

Welcome to our Sixth North Devon Defib Newsletter.

The newsletter aims to provide support and information about how an ICD works and give advice enabling you to lead a full and active life.

In this issue:

- ◇ Next ICD support group meeting: 27th April 2017 (see overleaf for details)
- ◇ Medicine Cabinet: Diuretics (also known as water pills)
- ◇ Types of heart conditions requiring treatment with an ICD.

ICD Patient Support Group: Thank you to everyone who attended the last meeting in December. Dr Gibbs gave an interesting talk on types of heart conditions requiring treatment with an ICD. As always the meeting was well attended and feedback confirms how valuable the advice and support from each other is.

Medicine Cabinet: Focus on Diuretics (also known as water pills)



Why have I been given a diuretic?

Either because you're suffering from high blood pressure or because your body is retaining too much fluid. Diuretics are particularly useful in treating heart failure. They act on the kidneys and encourage them to release water in the form of urine. As urine contains salt as well as water, diuretics also increase the body's salt excretion – consisting of sodium, potassium and magnesium. This loss of fluid is generally a good thing, but the loss of salts can occasionally cause side effects, such as muscle cramps.

What are the different types of diuretic?

There are three main types of diuretic: loop diuretics, thiazide diuretics and potassium-sparing diuretics. Each works by affecting a different part of the kidneys.

Loop diuretics are commonly given for fluid retention, particularly in the lungs. They are very fast acting and can cause quite a lot of fluid loss. This can mean frequent visits to the toilet. Common loop diuretics are furosemide and bumetanide.

Thiazide diuretics act within one to two hours of taking them and the effects can last for up to 24 hours. They are mainly prescribed at a low dose to help with high blood pressure. Commonly prescribed thiazides include bendroflumethiazide and indapamide. People may find that the effects of thiazide are milder than loop diuretics and water loss is less dramatic.

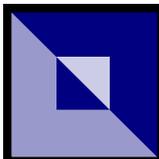
Potassium-sparing diuretics are a weaker type of diuretic and increase the output of water, but prevent too much potassium being lost at the same time. This helps to maintain the balance of salts within the blood. A common potassium-sparing diuretic is spironolactone. Doctors usually prescribe potassium-sparing diuretics to treat the build-up of water in the body when it is associated with heart failure. If you have heart failure, you may be prescribed one of these and a loop diuretic.

What are the most common side-effects?

Loop diuretics are powerful and can cause you to lose too much fluid. This may cause dizziness when you stand up (postural hypotension). Taking thiazide or loop diuretics can cause a build-up of uric acid in the bloodstream that can then go into the joints and trigger gout.



It's important not to have too much salt in your food because this works directly against the effect of the diuretic.



Who Needs an Implantable Cardioverter Defibrillator?

Implantable Cardioverter Defibrillators (ICDs) are recommended if you're at risk for certain types of arrhythmia.

ICDs are used to treat life-threatening ventricular arrhythmias, such as those that cause the ventricles to beat too fast or quiver. You may be considered at high risk for a ventricular arrhythmia if you:

- ◆ Have had a ventricular arrhythmia before
- ◆ Have had a heart attack that has damaged your heart's electrical system
- ◆ Have survived sudden cardiac arrest (SCA)

They also may recommend them for people who have certain heart conditions that put them at high risk for Sudden Cardiac Arrest (SCA). For example, some people who have long QT syndrome, Brugada syndrome, or congenital heart disease may benefit from an ICD, even if they've never had ventricular arrhythmias before.

Some people who have heart failure may need a CRT-D device. This device combines a type of pacemaker called a cardiac resynchronization therapy (CRT) device with a defibrillator. CRT-D devices help both ventricles work together. This allows them to do a better job of pumping blood out of the heart.

HEART RHYTHM CONGRESS 2017

Patient Day

Sunday 1st October 2017

For more information contact:

info@heartrhythmcharity.org.uk

North Devon Defib Support Group

Healthy Living Workshop

Know your numbers

Blood pressure measurement and learn how to check your own pulse

Pick up advice from the experts

Diet, Activity & Travel.

Helping others in need

CPR & Public Access Defibrillator (PAD) demonstration

Date & Time: 27th April 2017 10:30—12:00

Venue: Barnstaple Rugby Club, Pottington Road, Barnstaple EX31 1JH

Please let us know if you are able to attend by contacting:

Sarah Bryant or Angie Tithecott Tel: 01271 311633

Useful links:

British Heart Foundation Tel: 020 7935 0185 - Website: www.bhf.org.uk

Arrhythmia Alliance Tel: 01789 450 787 - Website: <http://heartrhythmcharity.org.uk>

Arrhythmia Service

Sarah Bryant
01271 311633

Heart Failure Service

Angie Tithecott, Rebecca Nicholls
& Poppy Brooks

Cardiologist Secretaries

Dr Tim Roberts 01271 322418
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