

# Sudden' cardiac arrest is a myth, says India's top cardiologist | India News - Times of India

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***There are no sudden health emergencies. Most people make the mistake of avoiding check-ups that allow early detection***

Every time a celebrity in the peak of youth with sixpacks collapses and dies of “sudden cardiac arrest”, the media go berserk discussing the “sudden cardiac arrest” and how it could have been prevented. Unfortunately, there is very little discussion to explain these are not “sudden cardiac arrests”.

If these unfortunate people who died “suddenly” had cardiac screening 10 years earlier their “sudden cardiac arrest” could have been predicted and prevented most of the time. Everyone should know that the heart never fails without pre-existing disease, and all pre-existing diseases of the heart can easily be diagnosed years ahead of cardiac arrest even at diagnostic labs in small towns. You do not need to visit big heart hospitals.

## **OPD tests can spot tiny blocks**

Most patients with critical blockages of coronary arteries suffer from “silent ischemia”. In silent ischemia, patients with critical blockages experience no chest pain. Sadly, some even suffer from “silent heart attack” after some time with a damaged heart. But it is hard to convince a 40-year-old running half-marathons to undergo health check-ups to prevent a silent heart attack.

One tends to equate how fit you feel with how fit you are. Unfortunately, most of the time how fit you feel has nothing to do with how fit you are. Even if you climbed Mount Everest twice in a month, I still could not certify you as fit without physical examination and checking your blood test, ECG, echocardiogram, cardiac CT scan.

Common stress tests unfortunately do not reveal early coronary artery disease. Sophisticated diagnostics like ‘CT angio of the heart’ can pick up even tiny blockages in a few seconds as an outpatient procedure, which, untreated, can lead to heart attack after some years. Some are born with coronary artery anomalies, a faulty electrical system of the heart or thickened heart muscle called hypertrophic cardiomyopathy, some of which can precipitate cardiac arrest during extreme exercise even at a young age.

## **Why visit doctors**

Most feel a health check-up will find something amiss that in turn may call for unnecessary procedures. I feel sad when a middleaged man gasping for air with a damaged heart thumps his chest that he “never visited a doctor in his entire life” like a badge of honor. Obviously, I can’t tell him he landed in this mess because he never visited a doctor.

Science has made amazing progress in the last half a century; the reason why life expectancy has improved from 37 to 70 years. Today most diseases can be cured and if cure is not possible, can be controlled to allow a meaningful life for many years. Some treatment options today are nothing short of magic.

An elderly man who had a bypass 20 years ago presented to our ICU gasping due to a severely damaged heart, unfit for a second cardiac surgery to replace the damaged aortic valve. He underwent a procedure called TAVI in which cardiologists replaced the damaged aortic valve without surgery using a catheter in less than an hour. His son sent a video of the old man returning to work on a scooter exactly 30 days later. But all cures come with a condition — diseases must be diagnosed at an early stage. The greatest challenge doctors face today is not our ability to cure, but our inability to convince people to visit doctors when people believe they do not need to.

## **Incidentally detected**

About 14% of heart surgeries in India are performed by our group hospitals across the country. In a large number of such patients who had heart surgery, the problem was “incidentally detected” — the term doctors use when a disease is diagnosed during investigation for something else, or during a preventive health check-up. In a city such as Bengaluru, it is sons and daughters living overseas who want their old parents to undergo health check-ups before they travel abroad to visit. That is when the problem emerges, reinforcing the belief the health check-up started it all.

Heart attacks are twice as common in men than women. Till age 45, women are protected by their hormones. When I worked in England, most patients were old, retired people. Unfortunately in India, heart disease is a disease of young male breadwinners. In my practice today, it's not the young son bringing his old father for heart treatments. It's the old father bringing his young son for a bypass.

With India's limited social security, the breadwinner's life is extremely precious. On him depend his wife and small children. The foundation of Indian healthcare should be built on preventive health check-ups. The outcome of early treatment of any disease is the best, the cost is the least.

With the advances in medical technologies, no one today should die of “sudden cardiac arrest”.

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