

1 ♡ The First Signs

“This better not be a heart attack. Because I do not have time for this!”

Those are my first thoughts as I lean heavily against the Garry oak tree, surveying my shocking circumstances. It’s early, barely sunrise, even too early on this quiet spring day for dog walkers or Monday morning commuters heading for the bus. So it’s just me, alone, on a long leafy block of Belmont Avenue, my right hand clutching that tree trunk.

I’d set out extra early on my walk this morning because I’m delivering a little stack of thank-you notes, popping them quietly into the mailboxes of still-sleeping neighbors and friends who have just helped to celebrate my fifty-eighth birthday the day before.

I try to take stock of what has suddenly stopped my daily walk: central chest pain, a sickening wave of nausea, sweating, and hot prickly pressure radiating down my left arm. I look up and down Belmont to see if I can spot somebody, anybody, who can help me. I’m starting to feel frightened because this chest pain is so intense that I know I can’t walk.

Walk? I can hardly breathe.

After what seems like an hour, but is probably closer to just 15 or 20 minutes, I’m relieved to find that my symptoms seem to be easing. After several more minutes, I try taking a few cautious steps away from my Garry oak toward the sidewalk. I walk gingerly, slowly, step by step, heading home just a few blocks away. But as I walk slowly home, it’s the trace of that weirdly painful prickle down my arm that still niggles me, because I recall reading or hearing something about left arm pain being a possible sign of a heart attack.

Heart attack!

Heart attack?

It turns out that I’ll be walking right past my local hospital on my way home. Maybe I should pop into the Emergency Department while I’m so close by.

"I think I may be having a heart attack." My voice is a barely audible whisper to the ER nurse sitting at the admitting desk. I don't really want to cause a commotion, because right now, those scary symptoms have almost disappeared and I'm already convincing myself that I'm likely just wasting their time. But within seconds, I'm ushered in, lying on a gurney, hooked up to a 12-lead electrocardiogram (EKG), with an IV started in my right hand. Everything is happening so fast. I'm given all the standard cardiac diagnostic tests that current treatment guidelines recommend for any person who presents to the ER with those same textbook heart attack symptoms.

An ER physician approaches my bedside with the first cardiac enzyme blood test results. He's an older doctor (translation: about my age), with clean-cut graying hair, a white coat, and a quick officious manner. He begins asking me questions, but he's looking down at his clipboard taking notes the whole time, and he has not yet introduced himself to me.

"Are you the doctor?" I interrupt him to ask.

Yes, he nods with a pinched frown, but he neither makes eye contact nor volunteers his name. Instead, he tells me that the results of my EKG and the first of two cardiac enzyme blood tests look normal. They'll do a second blood test soon, as the guidelines dictate, but "that one will be normal, too," he predicts confidently.

Before he leaves my bedside, the doctor asks, while scribbling more notes, if I've ever been diagnosed with heartburn or GERD (gastroesophageal reflux disease), because, as he observes, "You are in the right demographic for acid reflux."

No, not even mild indigestion. Ever. I'm the picture of health. Until recent heel injuries, I'd been a distance runner for decades, and I'm practically a vegetarian (except for bacon, of course). I have a busy social life and a public relations job I love at this very hospital's hospice and palliative care unit.

But now I recall that I did have an extra glass or two of wine at my party, plus the over-the-top birthday dinner, and, yes, there was that large piece of delicious homemade cake. Maybe this is just what heartburn or acid reflux feels like after a big birthday party splurge.

When my second normal blood test results are confirmed, the doctor returns and tells me to go home and make an appointment with my family physician, who will prescribe antacid drugs for my stomach problems.

By now, I'm feeling exquisitely embarrassed. I cannot wait to get out of there. I've just made a big fuss over nothing but a simple case of heartburn. I apologize to the staff for wasting their valuable time while all those truly sick people in the ER waiting room have been lined up behind me. "Not a problem," one of the nurses reassures me. "But come back to see us if you get worse."

Before I can leave the hospital, another nurse returns to my bedside to remove assorted lines still attached. She looks down at me on the gurney and issues this stern scolding: "You'll have to stop asking questions of the doctor. He is a very good doctor, and he does not like to be questioned."

Now I'm not only feeling embarrassed, but I'm also humiliated at being spoken to like this. I can feel my cheeks burning hot, as if I were an unruly child threatened with a spanking for being naughty.

And the question I'd had the temerity to ask the doctor?

"But Doc, what about this pain down my left arm?"

The Slow-Onset Heart Attack

There were a number of good reasons I had no trouble believing the ER physician who sent me home with that acid reflux misdiagnosis. These reasons were:

- ♥ He had the letters MD after his name.
- ♥ He diagnosed me in a decisively authoritative manner.
- ♥ I wanted to believe him because I'd much rather have indigestion than heart disease, thank you very much.
- ♥ The ER nurse scolded me about daring to ask a question of this doctor.
- ♥ Most of all, what I had wrongly imagined a heart attack looking like (clutching one's chest in agony, falling down unconscious) was not at all what I was experiencing.

Despite my own alarming symptoms, I was still able to generally behave exactly like I pictured somebody who was not having a heart attack would behave. So it somehow all made sense to me as I was being sent home from the ER that day.

For many patients, however, a heart attack might present as something that researchers in Ireland refer to as *slow-onset MI* (myocardial infarction, or heart attack). Dr. Sharon O'Donnell, lead author of a study published in the *Journal of Cardiovascular Nursing*, explained that slow-onset MI is the gradual onset of symptoms, coming and going over a long period of time,¹ while *fast-onset MI* describes sudden, continuous, and severe heart attack symptoms, particularly chest pain.

More than 60 percent of the study's participants had experienced this slow-onset MI. What all of them had expected, however, were the severe symptoms associated with fast-onset MI, that classic Hollywood heart attack we see portrayed in the media. This mismatch of expected and actual symptoms for participants with slow-onset MI led them to blame their symptoms on a non-cardiac cause as well as to a dangerous treatment-seeking delay.

Study participants who had experienced the more sudden symptoms of a fast-onset MI quickly chalked them up as heart related, which meant making significantly faster decisions to seek immediate medical help.

Typical and Atypical Heart Attack Signs

The frightening symptoms I was experiencing during that eventful early morning walk in May 2008 were what physicians (and Dr. Google) would consider to be classic heart attack signs. My most debilitating symptom at the time was chest pain that doctors know as *angina pectoris* (a Latin name that translates gruesomely as “strangulation of the chest”).

Typical heart attack symptoms in both men and women can include:

- ♥ chest pain or discomfort
- ♥ nausea
- ♥ fatigue
- ♥ shortness of breath

- ♥ sweating
- ♥ dizziness

But, particularly in women, *atypical cardiac symptoms* may also be reported. For example:

- ♥ chest pain, which may be central or be felt armpit to armpit, but *in at least 10 percent of women, no chest symptoms at all are present during a heart attack*²
- ♥ an abrupt change in how your body feels
- ♥ unusual pain, discomfort, pressure, heaviness, burning, tightness, or fullness in the left or right arm, upper back, shoulder, neck, throat, jaw, or abdomen
- ♥ weakness, fainting, light-headedness, or extreme/unusual fatigue
- ♥ shortness of breath and/or difficulty breathing
- ♥ restlessness, insomnia, or anxiety
- ♥ a bluish color or numbness in lips, hands, or feet
- ♥ nausea or vomiting
- ♥ clammy sweats (or sweating that's out of proportion to your level of exertion or environment)
- ♥ persistent dry, barking cough
- ♥ a sense of impending doom

During a heart attack, our heart muscle cells begin to run out of oxygen because something is preventing the oxygenated blood flowing through our coronary arteries from feeding that muscle. A heart attack may also cause a sensation of pain to travel from the heart to the spinal cord, where many nerves merge onto the same nerve pathway. Your arm may be perfectly fine, for example, but your brain thinks that part of your pain is in the arm (or in the jaw, shoulder, elbow, neck, or upper back) screaming out for help. That's what *referred pain* is. It happens when pain is located away from or adjacent to the specific organ involved—such as in a person's jaw or shoulder, but not necessarily anywhere near the chest.

Not all of these signs occur during every cardiac event. Some female survivors report that their symptoms came on suddenly and simply felt

unusual rather than alarming. Sometimes the most extreme symptoms don't necessarily imply the worst heart muscle damage. Symptoms can often go away and then return over time. *Stable* symptoms typically become worse with exertion but go away with rest. If symptoms come on when you're at rest, they're considered to be *unstable*—and that could mean a serious emergency for which you need immediate medical care.

There's Pain, and Then There's Pain

I was thinking about the freakish nature of pain recently. When those first alarming warning signs of a heart attack struck me out of the blue, the reality was not what I would have ever imagined a heart attack to feel like. I'd always figured that anybody having a heart attack would clutch dramatically at his chest (in my stereotype, this person was always a man) before crashing down onto the floor, unconscious.

But on that morning, I was fully conscious throughout, and able to walk and talk and think throughout my entire visit to the ER. So really, how could this be a heart attack?

I did not know then, by the way, that my stereotype is not a heart attack at all. Instead, that's called *sudden cardiac arrest* (which is actually a type of electrical problem with the heart, whereas a heart attack is more of a plumbing problem). And yes, men are two to three times more likely to experience sudden cardiac arrest than women are.³

Because I was clueless about heart attacks, it was easier for me to believe the ER physician who had sent me home that same morning with an acid reflux misdiagnosis.

At our regional pain clinic, where I've been a regular visitor ever since my heart attack because of what doctors call refractory angina (that's chest pain that's not relieved by usual cardiac treatments), we learn a lot about pain self-management, and specifically about how the body's nervous system can be tricked by pain sensations. Consider, for example, the familiar pain we call brain freeze.

That's the common experience of feeling a sharp pain in the forehead right between the eyes after you eat or drink something that's icy cold. But when you feel this pain, it simply means that your hypersen-

sitive nervous system is making a mistake. Brain freeze happens if the soft palate at the back of the roof of your mouth detects something really, really cold in there, sending messages to your brain. But your brain can only hint at the general vicinity of where these signals come from. So even though there's absolutely nothing wrong with your forehead, that's where you'll feel brain freeze pain.

Similarly, if you believe you are not getting the right care for your pain, or if there is something dangerous going on around you, you will probably experience more pain than if those external circumstances were not happening.

Taking a pain pill that you believe will work, for instance, can make your sensation of pain start to decrease even before the medication has time to be absorbed into your bloodstream. But what if you open the medicine cabinet in your bathroom and suddenly realize that you've run out of those trusty pain pills? Because your belief now is that you can't get the immediate help you need, your nervous system pays more attention to those pain signals, and you will feel more intense pain.

When it comes to the chest pain of heart attack, even using the word pain to describe this symptom might be inaccurate for some people. Many women do not describe their cardiac chest symptoms as pain at all, for example, instead using words like pressure, aching, burning, heaviness, fullness, or tightness. Some of my blog readers have told me that they actually argued with ER staff who were writing the words "chest pain" on their medical charts: "Well, it's not really 'pain' . . ."

And again, remember that *10 percent of women having a heart attack experience no chest symptoms at all.*⁴ None. Nothing. Nada.

Pain in general is nature's way to protect our bodies. Pain has a way of attracting our focused attention in a laser-like fashion, warning us that something might be wrong. For heart patients, there's the initial pain of a cardiac event, and there can also be ongoing pain following treatment for that event. For example, if you've had one or more stents implanted, you may experience what we call "stretching pain" for a while. Although it's common for heart patients to experience some residual pain following a cardiac intervention, such symptoms may

sometimes indicate a serious complication—so call your doctor if pain persists or gets worse instead of better over time.

The pain that accompanies a heart attack can be described differently by different people, from “no pain at all” to “worst pain I’ve ever felt.”

Meanwhile, here’s my best advice if you or somebody you care about experiences pain or other heart attack symptoms that feel different from anything you’ve experienced before:

1. *Call 911.* Do not let anybody drive you to the ER. Do not drive yourself.
2. While you’re waiting for the ambulance to arrive, chew one regular full-strength (300–500 mg) uncoated aspirin washed down with water—provided that you are not allergic or already taking blood-thinning medications.

How Does It Really Feel to Have a Heart Attack?

Like most women, I’d never really thought much about my heart before my own heart attack—except maybe when running up the killer Quadra Street hill with my running group. Yet heart disease is one of women’s biggest health threats each year, killing more women annually than all forms of cancer combined.⁵

Women need to know all of the potential symptoms of a heart attack and seek help if these symptoms do hit. Consider these real-world descriptions shared by female survivors.⁶ Some of their stories may surprise you.

S.A., age 37, US: “I woke up at 3 a.m. and my first symptom was heartburn, even though I’d eaten nothing that might cause that. My husband brought me antacids, then a sharp pain went through my back and I told my husband I felt like I was going to die—all in the matter of one minute from the initial symptom. My heart actually stopped and I had to be defibrillated twice in hospital, and then was unconscious for four days. Three more trips to hospital afterwards, but no plaque, just coronary spasms that felt like heartburn, nausea and sometimes chest pain.”

Early Warning Signs of a Heart Attack

Several days before I first slumped against that Garry oak on Belmont Avenue, I experienced what doctors call *prodromal symptoms* on two separate occasions in the week leading up to my first trip to the ER. These are early warning signs that something is not quite right. Like most women, I ignored them.

On two days in a row as I walked to work at the hospital, about a thirty-minute brisk walk from home, I had to slow down and then finally stop in front of the same house on Leighton Street just to catch my breath. I was sucking wind like I used to do on that steep Quadra Street hill during long Sunday runs.

This house sits at the top of a slight uphill portion of my walk. I'd been walking up that same little hill day after day for years on my route to work without ever feeling short of breath. But on each of those two days, after I'd waited and rested to see if my symptoms eased up, I didn't give that shortness of breath a second thought for the rest of the day.

When University of Arkansas researcher Dr. Jean McSweeney interviewed hundreds of female heart attack survivors, she discovered something that surprised her: 95 percent of the women she interviewed actually suspected something was wrong in the weeks or months leading up to the heart attacks.⁷

In this research, the most commonly reported early warning prodromal symptoms before a heart attack was finally diagnosed included:

- ♥ unusual fatigue (71 percent)
- ♥ sleep disturbance (48 percent)
- ♥ shortness of breath (42 percent)
- ♥ chest discomfort (30 percent)

D.W., age 49, US: “I was asleep and woke up not being able to breathe. I felt an ache in my left shoulder blade. My throat felt ‘full’ and my lips were numb. These symptoms came and went until I ended up in hospital and had four stents implanted. But even before that night, I’d been feeling extremely tired; I kept telling my hubby I wasn’t sick, but something was wrong. I never had any chest pain at all until six months after my heart attack.”

E.N., age 49, US: “Late one evening, I was working on a website for my son-in-law when I started having some pain in my right arm. I thought that maybe I had worked my arm too much with the computer mouse. But the pain started radiating into my shoulder and after this into my back. There was no pain in my chest. I thought it was time to quit working, and I did some meditation. The next morning, I awoke and felt awful. I could hardly breathe, my back hurt, and I felt like throwing up but could not. The symptoms got steadily worse and I called 911. The firefighters and paramedics who responded knew right away that it was a heart attack when they saw my EKG. When we got to the E.R., however, the doctor told the nurses to take the EKG leads off because I was just having a panic attack. But the paramedics insisted that my leads be placed on again. I was immediately sent by helicopter to a different hospital, where I had three stents implanted. It was very scary.”

S.H., age 43, New Zealand: “My heart attack started as I was walking across a flat lawn on my way to feed our goldfish. The pain struck out of the blue. I had no idea that a heart attack could present with pain in the back rather than the chest. My first symptom was a strong pain in between my shoulder blades, a lot like very bad indigestion but in my back instead of my tummy. A few minutes after the pain in my back started, I got very, very hot, and then I felt nauseous. After several minutes, I felt the pain travel through into my centre chest, and then down my left arm to my hand. Like many others, that’s when I guessed that this might be serious. The pain kept increasing in

my back until it was unbearable, but the other symptoms pretty much stayed the same until I was treated in hospital. Thank heavens for morphine—yay! I was diagnosed with a heart attack, and two stents were implanted. They were tough days.”

D.B., age 42, US: “I was under a lot of stress the week I had my heart attack. My first symptom was an odd squeezing sensation in my chest, as if someone reached out and grabbed my heart and squeezed it a few times. No pain—it really didn’t hurt. My chest sensations went away after I used my emergency asthma inhaler, as I had mistaken the beginnings of the heart attack as an asthma attack. After my chest sensations eased, my upper back between the shoulder blades started to ache immensely. I felt an odd numbing/tingling sensation move up my arm, which immediately made me worry and was the reason I went to the E.R. as I knew this was a classic heart attack symptom. But my back pain fluctuated, and arm tingling did not go away. In hospital, doctors found a 95% blockage in my left anterior descending coronary artery (LAD—the dreaded ‘widow maker’ heart attack) that they were going to stent. But after the first stent was implanted, an area in the artery near the stent dissected (tore) and I had to have emergency double bypass open heart surgery. I did not recognize my initial chest sensations and back pain as a heart attack, and as a result I did not seek immediate help. I was subsequently diagnosed with congestive heart failure.”

L.D., age 56, UK: “The only symptom of my heart attack was heartburn—first time I’d had heartburn in 26 years since I was pregnant. I had no pain at all, but this heartburn would not go, no matter what I took for it. This was on my birthday, and I’d had too much to eat and drink. I Googled ‘heartburn’ and up popped ‘heart attack symptoms’—so I took an aspirin and went to hospital, where cardiologists implanted a stent in my left anterior descending artery.”

L.U., age 40, US: “I was asleep and my symptoms woke me up. I had several simultaneous symptoms, but the first one seemed to be chest pain in the center-left, somewhat under my left breast area. I’d never felt anything like it. It wasn’t sharp or crushing or burning, more like a dull pressure. I also had pain down the inside of my left arm that radiated up into the left side of my jaw and my left ear. I was very overheated, and I felt like I was going to throw up. The nausea and overheating faded, but the pain—chest, arm, jaw—stayed. In hospital, I was diagnosed with a heart attack caused by Spontaneous Coronary Artery Dissection (SCAD), treated with six stents.”

S.U., age 61, Mauritius: “The sequence of events is so vivid in my mind. Before my heart attack, I had had some shortness of breath after exertion like going upstairs. My first big cardiac symptoms were a discomforting stomach pain and a tightening chest pain that woke me up at 4 a.m. from my sleep. The chest pain gradually radiated down my left arm, a numbing sensation. I started sweating as the pain grew in intensity during my trip to the ER, which took about 25 minutes. I was restless every second, and the pain in my chest became unbearable and tight. These symptoms persisted until I was given an injection and rushed to the Cardiac Unit for angioplasty and one stent implanted in my LAD. As it was placed, all the pain went away.”

M.A., age 46, US: “Even before my first obvious symptoms, I had noticed a dead tired, flu-like fatigue, ‘tired to the bone through and through,’ as I told my son. I almost went home to bed after driving the kids to school (I would be dead now; I needed groceries first though!). I developed heartburn that progressed to a pressure on my chest. I also had a strange aching feeling in my elbows. It was weird, like arthritis that became worse with time. But the most prominent symptom I had, which kept getting stronger and would not go away, was the little voice in my head telling me this was not normal. I wanted to mention this because it is my one piece of advice to

all my friends: 'Listen to that voice in your head!' When we got to the E.R., they took me right in quickly when staff heard that I had both chest pain and this odd pain in my elbows. My symptoms did change a bit—one would subside, and another would get worse. The only one that got much worse was in the elbows. I had to be airlifted to a hospital with advanced cardiac care. Cardiologists there found a large unexpected arterial tear diagnosed as Spontaneous Coronary Artery Dissection (SCAD) and repaired half of it with three stents. They left the other half to heal itself. Three weeks later, they found that it had indeed healed.”

G.L., age 63, Canada: “I had a tremendous, dull, pressing pain in the centre of my chest, as if a walnut were being pushed into it. I also had numbness in my right shoulder radiating down my arm and felt as if the arm suddenly became weighted. Later, the same symptoms hit in my left shoulder and arm. Chest pain stayed, but the numbness in both arms gradually went away. This was replaced with blinding pain in between my shoulder blades. Once started, the back pain only got worse. I could no longer sit, stand, lie down or walk around. The pain was so intense it took my breath away. I remember thinking that these were signs that you could be having a heart attack. These events took place between 4 p.m. on Christmas Eve and about 11:30 a.m. on Christmas Day when I finally thought it was serious enough to get my son to drive me to our local hospital. These just didn't sound like the classic cardiac symptoms I had heard of. I lost consciousness while the E.R. doctor was trying to convince me it was just a gallbladder attack and not a heart attack. It took three days to stabilize me before I could be flown to the cardiac hospital in Victoria, where I had an angioplasty done with two stents implanted. Maybe someone will read this and decide not to wait as long as I did.”

D.I., heart attack at age 33, US: “My first heart attack was 23 years ago but I remember it as though it were yesterday. I had just turned 33, and had given birth three months before my

heart attack, but even during the pregnancy and afterwards, I had been having chest pains. I'd mentioned it to my ob/gyn, but he told me that they were just pregnancy-related. One night, I put my 3-month old baby to sleep in her crib, checked on my older daughter and went to the living room to relax before heading to bed myself. My first symptom was like a fist in the center of my chest, pushing and squeezing to get out. The pain felt as though someone was gripping me inside right in the center of the sternum and squeezing until I could hardly breathe. My left arm hurt from the shoulder to the elbow, then stopped and picked up hurting at my wrist into my hand. I started feeling very sick to my stomach and vomited until there was nothing left, but still continued retching. I was sweating like crazy. I woke up my husband, and told him I thought I was having a heart attack, but not really believing that! While waiting for the ambulance, I went from abnormal sweating to freezing cold. In hospital, they diagnosed a 98% blockage of the LAD. I spent 15 days in hospital. My second heart attack happened 10 years ago when I was 46. I was having ongoing problems with unstable angina so I had to have a stent implanted. The day after I came home from hospital, I walked into my living room and all of a sudden, I had this overwhelming feeling that something was terribly wrong. I told my husband to call 911. In hospital, they stabilized me and sent me to another hospital, where a cardiologist attempted to open up the new stent that had just been implanted. It had closed up, causing another heart attack. I went into cardiac arrest twice. I am now 56 and in need of bypass surgery for another blockage in the circumflex artery which they are unable to stent."

K.A., age 55, US: "I awoke around 1:30 a.m. and felt pain down my right arm. It intensified as time went on, with the pain/tightness extending to my chest area. I had intense nausea and began vomiting and having bouts of horrible diarrhea in between. When I got to the hospital, the cardiologist found my

LAD had collapsed without any coronary artery disease. While he was implanting two stents, he caused a hole in my artery, so had to put in a third stent. Even before that night, I'd felt flu-ish with no energy, but didn't think that was unusual because I also live with Chronic Fatigue Syndrome."

M.O., heart attack at age 32, US: "For one month prior to my heart attack, I was not feeling well with chest pains, lockjaw and fatigue. But my first real symptom began at 5 a.m.—pain in mid-chest radiating into my back and up into my throat. I felt like I was being strangled, pain spreading into my throat and ears. The pain literally felt like 10,000 elephants sitting on my chest. In the ER, because of my young age and the fact that I weighed only 100 pounds soaking wet, they thought I was a drug user. I was later told I'd had a massive heart attack. I spent two days being stabilized before having a stent implanted, but instead of the stent, I was taken straight in for emergency bypass surgery. My heart now has severe damage to the lower left chamber. Last spring, 10 years after my heart attack, I had to go back into hospital to have an implantable cardioverter defibrillator (ICD) put into my chest. I have named my ICD "Trigger'!"

A.L., age 51, US: "I've had two serious cardiac events with different symptoms for each one. My first symptom in January was incredible fatigue. I was sitting in bed, watching TV and could suddenly no longer even hold my head up. The next day began six weeks of on-and-off symptoms of nausea, dizziness, back pain in my left shoulder blade like a muscle knot (which eventually began to radiate through to my chest), profuse night sweats and feelings of being intolerably hot. I began having panic attacks (my first ever), feelings of doom, and severe anxiety. My symptoms were not related to exertion. When I went to the hospital, I had to have emergency open heart surgery for a triple bypass. But almost immediately after my surgery, the bypass grafts began to fail. My chest pain this time felt sharp and pinching as if my clothes were too tight, then it

moved up the left side of my neck. My throat felt full, and it was hard to swallow. My left jaw ached (like a dull toothache, or maybe like having a piece of popcorn stuck). These symptoms came and went for over two months and were ignored by my cardiologist because he said they were different than my pre-bypass symptoms. Finally, I was correctly diagnosed and had two stents implanted to open the failed bypass grafts.”

M.Y., age 26, US: “I was 35 weeks pregnant and feeling really tired because we had just put up the new baby crib the night before. I went to sleep, but woke up to this weird constricting feeling in my lower throat, like I had a lump of something stuck there. The feeling went down to my upper chest and continued down to the lower chest area. It was not pain, just more of a squeezing, restricting feeling. I then started to get a slight pain that felt like acid reflux. I started to feel faint so I woke up my husband. I was sweating profusely, nauseated, had the chills and felt faint. And I also had a very weird tingling and numbness in BOTH arms from my shoulders to my elbows. We went to the hospital, where I was told that I’d had a massive heart attack caused by an aneurysm. It had exploded and made a tear in one of my heart valves, allowing blood to flow through the layers and squeeze the valve. The doctors said my body just couldn’t handle the stress of the pregnancy. I ended up having an emergency C-section and triple bypass surgery. I have also had an ICD implanted because my heart muscle has not healed. But even before that day, I’d been feeling tired and short of breath, and I had just blamed it on being pregnant. Now I can see all these issues as cardiac problems and not just pregnancy.”

J.O., age 60, US: “I had experienced some symptoms in the weeks before my heart attack, such as tightness in the chest and extreme pain in my left shoulder blade. I also had these same symptoms months earlier, but dismissed them as just a pulled muscle after lifting heavy luggage. My doctor thought I had pleurisy or a virus but he sent my EKG (with an unusual

T-wave) to the cardiologist who wanted me to come in for the stress test. My heart attack actually happened on the stress treadmill in the cardiologist's office! I had extreme shortness of breath but felt no pain. He handed me a nitroglycerin tablet to put under my tongue. I was lucky to have my heart attack on the treadmill, because a subsequent angiogram showed no blockages, but a spasm diagnosis of Prinzmetal's Angina."

K.M., age 52, US: "I'd been feeling extremely tired for some time. One day, I was putting the vacuum cleaner away, and suddenly felt as if I'd pulled a muscle in my chest, in the center of my sternum, like a tight, heavy pain. I was sweating profusely and feeling nauseated. I had pain/tingling in my left arm, and then I blacked out. When the paramedics arrived, they gave me nitroglycerin which eased the symptoms temporarily. In hospital, I had to have two stents implanted and spent two days in ICU because of low blood pressure."

A.M., heart attack at age 28, US: "I had crushing chest pain while I was pregnant, along with sweating and nausea, but I was told it was just the baby kicking my diaphragm. These symptoms continued for two years, off and on, usually brought on by exertion. After pregnancy, I was told it was just exercise-induced asthma, then pleurisy. Finally, after a bad episode (burning up and down my chest—like heartburn on steroids, sweating, nausea, vomiting, tingling in my arms and legs—both sides, stabbing shoulder pain and shortness of breath), I was finally sent for a treadmill stress test. By this time, even walking across the room or watching something emotional on TV (like a Hallmark card commercial!) would set off symptoms. I was taken to hospital, but during my angiogram, I had a massive heart attack on the table. I had to be transferred to another hospital and had emergency double bypass surgery. Since that first heart attack, I've had a second heart attack and double bypass surgery at age 30, nine cardiac stents and three

iliac artery stents implanted at 30 and 31, and then triple bypass surgery at age 31.”

K.R., age 46, US: “My first heart attack was on May 7, and my second was on May 22. My first symptoms felt like a blow to the chest, like a shotgun smack dab in the middle of my chest. It immediately took my breath away and knocked me backwards about 3–4 feet. I also had an intense drilling pain under my left funny bone. The symptoms did not let up. At the time, I was just sitting at my desk. Doctors found 0% plaque in my arteries—I was diagnosed with a coronary artery spasm from Prinzmetal’s Variant Angina. I remained several days at two different hospitals.”

G.L., age 49, UK: “I had what I later found out was classic angina, severe tiredness and increasing chest pain, misdiagnosed and treated for all sorts of things, including inflammation of the sternum, but it got steadily worse over six months. I then had an angiogram that showed severe disease in two of my coronary arteries. I was treated with various medications over six months, but steadily worsened. Then doctors attempted a stent placement that failed, and I was sent home the same day with a small dissection (tear) which I was told would heal by itself. But two days after the dissection, I had increasingly unstable angina unresponsive to nitroglycerin, with sweating and nausea. I went to the E.R. where I had a bigger heart attack, with crushing pain, pain radiating up into my throat and tongue, nausea, vomiting and sweating, plus pain in my left arm. These symptoms came and went, in between different drugs they were giving me. A further angiogram showed that the dissection had not healed but extended, and the artery was full of blood clots. I was then sent immediately by ambulance with police escort to a cardiac unit a couple of counties away, where I had four stents implanted. This did not cure the problem, however, so two months ago I had to have double bypass open heart surgery.”