at home and less than
5% at work.

Not all chest pains are heart attacks.
Angina pectoris symptoms are similar
because the cause of the pain is similar.
Angina is pain in the chest caused by a
narrowing or constriction of an artery
which supplies blood to the heart muscle.

Blood supply to the heart is di-
minished. Angina usually is brought on by physi-
ical exertion (especially in cold weather),
unusual stress, or after a heavy meal. The
pain usually is not as severe as the pain of a
heart attack. The crushing sensation
which accompanies a heart attack is felt in
angina pectoris as a tightness in the chest
and left arm. The pain or tightness usu-
ally subsides within 15 minutes.

Angina pectoris is an indicator of a
heart problem and should not be ig-
nored. It can eventually lead up to a heart
attack, so see your physician at your ear-
liest opportunity.

A sudden stabbing pain is usually
muscular pain and not a signal of heart
disease.

Have a plan
Symptoms which last longer than 15
minutes mean that the victim has already
had an attack. Avoid exertion on his part.
Make him comfortable; loosen his cloth-
ing and have him lie down. Some people
have difficulty breathing while lying
down, in which case put him in the most
comfortable sitting position.

You must decide whether to call an
ambulance or take the person to hospital
in your car. Have someone call the doctor
and describe the symptoms, and he can
give instructions on which course of ac-
tion to follow. It will probably depend
upon the equipment available in the am-
bulence. Time is the all-important factor.
If your local ambulance is equipped with
a defibrillator the chances of the person
being "alive on arrival" are much better.
If it isn’t, your community should con-
sider the early purchase of such equip-
ment.

Fibrillation is a quivering of the heart
muscle rather than a steady beat. No
blood flows, therefore there is no pulse.
The victim loses consciousness and
stops breathing because the brain ceases
to send nerve impulses to control respi-
ration; the person is clinically dead.
When this occurs there is a period of only
4 to 6 minutes before biological death,
when the cells of the brain die and the
brain has suffered irreversible damage.
Defibrillation or artificial, circulation
(start blood flow) and artificial respira-
tion (air to the lungs) must begin simul-
taneously during this 4 to 6 minute
period.

The heart attack victim is very fortu-
unate if someone near has been trained in
the cardio-pulmonary resuscitation
(technique (CPR). Any child above the
fifth grade can learn to keep an adult
alive for hours by CPR. In Seattle,
Washington, where the community has a
strong program of training citizenry in
CPR, 30% of the people who "drop
dead" on the street live to walk out of the
hospital because some passerby knew
CPR.

The cardio-pulmonary resuscitation
technique (CPR)
CPR is not a technique which can be
learned by reading and pictures. It re-
quires instruction by a qualified medical
technician and then practice by each
member of your family.

If not properly performed, broken ribs
and/or sternum (breastbone) can result.
It is only used, however, after the heart
and breathing have stopped, so this is
relatively unimportant; what is impor-
tant is saving a life.

The chances of an untrained person
being able to properly administer the
technique are remote, but the technique
does not require extensive medical
knowledge or unusual muscular capabil-
ity.

Watch Grandpa
If someone in your family is a known
heart risk, be alert for symptoms of dis-
tress (sweating, nausea, shortness of
breath and chest discomfort). Arrange a
communication system whereby anyone
working in the field, barn or lot can

*From Robert Talley, M.D. Sioux Falls heart specialist and
professor and chairman, Department of Internal Medicine,
University of South Dakota School of Medicine. Dr. Talley is
the source for all the information in this fact sheet other-
wise indicated.
Cardiopulmonary resuscitation in basic life support

Airway

Breathing

Circulation

Adapted from the Journal of the American Medical Association

signal for help without exertion if heart attack strikes. A citizens band radio in the farm truck or tractor might be a good investment.

Prevention is best
Prevention starts now. You can do much to prevent a heart attack.

1. Stop smoking. Don’t start. Encourage your children not to smoke. Lung damage in cigarette smokers is 76%; in non-smokers, 0.3%. Cigarette smokers have a 300% greater chance of dying of a heart attack than non-smokers. As soon as they quit, their chances drop to the non-smoker level.

2. Have your doctor check your blood pressure. High blood pressure kills. It can be controlled by treatment.

3. Watch your diet. Take off excess weight. Cut down on fats and foods containing high amounts of cholesterol. Autopsies of 17-year-old American servicemen in Korea and Vietnam showed cholesterol-containing fatty tissue already building in the heart chambers and blood vessels. The rich American diet starts young children on the way to a heart attack which usually strikes men in their 40’s and 50’s, women in their 50’s and 60’s. Japanese fishermen who live on fish and rice don’t have heart attacks.

4. Exercise regularly. It may not prevent a heart attack but it can help you survive one.

Community attack on heart attacks
If your community has no CPR training classes for either children or adults, contact the Emergency Medical Division, State Health Department, Pierre 57501; Division of Biochemistry, Physiology and Pharmacology, University of South Dakota, School of Medicine, Vermillion 57069; or American Heart Association, Dakota Affiliate, Box 1287, Jamestown, North Dakota 58401, for help in organizing classes.

If your hospital and/or ambulance lack coronary care equipment, defibrillator and trained personnel, contact the State Health Department, or the School of Medicine at Vermillion.

Things to remember

1. If you do have a heart attack, you are most likely to survive with prompt treatment, so don’t delay.

2. Don’t fear you’ll be a cardiac cripple. The great majority who survive live a normal, healthy, and active life.

3. Don’t make a cardiac cripple of any member of your family who suffers a heart attack. Let your doctor be your guide about what and how much they can do.

4. Above all, prevent, plan, know and act.

This material was adapted for fact sheet by Galen Kelsey, SDSU, from an article by Dana Jennings which appeared in the June 1976 issue of “Medicine,” published by the USD School of Medicine. It is the first of a series of fact sheets on rural emergency health care being prepared cooperatively by USD and SDSU.

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