Deborah Heart and Lung Center

HURLEY IN THE MORNING › PODCAST TRANSCRIPT

Understanding and Managing Heart Failure

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FEATURED PHYSICIAN

Geurys Rojas-Marte, MD

Cardiologist

Harry Hurley

Welcome back. It's exactly six minutes past the hour. Pleased to report we have a wonderful return engagement. The last time we visited, Dr. Rojas-Marte put on an absolute masterclass on a very, very important topic within the realm of cardiology, and I know in advance today is no exception.

So, on our Hurley in the Morning Newsmaker Hotline, on Deborah Heart and Lung Center Presents, is Dr. Geurys Rojas-Marte, a triple-threat board-certified cardiologist — board-certified in advanced heart failure, transplant cardiology, cardiovascular disease, and internal medicine. And maybe I spoke too soon; that sounds like the quadruple threat to me, not three.

After medical school, Dr. Rojas-Marte completed a residency in internal medicine in Brooklyn, New York, at Maimonides Medical Center. He completed fellowship training in advanced heart failure and transplant cardiology at the University of Florida in Gainesville, Florida, and cardiovascular disease at Rutgers University Medical School in Newark, New Jersey.

Dr. Rojas-Marte's special interests include advanced heart failure — that's going to come in very handy today with our topic — left ventricle assist device, the LVAD, and heart transplantation, pulmonary hypertension, and mechanical circulatory support. The resume is incredible. And Dr. Rojas-Marte has authored numerous articles in peer-reviewed publications and participated in many clinical research projects.

And just one last little mini-commercial for the distinguished Dr. Geurys Rojas-Marte: if you go to the Deborah Heart and Lung Center website, DemandDeborah.org — and they have wonderful bios on all of the doctors — if you go to Dr. Rojas-Marte's bio, he has very, very understandable videos that you can watch and learn a whole lot from. And for the next half hour, we're going to all learn a lot together. Welcome back, so glad we're having this time together. Good to be with you, Doctor.

Dr. Geurys Rojas-Marte

Hi, Harry. Thank you for inviting me again. Very happy to be here with you.

Harry Hurley

And we are happy to have you. It's our pleasure. So the topic is "Understanding and Managing Heart Failure." You're the perfect person to be doing this with. Let's get right out swinging here — we will not hide the lead. What is heart failure, and how prevalent is heart failure?

Dr. Geurys Rojas-Marte

That's a very important topic these days, as heart failure is growing in America. Now, heart failure — just to clarify something — heart failure doesn't mean that the heart stops or that the person is dying, at the moment or within weeks or months, although that could happen in more advanced stages. Heart failure means it's the end, the resulting pathway — the final pathway of many cardiac issues like high blood pressure, blockages in the arteries of the heart, heart attacks, arrhythmias. All these issues, especially if left untreated, over time lead to the development of heart failure, which means, basically, that the heart is not able to keep up with the body's needs — either because it's pumping too weakly, or because it's become too stiff and is now building up too much pressure inside the heart. That causes the symptoms and the downstream effects of heart failure. So in more proper terms, it would be "heart dysfunction," not failure.

It is a growing problem in the United States. Close to 7 million people have heart failure — the form that we treat with medication. But approximately one-third of the US population are at risk of developing heart failure.

Harry Hurley

Wow. Wow.

Dr. Geurys Rojas-Marte

Which are very significant numbers. And if we can treat those conditions and take preventive measures — in healthy people and people who have common conditions like high blood pressure and diabetes — if we treat those aggressively, early in life, we can prevent the development of heart failure in the future. It's not something that happens one or two years after someone has been diagnosed with high blood pressure; it happens 10, 15, 20, 30 years down the line. So that's why it's so important to prevent or take care of these issues early in life, and for healthy people to maintain healthy lifestyles so they don't develop those conditions in the first place.

Harry Hurley

I was going to follow up with that, Dr. Rojas-Marte: if you have heart failure, can you do anything — meaning the patient? You know, probably all the things you should have been

doing before, but once you have heart failure, is it always with you? Or could your condition improve to the point where you're no longer in heart failure?

Dr. Geurys Rojas-Marte

Yes, that's a very important question, and it needs clarification because people think that heart failure is a death sentence — and it's not, for the most part. There are transient conditions that can cause transient heart failure, though those are very rare and not the majority of cases. For example, people who have very acute and severe thyroid conditions — like thyroid storm, when the thyroid gland is overactive — or when it's severely underactive. Those are the smallest number of cases. Most cases are more chronic, more insidious, and therefore when they develop, it's unlikely to fully reverse the condition and make the heart go back to a completely normal state.

But the condition can be treated. It can be well-controlled with medications, lifestyle changes, diet, monitoring of weight, and the use of diuretics when needed. The best treatment for patients who have symptomatic heart failure — patients with fluid build-up, fatigue, shortness of breath, or prior hospitalizations — is to use the medications that have been shown in clinical trials to improve symptoms, quality of life, and survival. Someone who has congestive heart failure, even if it's symptomatic, can reach a point where they are minimally symptomatic and have an almost normal quality of life, assuming they take their medications, follow the right diet, and follow up regularly to detect when things are not going in the right direction.

Harry Hurley

We are visiting with the distinguished cardiologist Dr. Geurys Rojas-Marte. And I should also mention that in addition to being a very talented cardiologist, Dr. Rojas-Marte is also the medical director of the advanced heart failure and pulmonary hypertension programs at Deborah Heart and Lung Center. We're going to make it count here until 9:36 AM this morning.

You touched on causes — high blood pressure, irregular heart rhythm, coronary artery disease, things like that. What about risk factors? How big a role do genetics and lifestyle play in terms of contributing factors that could lead to heart failure?

Dr. Geurys Rojas-Marte

Those are huge components, especially the risk factor part. On the genetics side, there are specific conditions that can lead to the development of heart failure. There are genetic diseases that are inherited and cause cardiomyopathy — which means disease of the heart muscle. There are specific conditions that lead to that, especially in younger individuals who have heart failure, and we always try to look for a genetic component. But the vast majority of patients who have heart failure has to do more with risk factors: high blood pressure, diabetes, obesity, smoking, kidney disease, sedentary lifestyle, and alcohol consumption.

For example, alcohol by itself can lead to a type of heart failure called alcoholic cardiomyopathy. And the other major conditions I mentioned, along with lifestyle factors like a high-sodium diet — eating salty foods over time can lead to the development of high blood pressure, and then over time high blood pressure leads to heart failure. Someone who has heart failure and doesn't follow a low-sodium diet or limit their salt intake makes it much more difficult for their heart failure to be controlled and treated. Those patients usually end up dependent on high doses of diuretics, which is not ideal.

Harry Hurley

Now, I was discussing in your background — the bio I shared before we began — cardiac amyloidosis, which is one of your special interests. I think that comes into play in terms of other diseases that may cause heart failure. Can you speak to that?

Dr. Geurys Rojas-Marte

Yes, there is growing interest in the medical field right now around cardiac amyloidosis, because we now have several treatment options that we didn't have before. It refers to a condition where an abnormal protein — produced in the liver — starts depositing in the heart. It's a normally occurring protein that carries vitamin A and thyroid hormone; we all have it. But in some people, that protein becomes abnormal and develops an affinity for the cardiac muscle. Over time — and it takes years for this to develop — the heart muscle gets thicker and thicker and thicker.

As that happens, it becomes more difficult for the heart to pump or to fill up with blood. Pressure builds up inside the heart, and that causes the symptoms of heart failure. This is most commonly seen in patients older than 70. Some people have a predisposition to develop this protein abnormality, which is why it's most commonly diagnosed in elderly patients.

However, there is a genetic form of this condition, and patients who have the genetic type tend to develop symptoms at younger ages. It can also affect the peripheral nervous system, so patients with this condition may also experience neuropathy — numbing, burning sensations, discomfort in their feet and hands — and carpal tunnel syndrome. In fact, a history of bilateral carpal tunnel, in both hands, is very commonly seen with this condition. Some patients may have even had surgery for carpal tunnel or for back pain. Those patients should be screened for cardiac amyloidosis.

And it's very important to detect it at an early stage, because the treatment we have available doesn't remove the protein that's already deposited in the heart — it can only prevent further deposition. So if we detect it at an advanced stage, it's less helpful for the patient, because they will already have advanced symptoms. We can always prevent things from getting worse, but the earlier we catch it, the better, given that we can prevent progression and maintain the patient's quality of life.

Harry Hurley

So important, what you just said. We're going to take our one and only break that we take during Deborah Heart and Lung Center Presents. Today, Deborah Heart and Lung Center Presents the distinguished cardiologist, Dr. Geurys Rojas-Marte. The topic is "Understanding and Managing Heart Failure." And as I promised before the interview even began, I told you that Dr. Rojas-Marte would put on a masterclass — and he is. When we come back in just a few minutes, Dr. Rojas-Marte will talk about — and this is obviously very important to anyone dealing with this — what are the signs and symptoms of heart failure? That's next. Stay with us.

I thank you, and welcome back, 24 minutes past the hour. If you're just tuning in, you've missed a lot. When the podcast is uploaded, you can catch the whole first half of today's Deborah Heart and Lung Center Presents, so don't worry — you haven't missed anything permanently. We have a lot more important content in the second half with the distinguished cardiologist from Deborah Heart and Lung Center, Dr. Geurys Rojas-Marte.

To make an appointment with Dr. Rojas-Marte, or any of the great doctors at Deborah Heart and Lung Center, call 609-621-2080 — that's 609-621-2080 — or visit DemandDeborah.org, where you'll find a direct link to scheduling. You can call or you can do it digitally.

I pre-announced the next topic going into the last break: what are the signs and symptoms of heart failure? I imagine that's a big deal, because if there's some forewarning, it's good to pay attention to that and talk to your healthcare provider. Your thoughts on the signs and symptoms?

Dr. Geurys Rojas-Marte

That's a very important topic to cover. Patients who have congestive heart failure have difficulty with physical exertion, and that can start in a very insidious and gradual fashion. I've had patients who are very active — who run three, four, five miles — and they gradually, almost unconsciously, slow down. They might feel like they're just getting older or not as fit anymore, and some people don't pay attention to that. They simply decrease their level of exertion and keep going down until the point that it's too much — they cannot walk one or two blocks or climb a flight of stairs.

For someone more sedentary, it could be more dramatic or noticed sooner. If someone can normally walk up a flight of stairs and all of a sudden they have to make two or three stops going up, or they're getting short of breath just moving around the house — that's a sign. Another typical symptom of heart failure is the inability to lie flat, so patients have to use multiple pillows at night to sleep. And another one, which is a sign of more advanced disease, is waking up in the middle of the night gasping for air.

Harry Hurley

Oh.

Dr. Geurys Rojas-Marte

This tends to get better as soon as the person gets up and moves to an upright position, but they feel as if they were drowning. That's something called PND, or paroxysmal nocturnal dyspnea. Another key symptom is rapid weight gain from fluid build-up — that's why it's so important for patients with this condition to monitor their weight on a daily basis.

To summarize, the main categories of symptoms are those related to difficulty breathing and reduced exercise tolerance, and those related to fluid build-up — which can cause swelling in the legs and belly, and contribute to fatigue, difficulty breathing, nausea, and vomiting. Some patients also develop intolerance to food because of the bloating and swelling in the stomach and intestines. In more advanced stages, patients can start losing weight because they're not absorbing food properly and simply aren't hungry. That's something called cardiac cachexia.

The earliest symptom — and the one that should prompt someone to seek help from their physician — is exercise intolerance.

Harry Hurley

Now, Dr. Rojas-Marte, this sounds like a repeat question, but there's enough nuance here that I think it stands on its own. You talked about how heart failure can develop over time. Can it also come on quickly?

Dr. Geurys Rojas-Marte

Yes, definitely. As I said at the beginning, heart failure is the end result of cardiac disease — over time, cardiac disease will lead to heart failure. But when we're talking about more severe, more abrupt conditions — like a massive heart attack, an infection that damages the valves of the heart, or an uncontrolled arrhythmia that happens suddenly — all of those can lead to heart failure very quickly. Very high blood pressure, like a hypertensive crisis, when someone's blood pressure rises to extreme numbers like 180, 200, and higher — that can also lead to the acute development of heart failure.

Harry Hurley

And sometimes people have high blood pressure, Dr. Rojas-Marte, and they don't even know it, right?

Dr. Geurys Rojas-Marte

Exactly — and that's actually one of the main reasons people develop heart failure. If you have high blood pressure for years and you don't know it because you don't see a doctor or do preventive care, the heart during those years is working extra hard continuously. It's like walking uphill on an endless road. You will get to a point where you just get exhausted. And as a result, the heart — trying to compensate and overcome the resistance from the high blood pressure — thickens.

It's a very similar phenomenon to what I was describing with amyloidosis, but here it's a more physiological process. It's like someone going to the gym and lifting weights. As you do progressive overload, muscles hypertrophy — like in a bodybuilder. The heart does the same thing. The high blood pressure essentially acts as a dumbbell for the heart, and the heart gets thicker and thicker over time from that progressive overload. Ultimately, that's not ideal, because as the muscle thickens, the pressure inside the heart builds up. The blood filling the heart encounters a smaller cavity, and the heart is less compliant. As blood enters the left ventricle — the main chamber of the heart — pressure builds up and goes backwards into the lungs, and that's what causes the shortness of breath.

Harry Hurley

We are visiting with Dr. Geurys Rojas-Marte from Deborah Heart and Lung Center — very talented cardiologist, board-certified in advanced heart failure, transplant cardiology, cardiovascular disease, and internal medicine. I counted four there — quadruple threat. And how do you diagnose heart failure?

Dr. Geurys Rojas-Marte

Given how rich the symptoms and signs of heart failure are — the shortness of breath, the need for multiple pillows, waking up in the middle of the night — those are key questions we ask patients. Not everybody will have the same type of symptoms because patients have different degrees of severity. Some people might have only mild difficulty doing activities they were doing before.

But we ask all of these questions: How many pillows do you sleep with? Do you get up in the middle of the night? Have you had a decline in your ability to exercise or walk over the past six months or a year?

Then on physical exam, we're looking for signs of fluid build-up. We listen to the lungs, look at the legs, look at the neck for signs of fluid build-up, and listen to the heart for murmurs. Going deeper into the workup, we do blood tests — there are markers in the blood that help us make a diagnosis. But the most important test we have is an echocardiogram — a sonogram of the heart that allows us to look at the valves, the chambers, and the pressure inside the heart. When we combine that with the patient's symptoms, we can make a diagnosis in more than 80% of cases.

Sometimes we need to refine the diagnosis because there are different underlying causes of heart failure. In those cases, we may need a cardiac MRI, a cardiac catheterization to rule out blockages in the arteries, or a right heart catheterization to measure pressures inside the heart directly. Sometimes a biopsy or CT imaging is needed. But for the vast majority of patients, a physical exam, history, blood work, and an echo are a very good starting point.

Harry Hurley

So we are in our final minute with Dr. Rojas-Marte. He covered what heart failure is, the risk factors — all of these different things. The one thing we should have you leave

everyone with is: you have the condition, you have the diagnosis — what treatment options are available for heart failure?

Dr. Geurys Rojas-Marte

It depends on the type of heart failure. In general, we divide heart failure into two categories, depending on whether the person has reduced pumping of the heart or normal pumping of the heart.

If there is reduced pumping — which we determine by looking at the ejection fraction, the amount of blood the heart pumps with each beat — a normal value is around 65%. We say someone has a low ejection fraction when the number is less than 40%. There are medications that have been shown to improve both longevity and quality of life for patients with heart failure and low ejection fraction. There are four classes of these medications, and we try to put patients on all four. When needed, we also use diuretics — water pills — to get rid of excess fluid.

The most important part is lifestyle. Even for patients already on all the right medications, it's critical to limit sodium intake. Foods like takeout, pizza, cold cuts, canned foods, and highly processed foods with high sodium content can be detrimental for heart failure patients and should be limited — not necessarily eliminated, but limited.

For patients who have heart failure with preserved ejection fraction — meaning the pumping of the heart is intact — the main problem is the pressure that builds up, as I described earlier. In those cases, we focus on controlling the underlying risk factors: high blood pressure, arrhythmias, and obesity. We similarly use diuretics when needed, though we always try to use them cautiously because of their downstream effects on the kidneys and the risk of dehydration.

Harry Hurley

Dr. Rojas-Marte, great to visit with you again. Until we meet again, have a great day.

Dr. Geurys Rojas-Marte

Thank you for inviting me.

Harry Hurley

Of course, you are welcome.