



Two Sample Health Messages

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When a *Heart Attack* Is Suspected . . .

Is it Better to Chew or Swallow an Aspirin Tablet

Heart Attack: A blood clot forms when blood platelets are attracted to the surface of a minute piece of cholesterol-laden *plaque*. The clot grows to become a *thrombus* which has the potential to stop the flow of blood in an artery that feeds the heart muscle. And if blood flow stops, a portion of the heart muscle dies due to lack of oxygen. A “heart attack” has occurred. (Another name for heart attack is *myocardial infarction*.)

Preventing Heart Attack: According to American Heart Association guidelines, a small daily dose of “aspirin is recommended for *men* age 45 to 79 years when the potential benefit due to a reduction in *myocardial infarctions* outweighs the potential harm due to an increase in gastrointestinal hemorrhage.” Also, “aspirin is recommended for *women* age 55 to 79 years when the potential benefit of a reduction in *ischemic strokes* outweighs the potential harm of an increase in gastrointestinal hemorrhage (bleeding).”

Although aspirin is used to manage pain, fever, and inflammation, it also keeps the body’s platelets from adhering to plaque, decreasing the chances of a small clot growing to a thrombus and clogging an artery in the heart. Therefore, many individuals take an 81 mg aspirin tablet every day as an aid to *prevent* heart attack. But, even if an individual is taking low-dose aspirin every day, an additional 325 mg is suggested to be taken immediately if heart attack signs and symptoms are observed. (The aspirin should *not* be the enteric-coated type.)

Heart attack signs and symptoms may include the chest feeling heavy, as if in a vice, with pain similar to indigestion but not relieved by antacid. Pain may spread to the jaw and shoulder. (Some individuals have no signs or symptoms.)

Aspirin – Chew or Swallow? In a study reported in *American Journal of Cardiology* (84:4, 404-409), adult volunteers were each given one 325 mg buffered aspirin tablet which was either swallowed whole or chewed for 30 seconds and then swallowed with 4 ounces of water. Serial blood samples were then drawn to determine how much a specific platelet inhibitor decreased over time.

With *chewed* aspirin tablets it took 5 minutes for the platelet inhibitor concentrations to decrease by 50%. But with *swallowed* aspirin tablets it took *more than twice as long* – 12 minutes – for the platelet inhibitor concentrations to decrease by 50%.

The researchers concluded: ***“Chewing an aspirin tablet is the most effective way of accelerating absorption of aspirin into the blood and shortening the time required for an antiplatelet effect.”***

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Leisure-time activity and risk of death . . .

Many of us believe that it benefits one’s health if physical exercise is obtained on a regular basis.

But does leisure-time exercise decrease the risk of premature death – helping people to live longer?

And, if it does, how much leisure-time exercise is the ideal amount?

The *2008 Physical Activity Guidelines for Americans* recommends a minimum of 75 vigorous-intensity minutes or 150 moderate-intensity minutes per week of aerobic activity in order to obtain substantial health benefit.

Vigorous-intensity exercise includes running and cycling. Moderate-activity exercise includes brisk walking or dancing.

Researchers recently reviewed numerous studies in which the amount of weekly leisure-time exercise was correlated with risk of death. Over 660,000 men and women age 21 – 98 years participated in these several studies. The average (mean) age of participants was 62 years.

After analyzing the data from all of these studies, the researchers concluded:

Individuals who reported *meeting* the *Guidelines* had a 20% lower risk of death as compared to individuals who reported no leisure-time exercise.

Therefore, exercise DOES reduce risk of premature death.

However, individuals who reported getting 1 to 2 times as much leisure-time exercise as recommended in the *Guidelines* had a 31% lower risk of death. And individuals who reported getting 2 to 3 times as much leisure-time exercise as recommended had a 37% lower risk of death.

However, getting *more than* 2 to 3 times the recommended amount of leisure-time exercise only slightly lowered risk of death (as compared to 2 to 3 times the recommended amount).

Weekly leisure-time exercise increase longevity.

And obtaining 2 to 3 times the amount of weekly leisure-time exercise recommended in the *Guidelines* appears to be ideal from the standpoint of longevity, reducing death risk by 37%.

Two to 3 times the amount of weekly leisure-time exercise recommended in the *Guidelines* translates to 150 to 225 minutes of vigorous-intensity exercise, or 300 to 450 minutes of moderate-intensity exercise weekly – or some combination of the two.

The above message does not constitute medical advice. Ask me if you have questions or comments.

<https://health.gov/paguidelines/guidelines/chapter4.aspx>;

<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2212267>