

Portable defibrillators provide quick heart attack assistance

BY LAURAN NEERGAARD
AP MEDICAL WRITER

WASHINGTON (AP) — You can be walking around normally and in the next instance, your heart suddenly stops beating. It takes a mere five seconds to lose consciousness.

In 20 seconds, your brain shows it's losing oxygen — your eyes roll back and your arms and legs twitch. In 10 minutes, you'll be dead.

This is sudden cardiac arrest, and there's only one save: A defibrillator, a device that shocks the heart into beating again. Every minute spent waiting for one lowers the chance of survival by 10 percent.

Portable defibrillators in airplanes, shopping malls and casinos have saved lives. Now some doctors, survivors and defibrillator makers say it's time for the easy-to-use machines to move into many homes, alongside such common safety devices as smoke alarms and fire extinguishers.

Other doctors argue that putting defibrillators in so many untrained hands could be risky. They envision a distraught spouse spending precious min-

utes hunting for the defibrillator instead of dialing 911 — only to discover the machine's battery is dead.

Dr. Arthur Kellerman of Emory University worries that owning a defibrillator might cause people to ignore less glamorous but proven heart protection:

"Why give up my cheeseburger? I've got old sparky under the couch."

The Dallas-based American Heart Association says there is no scientific evidence to tell whether at-home defibrillators are helpful or not — the topic hasn't been studied.

Yet already dozens of people — who can afford the \$3,500 price tag — have gotten doctors to write them prescriptions for the devices.

"I have one in my home and my car, as a personal safety thing," says Dr. Gust Bardy of the University of Washington. "Speed is of the essence."

Bardy's research suggests 11-year-olds can quickly learn to operate the machines.

Hoping to widen the market, manufacturer Philips Medical Systems plans to seek Food and

Paramedics have long carried defibrillators. Backed by studies, such as one that found defibrillators on board American Airlines saved six of 15 cardiac-arrest victims, they're increasingly found in police cars, office buildings, airports, casinos and shopping malls.

Drug Administration approval this spring of a defibrillator specifically designed for at-home use. The device, slightly smaller than those available now, would sell for about \$2,300.

Manufacturers are asking what the FDA would require to sell defibrillators in drugstores without a doctor's prescription.

Every year, about 220,000 Americans collapse and die of cardiac arrest. This is not a heart attack, it's worse. Without warning, the electrical signals that pump the heart go haywire and heartbeat stops. CPR buys crucial time by getting oxygen to the victim's brain while help is summoned. But only a defibrillator can restart the heart.

It requires no special medical expertise, and step-by-step instructions are provided. The machine isn't supposed to shock

if it detects a heartbeat.

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The home is the next frontier. Proponents say that's where most cardiac arrests happen.

Studies of laymen's use of

defibrillators in public buildings are mixed on whether they increase survival rates significantly more than performing CPR until paramedics arrive.

The National Institutes of Health has begun a major study in 1,000 apartment buildings, health clubs, skyscrapers and other buildings. It doesn't address at-home use specifically — study participants are unlikely to be treated by a loved one — but it should shed some light on ways to ensure defibrillators are used effectively.

More than one person must know where it is and how to use it, says Dr. Marcel Salive of NIH's National Heart, Lung and Blood Institute. Someone must perform regular battery checks.

That sounds simple, but 16 million homes have smoke

alarms with dead batteries. Defibrillator proponent Dr. Lance Becker of the University of Chicago admits he doesn't know where his fire extinguisher is.

What's a consumer to think? Even Becker doesn't think everyone needs a defibrillator yet. But some heart conditions are treated by implanting a defibrillator into the chest — and people too old or ill to undergo that surgery should own a portable defibrillator if they live with someone who could use it on them, he says.

Kellerman calls that reasonable. But he advises anyone else to get a checkup, join a health club and make a donation to the local paramedics.

"You'll do more for your health and your community."

Camp Discover needs a few good campers, volunteers

The Epilepsy Foundation of Michigan is looking for children and teens with epilepsy who want to attend summer camp. Registration is underway for the Camp Discovery Program until May 1. The Epilepsy Foundation, in collaboration with YXCA Camp Store and the Fowler Center, provides children with epilepsy an opportunity to enjoy a safe summer camping experience.

Camp Discovery helps integrate children with epilepsy into regular camp activities. Epilepsy education and awareness is incorporated into the camping experience with fun, interactive games and activities. An adult volunteer from the foundation lives at the camp for the week. The volunteer facilitates sessions, which include self-esteem building and discussions about having seizures. The volunteer also checks daily to ensure that each camper is taking his or her medication.

Camp Discovery is scheduled July 28-Aug. 3 (grades 3-7) and July 28-Aug. 9 (grades 8-10). Camp Discovery at the Fowler Center in Mayville is scheduled Aug. 11-16. The Fowler Center is specifically designed for children with developmental disabilities and special needs. Both camps have staff trained by the foundation in seizure recognition and

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first-aid.

Volunteers

Currently, volunteers are needed for training as counselors and Epilepsy Foundation liaisons for the camps. Volunteers must be 18 or over, preferably an adults with epilepsy. They must be willing to spend seven days (youth) or 12 days (teen) at camp. Volunteers must provide extra support to camp participants when needed, facilitate special activities one hour

each day (the foundation will organize the activities), do daily medication checks. They also must participate in camp activities with the youth.

Upon completion of the camp, volunteers provide an evaluation and assist kids in filling out evaluations. Volunteers also take pictures of campers and activities.

To register or for more information, contact Robin Brumlow at (800) 377-6226, ext. 231.

Arthritis Today

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TWO FOR ONE

If you suffer from advanced osteoarthritis of the knee, possibly you have both knees involved. The reason could be that the injury that set the arthritis in motion was either an accident or sports related. For example, football injuries over time, could involve both the right and left leg. Or, you could be unlucky and have just the genetic makeup that made your knees susceptible to wear and tear. In that case, both knees, subject to the same stress, would wear out at the same time.

If you have two bad knees at once, and need a knee implant, the modern way to treat is to replace both knees at the same time. One orthopedist and assistant operate on the right knee, while another surgeon and assistant, do the same on the left knee. This approach provides several advantages.

First, you are under anesthesia only once and for as long a period as you would be if you had only one knee replaced. You have two operations but undergo only the risk that comes with one.

Second, your subsequent rehabilitation is shorter. If you were on the highway with two flat tires, and the mechanic only fixed one, you still couldn't move your car. The same is true with replacement knees. If you need two and only get one, you still won't move properly.

Experience has born out these assumptions. The medical literature shows that individuals with 2 replacements at once, have hospital stays as short as and no more complicated than, individuals receiving one transplant. Furthermore, marked savings occur, because there is no second inpatient payment.

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Federal benefit extension assistance available

Help is just a toll-free telephone call away for long-term jobless workers in the state who believe they may qualify for recently authorized federal unemployment benefits.

On March 25, the Michigan Unemployment Agency's Temporary Extended Unemployment Compensation (TEUC) unit opened its toll-free telephone number to answer questions about the federal extension.

Call (866)241-0152 weekdays 8:30 a.m. to 4:30 p.m.

TEUC applications are available at local Michigan Unemployment Agency offices around the state and through the agency's Web site, www.michigan.gov/ua. Those who are currently exhausting their state unemployment benefits will automatically be mailed an application approximately one week after their last state unemployment check.

Individuals will generally qualify for the federal benefits if they are unemployed and have exhausted their state unemployment benefits after March 10, 2001. The week ending Saturday, March 16, 2002, was the first week of unemployment for which TEUC benefits were payable.

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