Health Bulletin

The Graying Of America And The Increased Risk For Heart Valve Disease

(NAPSA)—In 2011, the first of America's baby boomers will turn 65—and by 2030, more than 71.5 million individuals—more than 1 in 5 of us—will be "senior citizens."

As boomers age and the population grays, the risk for chronic conditions such as heart disease continues to grow. Fortunately, by becoming more aware of the risks, people are better able to modify their lifestyles, seek appropriate medical attention in a timely manner and stay healthier, longer.

As the American population ages, the national risk for heart valve disease is expected to increase—leading to greater incidence of valve replacement, an increased use of anticoagulants, and an increased need for monitoring that therapy.

Heart Valve Disease

One condition that is expected to become more prevalent in an older population is heart valve disease (HVD), in which one or more of the four heart valves doesn't work properly. One can be born with the condition (congenital) or develop it later in life (acquired). It is not known what causes congenital HVD. Heart conditions, age-related changes, rheumatic fever and infections may cause acquired HVD.

Many with heart valve defects have no symptoms or develop them in midlife. Symptoms can include heart murmur and others that relate to heart failure such as unusual fatigue, shortness of breath or swelling of ankles, feet or abdomen.

Lifestyle changes to help improve heart health include avoiding activities that trigger irregular rhythms (like heavy lifting), quitting smoking, limiting alcohol and stopping caffeine. Meanwhile, standard treatment for HVD is having affected valve(s) surgically replaced. One type of replacement valve is manmade (i.e., mechanical).

Mechanical heart valves are usually made from materials such as plastic, carbon or metal; they're designed to last for years. However, blood tends to adhere to mechanical valves and can create blood clots, which can enter the bloodstream and cause stroke, heart attack or other major organ damage. Therefore, individuals with mechanical heart valves must take "blood thinner" medications-more appropriately known as "anticoagulants"—for the rest of their lives. Coumadin® (warfarin) is one such anticoagulant.

Monitoring Medication

Patients taking warfarin must have their blood tested regularly (at least once a month) to determine how quickly the blood clots. This test is expressed as the International Normalized Ratio (INR). If the blood clots too slowly or too rapidly, the patient is at risk. That is why it is important for patients to monitor their INR often.

Anticoagulation testing can be simple and fast, with results in just minutes rather than days. A handheld anticoagulation monitor is used with a small drop of blood from a fingerstick. Such testing takes less time and is typically preferred to the venous blood draws and longer turnaround times associated with laboratory testing.

At-Home Testing

Patients with mechanical heart valves may, with their doctor's approval, opt to take their INR measurements at home with a handheld monitor. Such "self-testers" must first learn how to conduct the tests from a certified health educator. Centers for Medicare & Medicaid Services (CMS), the federal agency that oversees healthcare reimbursement, has approved coverage of charges for anticoagulation monitoring via at-home testing since such testing became available.

To find out more about potential coverage for at-home testing through CMS or private insurance, request a PST patient information kit or call 1-800-779-7616.