

Interview with Tom Rien, heart attack Survivor

Section I. Introduction

A myocardial infarction or heart attack as it is more commonly known occurs when one of the coronary arteries is obstructed. Mosby's Medical Dictionary compares the feelings of a heart attack to a crushing sensation as if you were caught in a vise. Mosby's explains how victims of myocardial infarction will experience a range of feelings including but not limited to shortness of breath, fluttering heart, and loss of feeling to limbs. When a person experiences a heart attack it can be one of the scariest times in their life. The aftermath means changing all aspects of life, including diet, exercise, and all-around awareness of a healthy lifestyle. In 2004, Tom Rien, a 50-year-old fisheries biologist and my father, experienced a minor heart attack while at work, but what seemed minor at the time resulted in a whirlwind of doctors, tests, and questions that ultimately led to a triple bypass surgery. When my father had a heart attack, I was in high school. He is a very closed man and I was never able to understand everything that he went through. A little more than four years later he has changed his life in many ways and was able to share with me what he experienced the day of the heart attack as well as his struggles in day-to-day life.

Section II. Interview

Q: Ok let's begin with some basics. What are your age, gender, and race/ethnicity? Where do you live and what is your living situation? What was the last grade you completed in school? What would you say is your income level: low, medium, high?

A: I am a 50-year-old, Caucasian male. I live in Milwaukie, Oregon with my wife. It is a single family home...we have one cat, one dog, and a bunch-o-fish. I have a Bachelor's of Science and I would say that my income is mid-range.

Q: What is the name of your health condition you have been dealing with? How were you diagnosed, and how long ago?

A: I had a heart attack, which was followed by a triple-bypass surgery. I was diagnosed by actually having the heart attack and going to the emergency room. All of this occurred in 2004.

Q: Do you have any other physical conditions/diseases or other health issues?

A. I had my hip replaced in the early 90's but I don't think that is really related. I also deal with the basics that tend to go with heart attacks like being overweight and high cholesterol.

Q: What are your physical symptoms, and how severe are they?

A: When I had the heart attack, the symptoms were surprisingly mild. I had a shortness of breath. No pain, just a feeling that I had to suck in way more air than normal. Oh and a fluttering of the heart (he makes a noise to demonstrate) that just felt odd. But no pain like you would think.

Q: How does the condition affect you on a day-to-day basis? How would your life be different without the condition?

A: I have had to adjust my personal habits a lot. My diet has now become a low fat diet, I have tried to increase exercise, and I take medication everyday. Oh, I don't really think that my life has changed dramatically, it has felt more like a wake up. I try to live and eat healthier, things that I know I should have been doing.

Q: What is most helpful to you in managing this condition? What is the most difficult part in dealing with it?

A: The diet change has been the most significant, and exercise is the most satisfying. The pills I have to take (he shrugs), they just bring more routine into my life, but taking them has helped me a lot. I challenge with all of this is doing the exercise. It is too easy to slip off the diet or not exercise even though I know that I need to. It is far too easy to eat too much of the wrong kinds of food.

Q: Have you tried any of the following: vitamins/supplements, herbs, acupuncture, naturopathic medicine, support group, exercise, yoga, prayer, spiritual healing, counseling, massage, hypnotism, chiropractic medicine, mediation, change-in-diet? Do these help—physically emotionally, socially?

A: Well as we talked about I had to change my diet, but as for that other stuff...herbs, I take fish oil, because the doctor advised that I do so, which help me recover if I am to ever have another heart attack. I have increased exercise by bicycling to and from work. Other than the hospital provided therapy and a support nurse I have not tried anything else. The support group was a nurse that gave advice. She went over information life diet change, types of exercise etc. All of these groups were informative, but again these are all things that I knew I should be doing so it just reinforced the ideas.

Q: Does stress affect your condition? What are the stress reducing strategies that help?

A: The funny thing is that I had far less stress before I had the heart attack. Now I use stress reducers to help sleep, otherwise I lay awake and think about all the stuff I have to do. I listen to book tapes and music to take my mind off the stress. I would like to exercise to reduce stress, but it is that same thing with not enough time. (Laughing) I also wonder if I would still feel like I am not doing enough even if I was exercising regularly.

Q: Do you have any emotions related to the condition that affected you? Positive or negative.

A: It pissed me off when it happened! I was pretty young when I had the heart attack, it was no doubt preventable, and we have a strong family history of heart disease. There is always a lot of frustration and anger because I knew better than to let that happen to me. It also brought a large awareness to my son and the way he is living his life. I just worry about the health decisions that he is making.

Q: Has the health condition affected your social life?

A: Oh you know, I want people to realize that I had a heart attack but not treat me differently ummm...no not really. The doctor said "you're cured because of the surgery," but I still need to make the right decisions. My family was always there for me, but I am not the most receptive patient. I could have been better to them, but I just did not want people hanging on my and feeling sorry for me. So they supported me, I just didn't really receive it.

Q: Do you have health insurance? If yes, how satisfied are you with it on a scale of 1 to 5. "1" being extremely unsatisfied, "5" being extremely satisfied. Why did you pick that number? What would make it better?

A: Let's talk before I give it a number. The whole incident cost about \$25,000 plus. When I had it, I went from urgency care to the emergency room. In the ambulance they asked me where to go, my answer was whatever is closest. It turns out that the closest hospital was not a preferred provider because the insurance company determined it "wasn't an emergency." This put another \$3000 burden on me. It seemed like they fought me for a little while, but when I told them the story and said I was having a heart attack they covered it and dropped any problems. A score of 5 would have been if they covered everything with no problems, I give them like a 3 or 4. They should have recognized the situation and covered it in the first place.

Q: What kind of health care provider did you see? How content are you with your provider? On a scale of 1 to 5, with "1" being extremely unsatisfied and "5" being extremely satisfied? Why do you say that number? How could they improve? Was it easy to follow doctor's orders?

A: Look I saw dozens of doctors, but the two that I spent a lot of time with were the cardiac surgeons, there were two of them. But the cardiac assistant...My heart doctor, was defiantly the most satisfying. I became frustrated with the bedside manner of the first cardiac surgeon

when he told me that there was nothing we could do. I guess I didn't need to hear that. But the second doctor came in and said nope this is what we do and you will be fine. SO yeah the stint doc provided very little confidence, he thought the arteries were too small, but the surgeon said "yeah there small, but that's what we do." So I was satisfied.

Q: Has there been and economic burden from the condition to you or your family?

A: We were in good shape...fairly minor hit do to the fact that we are covered with insurance.

Q: What in your surroundings affects your well-being in either positive or negative ways?

A: We are not really part of a big community structure. My family was supportive but I didn't draw them in. I didn't really want everyone hanging around. I could have behaved differently in that since. Moving to a different area helped. We live in a friendlier neighborhood. There are more parks, and areas to ride my bike. The community is just safer than where we were.

Q: Who is "in control" of your condition? Why do you say this?

A: Me in the beginning and me in the end. I have to take care or it will happen. Live the way we all know we are supposed to be living.

Q: What is it like to be you?

A: Like being an old man...(laughs). Write this down, I don't know what those kind of questions mean and you know as well as I do that I don't answer them!

Q: If you were to advise another person who had just found out about the conditions, what would you tell them?

A: I would tell them to change their diet and exercise more. Oh and the other thing is to take your meds everyday. I have met people who fight that and think they can beat it without them. I don't see how hard it is, take your medication it is that easy!

Q: Is there anything related to your condition that we have not discussed? Is there anything you would like to ask me at this time?

A: Nope, not really

Q: Is there a specific topic related to your condition that you would like to know more about? I am going to research a medical database about your condition. I'll be happy to share the paper and article with you when I am finished..

A: Diet, exercise, and genetics are where you should focus. Its cholesterol and it connection to arterial sclerosis. To know your cholesterol young, you should keep your ridiculously low like I have to. Knowing your family history should make you aware. And the biggest truth with all of those things is that the medications help. Period.

Q: When the doctors prepped you for surgery I was young and was not there. What were your worries and fears when you went into the surgery?

A: Luke, it was the single scariest thing I have ever gone through. There is no way to understand the pain and discomfort that comes after they open you up. I did not want a whole lot of people with me and I just thought about everything I knew. I knew that I had a family history and I knew how to take care of myself and I didn't. I just felt stupid for know and not doing. By not doing I was risking loosing everything. I mean think about it...they stopped my heart. I don't really know (he looks away in thought) I know better.

Section III. Summary

Through the interview Tom brought to light several issues that are relevant to the biopsychosocial model of health. The interview covered pieces of the model such as Psychological, social and biological. Looking at the psychological side of the model, Tom discussed the changes he had to make in his life. Much of the focus was directed towards a change in diet and an increase in the amount of exercise and the struggles he goes through with these activities. Tom does not like his low fat diet, but he knows that he has high cholesterol and genetics that can lead to another heart attack so he has to remain on his diet. Some of the factors for staying on the diet cover the biological side of the biopsychosocial model. Tom has a family history of heart disease as well as high cholesterol. He struggles with maintaining "ridiculously low" cholesterol as well as a healthy weight. Tom made it clear several times in the interview that just taking his medication helps and that in assistance with the diet it has helped him to maintain a healthy body. One of the least touched, but most important issues in the model are the social challenges that Tom went through. Tom is a very strong and closed person, so the idea of allowing family, friends, and community to help him and be with him was tough. I found this to be the greatest learning portion of the interview because Tom showed that he understood that during the heart attack period that he possibly had hurt those who were trying to help him by not accepting their help. I felt that Tom's un-acceptance of help was also connected to the

psychological side of the model. Tom expressed over and over the frustration he felt for having a heart attack. He knew his family history, he knew the right way to live, it was “common knowledge” according to Tom, yet he still has a heart attack. To this day he still is angry with himself for not taking better care of his body. The largest issues that Tom deals with are the everyday fights to stay on his diet and to continue to exercise so that he will not have another heart attack. The issue that Tom feels is most important is his own son’s understanding of the condition and how he has a genetic predisposition to have a heart attack. Tom told me that you can never start understanding cholesterol and high blood pressure too soon....just because you are young you are not invisible. Today Tom continues to do well on his diet as well as exercising, his continued commitments to these tasks will keep his heart healthy for many years to come.

Section IV: Biopsychosocial Model

Section V. Transition

Throughout the interview, Tom described his everyday struggles with diet and exercise to keep his cholesterol low. Tom is on medication that keeps his cholesterol “ridiculous low” and he expressed his concern that his son pay attention to his own cholesterol levels even at a young age because it is never too soon. Being that I am his son, I thought about these comment long after the interview and decided that I should look into the connection between cholesterol levels and heart disease. There are many articles that deal with cardiovascular disease and I had to do several searches. Simply typing in “heart attack” and limiting the search to articles written between 2004 and 2008 into the Medline database, it brought back over 25,000 hits. I decided to narrow the search by using the key words “cardiovascular disease” and “prevention.” Using specific key words, I found around 160 articles. I was able to obtain 8 articles, 3 of which I order using the interlibrary loan system; (1) Effects of low-dose aspirin on the occurrence of venous-thromboembolism: a randomized study; (2) Long term follow-up of west Scotland coronary prevention study; (3) Primary prevention of coronary artery disease; (4) Class of antiretroviral drugs and the risk of myocardial infarction and; (5) Impact of high-normal blood pressure on the risk of cardiovascular disease. I found three other significantly informant articles on the Medline database that referred me to the New England Journal of Medicine. The three articles I found there were; (1) Homocystine lowering and cardiovascular events after acute myocardial infarction; (2) HDL cholesterol, very low levels of LDL cholesterol and cardiovascular events; and (3) primary prevention of coronary artery disease. I received all of my articles within a week of requesting them, after reading eight of them in their entirety I chose to use the article that dealt with the HDL and LDL cholesterol because of the request that Tom

made for the research to understand the effects of cholesterol on the heart. I think in the end I really picked the article because it helped me to relate to Tom and understand why he is trying so hard to stay healthy.

Section VI. Analyzing the Journal Article

1. The Journal was *the New England Journal of Medicine* and the title of the article is “HDL Cholesterol, Very low levels of LDL Cholesterol, and Cardiovascular Events.” This article had many authors; Philip Barter, M.D., Ph.D., Antonio M. Gotto, M.D., D.Phil., John C. LaRosa, M.D., Jaman Maroni, M.D., Michael Szarek, M.S., Scott M. Grundy, M.D., Ph.D., John J.P. Kastelein, M.D., Ph.D., Vera Bittner, M.D., M.S.P.H., and Jean-Charles Fruchart, Pharm.D., Ph.D. The target audience seems to be doctors and health care professionals, but it also caters to individuals who are curious about cholesterol and its relation to cardiovascular disease.

2. This article was an empirical study. The doctors that created the study conducted a research experiment and found results based on what the data they collected said. This is why it is a research article.

3. (a). High-Density Lipoprotein
(b). a plasma protein made mostly in the liver and containing about 50% lipoprotein along with cholesterol, triglycerides, and phospholipids and is involved in transporting cholesterol and other lipids to the liver to be disposed. High levels are associated with decreased cardiac risk profiles.

(c). HDL cholesterol is a protein that is made in the liver. It moves cholesterol and other lipids out of the body. This is the good cholesterol; if you have higher levels of HDL then you are less likely to have a heart attack.

(a). Low-Density Lipoprotein

(b). a plasma protein produced from very low-density lipoproteins or by the liver containing relatively more cholesterol and triglycerides than protein. It is derived in part, if not completely, from the intravascular breakdown of the very low-density lipoproteins and delivers lipids and cholesterol to the body tissues.

(c). LDL cholesterol has more cholesterol than it does protein. The body has trouble breaking it down and when it is not completely broken down LDL cholesterol puts lipids and cholesterol in the body's tissues. This could be known as the bad cholesterol,

(a) Cardiovascular Disease

(b) any abnormal condition characterized by dysfunction of the heart and blood vessels. In the United States, cardiovascular disease is the leading cause of death. Some common kinds of cardiovascular disease are atherosclerosis, cardiomyopathy, rheumatic heart disease, and syphilitic endocarditis.

(c) Cardiovascular disease is when there is something about your heart that is not normal. The disorder can come from the muscles or the blood vessels in the heart.

4. The doctors researched whether when levels of LDL cholesterol were lowered with medication, if HDL levels could be used as an indicator of cardiac risk. This idea came from patients who are at risk of having a heart attack and are put on medication that lowers the level

of LDL cholesterol it is assumed that there risk is lowered. However, the LDL is an indicator of heart disease, by being lowered the warning signs are taken away. It is supported by several pieces of research that show while LDL levels are lowered with medicine, the HDL levels can become an indicator of cardiac risk.

5. The doctors used a double blind, randomized, parallel group, multicenter clinical trial that looked at men and women aged 35 to 75 who had a clinically evident coronary heart disease. Subjects were given lipid-regulating drugs that helped to lower their LDL cholesterol levels and their HDL were then monitored. Different participants received different levels of medication. The ratio of LDL to HDL was then monitored to see if higher levels of HDL or lower levels of HDL can be a sign or indicator of cardiac risk. To sum up the results when you remove the LDL cholesterol indicator you can still use HDL levels as a significant indicator of cardiac risk. If the levels of HDL begin to fall the level of cardiac risk rises. Having HDL cholesterol will lower your risk of cardiovascular disease as well as be a monitor of cardiac risk to those who are using medicine to lower LDL cholesterol levels.

6. The author's conclusion found that when the LDL levels are medically lowered, the HDL levels in a person's body could be a significant indicator of cardiac risk. I would say that there are two take home messages. If you are a person who has had a heart attack and you are on medication to reduce your levels of LDL cholesterol you need to maintain your HDL cholesterol still. This leads to the overall take home message which is while HDL may be considered "good" cholesterol it still is cholesterol that needs to be monitored and maintained at high levels. The implications are that levels of HDL if not maintained can lead to cardiac

risk. Therefore, if a patient is on medication or treatment to reduce LDL cholesterol levels, there HDL levels need to be monitored so that a patient is overall aware of all of their cholesterol levels.

7. The message of monitoring you cholesterol is relevant to my case study as well as me in many ways. Tom is on medication that lowers his cholesterol levels so maintaining high HDL cholesterol is essential to him so that he does not have a relapse. In the interview, Tom was concerned that his son was not monitoring his cholesterol levels. This study shows that it is important to monitor but levels and keep them low to reduce the risk of cardiac disease.
8. “Each increase of 1mg per deciliter in HDL cholesterol is associated with a decrease of 2 to 3% in the risk of future coronary heart disease.” I was just surprised by this quote because of the amount of risk that was decreased by just a small amount of HDL cholesterol. It shows that a small amount of something good can really make a difference in the human body and make for a healthy heart.
- 9.”The risk of major cardiovascular events did not depend on sex.” I know this quote is small but with so many differences in male and female cardiovascular risk, I found it interesting that the cholesterol risks are the same for men and women. This just shows that all men and women have to monitor and control our cholesterol levels and keep a firm control on the balance of our body.

Section VII. Conclusion

1. Tom Rien survived a myocardial infarction and a triple bypass surgery. While the doctor may have told him “he is cured” he has still had to change many aspects of his life. Dealing with everything from a change in diet to getting past the frustrations of knowing the risks that he faced and not doing much about it. Each day is different for Tom, in the back of his mind he thinks about the risks and how a change in diet is helping him to continue his life with his family. Every time he doesn’t exercise he thinks about how he could be doing something physical and stay active. Above all this Tom still worries about his son and all that he is doing with his life. He knows the risks and pain that his son faces and hopes that he knows the risks as well. It is important to be active and monitor your cholesterol levels; with reduced levels of cholesterol a person can reduce their cardiac risk. Both HDL and LDL levels need to be kept in check. Overall Tom is a survivor and leads a normal life, he is just doing the things that all people know they need to do to be healthy. We all know what we need to do to stay healthy, Tom had an eye opener when he experienced the heart attack and is staying healthy.

2. Tom Rien told me that the need to monitor your cholesterol levels is essential to staying healthy and avoiding risk. Everyday he takes medication that assists his body in maintaining low levels of LDL cholesterol. LDL cholesterol is the “bad” cholesterol and as its levels increase in the human body so do the risks for cardiovascular disease. While his LDL levels are low Tom still needs to maintain his HDL levels as well. The article “HDL cholesterol, very low levels of LDL cholesterol, and cardiovascular events” show that while LDL levels are essential to be low, lowered levels of HDL can be a sign of cardio risk in patients who are on medication. To maintain his cholesterol in assistance with medication Tom exercises by bicycling to work and walking with his wife Leanne, as well as maintaining a balanced, low-

fat diet. On top of maintaining his own health, Tom's situation is unique because of the concern for his son. I know that personally my eyes were opened to the not only to genetic risks that my family has or heart disease, but the importance in maintaining a healthy life style, avoiding things like smoking and excessive drinking, and to begin to monitor my cholesterol levels even at a young age.

3. I think that the experience of interviewing Tom Rien, my Dad, was a very large eye opener.

When Tom had his heart I was very young and was never really "involved." I am not sure if it was because I was young and my parents were not sure if I could handle it or if I kept myself away because of the fear that I was going to loose my father. I learned all about the day that he had his heart attack. I guess the funny part of it is that the way he talked about it was very much my father having a heart attack. He was uncomfortable and instead of asking for help he just drove himself to the urgency car clinic and did not actually call my Mom till he was in the emergency room. He felt it necessary to be alone before his surgery and was always very frustrated when people were in the room with him. That is just my Dad, it is just the kind of person Tom is. What impacted me most was his concern for me. Several times in the interview he implied his concern for how I was monitoring my health and the activities that I am participating in. Before the interview he would do the same thing and I would just laugh and say I am young and there is nothing to worry about.

Through this interview and the research I did on Cholesterol as well as other aspects of heart disease it turns out the Tom was right, but when are Dad's wrong? I think this is why I found my article so interesting. Before the interview and having an understanding of what Tom deals with I probably would not have taken the time to read an article on LDL and HDL

cholesterol in participants who are at risk for heart disease, but I found it fascinating. I know that I need to watch what I eat but now I think that I can take away from the interview that I need to monitor my cholesterol levels as well as be healthy with my body. My Dad is a strong man and interviewing him brought us closer than I have felt in a long time. I can now say that I am starting to understand what he went through and why he is so concerned for me. While the heart attack was a horrible situation, it has changed Tom Rien's life, and kept my Dad around for longer so I can get to know him even better.