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Shin said. “Some patients can recover their heart muscle function, but in some it can be fatal.”

Pericarditis (the inflammation of the lining outside the heart) and pericardial effusion (the abnormal build-up of excess fluid between the lining of the heart and the heart itself) are other risks the flu poses, Shin noted. Promptly draining fluid that has accumulated during pericardial effusion is essential to prevent cardiac tamponade, a severe compression of the heart that can be life-threatening.

“In less severe cases, myocarditis or pericarditis can mimic a heart attack with chest pain, shortness of breath and arrhythmias. This can require a long hospital stay for IV medications and monitoring,” Shin added.

According to the CDC, influenza



activity often begins to increase in October and November, usually peaks between December and February and can last as late as May.

That means it isn't too late to get the flu vaccine. In fact, the CDC recommends ongoing flu vaccination as long as influenza viruses are circulating, even into January or later.

“Because the flu can be lethal in people with preexisting heart disease due to the additional stress your heart is under when you are ill,” Pe-

terman said, “vaccination is strongly recommended for people with heart disease.”

Shin, who gets an annual flu shot herself, agreed.

“Unless you can find a good reason not to get it — and fear of needles should not be a good reason! — everyone should be vaccinated,” Shin stressed. “It doesn't mean we will prevent every single case of the flu, but it certainly decreases the chances considerably in our favor.” 



Now hear this

The link between loud noises, heart disease

By Ed Avis

Do you work in a loud place, such as a factory or construction site?

That constant noise may be doing more than damaging your hearing — it could lead to coronary problems down the road.

“We found that exposure to loud noise is a risk factor in heart disease,” said Dr. Wen Qi Gan, a senior scientist at the British Columbia Center for Disease Control. “And the longer the exposure, the greater

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the risk.”

Gan led a study at the University of Kentucky College of Public Health that considered the association of exposure to loud noise and the presence of coronary heart disease.

The study, published in 2015 in the journal *Occupational & Environmental Medicine*, included 5,223 people who had participated in audiometry examinations in the National Health and Nutrition Examination Survey from 1999 to 2004.

The key finding in Gan’s study was that people with high-frequency hearing loss in both ears, which is an indicator of prolonged noise exposure, had reported coronary heart disease at about twice the rate of people with normal hearing. And the risk was four times as high for people who were currently employed in jobs in noisy environments.

No association to heart problems was found for low-frequency hearing loss or high-frequency hearing loss in just one ear.

Why does this association exist? The research did not identify that, but Gan speculates the irritation of constant loud noise causes stress, which in turn can set off a chain of physiological responses that contribute to heart disease.

“We’re not really clear about the mechanism, but we already know that psychological stress is a well-established risk factor for heart disease,” Gan said. “And we know exposure to loud noise in the workplace or even at home can cause problems, such as sleep disturbance, so it may serve as an external stressor.”

Gan’s study suggests that wearing hearing protection in a noisy environment may be more important



than previously thought.

“There’s never harm in wearing hearing protection,” said Dr. Jacqueline Moline, chair of the Department of Occupational Medicine, Epidemiology and Prevention at Northwell Health in New York, who also participated in the study. “It will protect your hearing, and if it lessens your risk of heart disease, too, why not do it?”

Gan said that while personal hearing protection can play a role in reducing the risk, limiting the production of noise in the first place is also important.

“Engineering control to reduce the noise in the environment is very important,” Gan said.

What if you’ve already been exposed to constant loud noises for a long time? First, limit your other risk factors, such as smoking, because the association between heart problems and noise was stronger among smokers. And if you notice hearing loss, tell your doctor.

“I would say if you’re under 40 and have evidence of hearing loss, it may be worthwhile to have the doctor

check out your heart,” Moline said.

However, don’t be surprised if your doctor doesn’t make the connection between your hearing loss and heart problems. Cardiologists don’t normally ask if a patient is exposed to occupational noise, said Dr. Allen Taylor, chief of cardiology at Med-Star Heart & Vascular Institute in Washington.

“I spend a lot of time working on associations between heart disease and various risk factors, and I would put noise exposure in the category of nontraditional risk factors,” said Allen, who was not involved in the study. “This is not a typical occupational exposure that physicians pay much attention to.”

Allen explained that traditional heart health risk factors, such as smoking and family history, only explain about one-third to one-half of heart disease cases, so Gan’s study about noise and heart health may fill in some blanks.

“I think there’s more research needed,” Allen said. “But this study goes to building a fuller understanding of heart disease risk.” 