Greetings,

Albany Med is a regional leader in innovative and comprehensive heart care and we are committed to the heart health of your patients. Beginning this month, which coincides with American Heart Month, we will periodically share information with you regarding the latest news, advancements, and innovative heart care treatments Albany Med has to offer.

With Albany Med’s recent affiliations with Columbia Memorial Health and Saratoga Hospital, I am proud to say that residents in Columbia, Greene and Saratoga counties now have improved access to life-saving heart care.

Heart care services at Columbia Memorial Health are now seamlessly coordinated with Albany Med’s cardiologists, as Columbia Memorial’s heart practitioners joined Albany Med’s network of specialists and subspecialists.

Additionally, those living in Saratoga county and surrounding areas, now have 24/7 access to emergency cardiac interventions for heart attacks with the creation of a new Interventional Cardiology Program at Saratoga Hospital.

In this communication, we focus on the burden and challenges of atrial fibrillation—a common cardiac arrhythmia disorder, affecting up to 7% of the adult population. Albany Med and its integrated health system provides unrivaled expertise and easy access to the most advanced cardiac electrophysiology treatments and procedures for these patients.

I hope you find this information helpful as you seek out the best cardiac care for your patients.

Best Regards,

Edward F. Philbin, MD, FACC, FAHA
Professor of Medicine
Albany Med Chief of Cardiology
Cardiac Case Study: Jamie Purinton
No More AFib Blues for Local Singer

Jamie knew something wasn’t quite right for a long time, but it wasn’t until she collapsed at a local Bluegrass festival that she was diagnosed with atrial fibrillation (AFib). A landscape architect by day and a singer and guitar player by night, Jamie was an active woman. But slowly and relentlessly, the AFib stole the joy from her life.

“Just the normal stress of a performance with my band would put me into 20 hours of AFib,” said Jamie. Her work life suffered, too. “By the end of a normal work day, I’d just be wrecked,” she said.

Today, thanks to the care of the integrated cardiology team and an expert ablation procedure performed by Dr. David Steckman, Jamie is back pursuing both of her passions. A resident of eastern Columbia County, Jamie was able to access all of her diagnostic and follow up care locally at Columbia Memorial Hospital’s Hudson campus. In fact, Jamie had to make only one trip to Albany for her arrhythmia ablation procedure.

“I was really glad to get so much of my care so close to home,” she said. “It really helped.”

“Jamie’s experience is a perfect case study of how our affiliation benefits the communities we serve as an integrated health system,” said Dr. Edward Philbin, Albany Med chief of cardiology and medical director for cardiac services at the Columbia Memorial Hospital Hudson campus. “The cumulative expertise of our full cardiology team is unrivaled, and the care we offer is delivered through an incredibly broad network of community-based locations. That’s very important. Providing great care means offering both expertise and access. We’ve created a care model that achieves both of those critical goals.”

Today, thanks to the care of the integrated cardiology team, Jamie is back pursuing both of her passions. “I feel so much better,” she said enthusiastically. “I now have no AFib at all. It was a total life changer!”
The Burden of Atrial Fibrillation: Its Challenges and Therapeutic Advances to Manage It

Atrial fibrillation (Afib) is a common cardiac arrhythmia disorder, affecting up to 7% of the adult population. In some cases, it is associated with structural heart abnormalities such as valve disease or cardiomyopathy, whereas in other cases it can occur when the heart appears anatomically and structurally normal. A patient with Afib may have rare episodes or intermittent episodes, whereas many patients have more persistent or even permanent AFib. Some patients tolerate Afib fairly well, but many experience palpitations, chest pain, fatigue and breathlessness. Long term, poorly-controlled Afib can lead to diminished systolic function of the left ventricle and outright congestive heart failure. The most feared complication of Afib is stroke. Patients with Afib have six times the stroke risk of those without Afib.

The CHA2DS2-VASc score is used to predict the risk of stroke among patients with Afib. Whereas those patients with the lowest scores (lowest risk) do not require anticoagulation, all others should receive warfarin or a novel anticoagulant drug, unless contraindicated. To address the consequences of tachycardia so commonly associated with untreated Afib, clinicians choose either a strategy of “rate control” or “rhythm control.” “Rate control” involves maneuvers to control the ventricular rate without any intent to convert the patient back to normal sinus rhythm. “Rate control” focuses most often on the use of medications such as ß-adrenergic blockers or calcium channel blockers, though rarely, ablation of the atrioventricular node and implantation of a ventricular pacemaker may be required for success.

“Rhythm control” is designed to reduce the amount of time a patient spends in Afib. The highest level of success with “rhythm control” is achieved when patients experience no Afib whatsoever. For decades, “rhythm control” relied on the use of anti-arrhythmia medications such as amiodarone and sotolol. With technical advances and accumulating evidence from randomized clinical trials, ablation techniques have moved to the forefront when “rhythm control” is desired. Simply stated, ablation offers control of symptomatic Afib that is superior to that offered by medications.

The current indication for Afib ablation includes anyone with symptomatic atrial fibrillation or diminishing heart function felt to be related to Afib.

The primary objective of an Afib ablation is to electrically isolate the four pulmonary veins from the left atrium so that an extra beat from the vein can no longer trigger Afib. This can be achieved with radiofrequency heat energy or cryoablation cold technology both of which are offered at Albany Med. In general, -75% of patients with paroxysmal Afib will benefit from a one-time ablation. A small number of patients may require a second procedure with even better outcomes.
Albany Med Utilizes State-of-the-Art Electrophysiology Laboratories

Albany Med’s electrophysiology laboratories, located in Albany, are the best-equipped and most-staffed facilities in the region. There are three laboratories dedicated exclusively to the performance of arrhythmia-related electrophysiology (EP) procedures. The professional staff in these labs consist of 16 highly-trained nurses and technicians who are devoted to their work. These staff, together with the experienced, board-certified clinical cardiac electrophysiologists of Albany Med, perform a complete array of complex arrhythmia procedures including: pacemaker and ICD implantation; ablation of Afib and other supraventricular arrhythmias; ablation of ventricular arrhythmias; ablation of accessory pathways (e.g., Wolff-Parkinson-White Syndrome); and pacemaker and ICD lead extractions.

All labs are outfitted with state-of-the-art technology, including multiple cardiac mapping/imaging technologies. These newer imaging modalities allow complex ablation procedures to be safely performed while reducing or eliminating exposure to ionizing radiation. For cardiac ablation procedures, both radiofrequency and cryoablation capabilities are present. Extractions of pacemaker and ICD leads can be complex processes but can be easily facilitated using state-of-the-art equipment, including laser extraction technology.

The success and safety rates for procedures done in Albany Med’s EP laboratories meet or surpass all national standards. Additionally, with the use of newer imaging modalities, the Albany Med EP team has reduced the exposure of patients (and staff) to ionizing radiation by 50%.

Physician Focus

David Steckman, MD, FHRS is a graduate of New York University. He trained in cardiovascular diseases and clinical cardiac electrophysiology at the University of Colorado. Dr. Steckman joined the Albany Medical College as an assistant professor of medicine in 2014.

Dr. Steckman is highly trained and deeply experienced in the performance of numerous advanced cardiac electrophysiology procedures. His skills include device implantation and ablation of both ventricular and supraventricular arrhythmias, including Afib. Dr. Steckman has numerous research and scholarly interests, including complex arrhythmias and cardiac sarcoidosis. He is also devoted to the teaching of cardiac electrophysiology to the medical students, residents and cardiology fellows at Albany Med. Out of the hospital, he’s an avid tennis player and enjoys local hiking and biking with his family.

Dr. Steckman sees outpatients for clinical consultation at Albany Med's main campus in Albany and in Latham. Call (518) 262-5076 for an appointment at the Albany or Latham location. Dr. Steckman also sees outpatients in the Medical Office Building at the Columbia Memorial Hospital campus in Hudson. Please call (518) 828-2565 (option 6) for an appointment at this location in Hudson.

Dr. Steckman’s Research:

• Principal Site Investigator of PREEMPT Trial, looking into using implantable defibrillator recorded data to predict heart failure exacerbations.

• Principal Site Investigator VISITAG-SURPOINT trial looking at a novel approach to creating ablation lesions during atrial fibrillation ablation.

• Principal Site Investigator for the Cardiac Sarcoidosis Consortium Registry.