



Henry ignored breathlessness and a racing heartbeat that started during a kickboxing class.

SHO CK TO THE

AT 48, PAIGE HENRY WAS FIT, HAPPY, AND STRESS-FREE. THEN SHE HAD A RARE DRUG REACTION THAT CHANGED HER LIFE FOREVER.

SYST EM

AS TOLD TO BETH WEINHOUSE
PHOTOGRAPHS BY KELLY MARSHALL

“OK, LET’S GET WARMED UP!”

Three easy laps, then jumping jacks.”

I felt content as I started my exercise class. Our trainer always led a fun but challenging workout, and I’d been looking forward to it after a full day of teaching middle-schoolers.

Toward the end of my third lap, I felt more winded than usual. I was breathless, and my heart was racing. I began the jumping jacks, assuming my body would catch up. But 5 minutes into the routine, the feeling still hadn’t gone away. My chest felt tight. Something wasn’t right.

Ten minutes later, I knew I should stop, but I didn’t want to admit that anything was wrong. As the pain in my chest evolved into a steady dull ache, I finally gave in and walked out to my car. My mind was galloping as fast as my heart with the possibilities. *Is this a panic attack? A heart attack?* I pushed the thought away. *That’s not possible. I’m only 48. I’m in the best shape of my life. My biggest fear is that somebody I love will get sick. But it couldn’t be me.*

I got to my car, gasping for air and pressing my fist against my chest, and started to sob. My arms felt numb as I fumbled for my cell phone and texted my

husband, John, only to remember that he probably wouldn’t answer because he had an early evening meeting.

I sat in my car crying for 45 minutes, and the more time passed, the more terrified I became. A panic attack wouldn’t last this long. Besides, why would I be having a panic attack? I love my job. My three daughters—Dana, 20; Maura, 19; and Meg, 16—were doing great. My husband and I were happy. We had no financial worries, and my only health concern was painful migraine headaches that I’d had for a day or two every month since I was a teenager.

I managed to drive myself home, still crying and clutching my chest. Meg came downstairs from doing her homework and found me curled up on the couch, moaning. “Mom, what’s wrong? Mom? Mom!” I tried to reassure her, but I must not have been very convincing because my normally stoic daughter started to cry, too.

“Mom, do you need help? Should I drive you to the hospital?” I could see the fear in her eyes.

“No, I’ll be fine. I just need to...” The words felt unreal as they came out of my mouth. “I just need to call 911.”

I punched the digits and relayed my information. “I think I’m having a panic attack. But it might be something worse.”

An ambulance arrived in minutes. Meg texted her dad, who finished his meeting nearby, saw our messages, and raced home. Paramedics wheeled me to the vehicle, which remained parked while they attached EKG sensors to my chest and asked a series of questions.

“How old are you?” “48.”

“Do you smoke?” “Never.”

“Drink alcohol?” “No.”

“Exercise?” “Yes, regularly.”

“Any medications?” “Migraine pills.”

For a long time I’d taken a drug called rizatriptan (Maxalt) that helped my headaches but made me very groggy. So I tried several alternatives, settling on sumatriptan (Imitrex) about 5 years ago.

The back doors of the ambulance opened, and my husband climbed in, worry etched on his face. One of the young EMTs told us that my EKG results looked normal. “You can go back into your house and call your doctor in the morning,” he said, “or we can take you to the hospital for tests, just to be sure.”

I wanted nothing more than for this whole thing to be over, but my chest still felt constricted and my breath was

shallow. John and I both tend to stay calm in a crisis, and when he said, “I think you should go to the hospital and get it checked out,” I knew he was right. And so began my first-ever ambulance ride, 3 hours after my chest pains had started. I felt stupid for waiting, and scared, but I was also relieved to be going someplace where people could help me.

In the ER, a blood test quickly revealed slightly elevated cardiac enzymes in my bloodstream, a sure sign of a cardiac event, the nurses explained. The cardiologist on duty told me more detailed tests would be done the next day. A nurse gave me a mild sedative, and I drifted to sleep.

In the morning, the doctor told me he’d ordered a full workup that included a dye-based cardiac catheterization test to show the condition of my arteries.



“The damage to your heart is irreversible but not noticeable,” Henry’s cardiologist told her.

HAIR AND MAKEUP BY MARGRET AVERY

DRUGS THAT CAN HURT THE HEART

In addition to the migraine medication that contributed to Paige Henry's heart attack, these drugs may also raise risk.

AMPHETAMINE-BASED STIMULANTS

USED FOR: ADD/ADHD, narcolepsy, and sometimes obesity
RISK: These drugs trigger a release of norepinephrine that can initiate a blood pressure spike or abnormal blood-vessel constriction, both of which can increase heart attack risk.

PSEUDOEPHEDRINE

USED FOR: Colds and allergies
RISK: Because it treats nasal congestion by constricting blood vessels, this drug can raise blood pressure and the risk of a heart attack.

STEROIDS

USED FOR: Anemia, post-illness weight loss, some forms of breast cancer (anabolic steroids), lupus and rheumatoid arthritis (corticosteroids)
RISK: Steroids have been associated with increased levels of LDL ("bad") cholesterol leading to plaque buildup—which can cause a blood clot and in turn a heart attack.
 —Erica Sloan

I would have to fast until it took place at 6 PM. "But I haven't eaten since lunchtime yesterday!" I protested. "If I can't eat until tonight, I'll get a migraine."

That piqued the doctor's interest. "When was the last time you took your migraine medication?" he asked. It had been a few days earlier, when a headache had caused me to retreat to my bedroom until the drug kicked in. The doctor noted it on my chart.

Later, the cardiologist reviewed my test results with me and gave me my diagnosis: coronary artery spasm, which had led to a mild heart attack.

"You don't have the typical risk factors," the cardiologist told me. "But

you did take a migraine pill less than 48 hours beforehand. And heart attack is a rare, but known, side effect of that medication." He explained that Imitrex works by regulating spasms in the brain's blood vessels that cause headaches. "But the medication can affect the coronary arteries, too." Why me? "Some people get bitten by sharks; some people get hit by lightning," he said. "It's extremely rare, but you're the one." In other words, there was no explanation.

I was stunned. How many medications had I taken in my life without reading the tiny print on the pharmacy leaflet warning of possible side effects? The good news was that my heart attack had caused only minimal damage to my heart muscle, and I didn't have heart disease. The doctor said I could resume all my usual activities.

I could return to my family, my job, my regular workouts. Everything would go back to the way it was. Except it couldn't. I found out I'd have to take daily medication to reduce the chance of a recurrence: cholesterol-lowering and blood-thinning drugs for 6 to 12 months and blood pressure medication and baby aspirin for the rest of my life. And, of course, I couldn't continue to take the same migraine medication but had to switch to an older drug that I disliked. There were whole families of medications I'd have to stay away from because they could affect my heart (see sidebar at left).

My life changed in other ways, too. The first time I went back to my exercise class, I was terrified. And for a little while, whenever I got winded during the warm-up, I worried that I was having another heart attack.

I know I'll never ignore my symptoms again. When I got home from the hospital, I researched heart disease and was shocked to find out that it's the leading cause of death in women. I'd always had cancer on my radar, but heart disease seemed as likely as getting beamed

up by aliens. Now, months later, as I shake my pills onto the countertop, I'm grateful for my hard-earned wisdom. I know how important it is to read about drugs and become familiar with their possible side effects. Knowledge is power. And I realize how lucky I am.

Though the episode was difficult, I've made a full recovery, and the chance of recurrence is low. I've had to give up some of the control I'd always tried to impose on my life, and that's OK. This heart attack was something I couldn't control, and recognizing that has made me more mellow. I approach life differently now and don't let things get under my skin. A coworker says the hospital must have done me good because I'm always smiling now. And she's right. **P**

WHERE HAS A JOURNEY TAKEN YOU?

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FEBRUARY IS AMERICAN HEART MONTH. SEE P. 38 FOR TIPS ON TAKING CARE OF YOUR HEART.



"Pain is not something to be pushed aside," Henry says.