MED-Text 1

QUESTION

clause	INSTANTIATION	APPRAISER	AFFECT	JUDGEMENT	APPRECIATION	ENGAGEMENT	GRADUATION	APPRAISED
M1.Q1.	I am a 26 year old female	I					Force:Time	heart beats
	experiencing abnormal heart beats.				Composition: Abnormality			
M1.Q2.	When an episode occurs, I feel a heavy and sudden beat and a feeling as if I had been frightened or had missed a step on a stair.	I	Irrealis: - Disinclination: Fear					episode (abnormal heart beat)
M1.Q3	The occurrences were random,	I			Composition: Irregularity			occurrences
	often in the afternoon					Mood Adjunct: Usuality Objective	Force: Median	
	but					Concessive		
	concentrated within a period of two or three hours.						Force:Time	
M1.Q4	At the worst time,	I			- Valuation		Force: Intensifier	irregular beats
	I could count					Modalisation: Ability Subjective	Force:Low	

clause	INSTANTIATION	APPRAISER	AFFECT	JUDGEMENT	APPRECIATION	ENGAGEMENT	GRADUATION	APPRAISED
	60 irregular beats				t, - Valuation		Force:Quantity	
	in 7 minutes,						Force:Quantity	
	often					Mood Adjunct: Usuality Objective	Force: Median	
	2 closely together between several regular beats.						Force:Quantity Force:Space, Quantity	
M1.Q5	I could also feel from my pulse that the interval between the irregular beat and the previous regular beat				t, Reaction: - Quality	Modalisation: Ability Subjective	Force:Low	the interval
	was shorter than the normal interval between two regular beats				- Valuation		Force:Manner of degree	
M1.Q6.	This condition first occurred when I was 24	I			- Valuation		Force:Time	this condition
M1.Q7.	I was under lots of pressure with a job and planning my wedding	I	Realis: Dissatisfaction: Displeasure				Force:Quantity	pressure
M1.Q8.	My doctor told me	my doctor				Attributed projection		It
	it was nothing						Focus:Sharpen	

clause	INSTANTIATION	APPRAISER	AFFECT	JUDGEMENT	APPRECIATION	ENGAGEMENT	GRADUATION	APPRAISED
	to worry about	I	Irrealis: Disinclination: Fear					
	since I had the EKG and several blood test including thyroid tests	I					Force:Quantity	
	and all results were normal	I			t, + Valuation		Focus:Sharpen	
M1.Q9.	The condition eventually went away	I			+ Valuation		Force:Manner of degree	the condition
	after about 3 months and for the past 2 years	I					Focus:Soften	
	I only experienced	I				Continuative		
	maybe	I				Mood Adjunct: Probability Objective	Force:Low	
	less than ten very minor occurrences	I			+ Valuation		Force:Intensifier	
M1.Q10.	But					Concessive		it
	it came back very seriously	I			- Reaction: Impact		Force:Intensifier Force:Manner of degree	
	this time,	I			t, + Valuation			

clause	INSTANTIATION	APPRAISER	AFFECT	JUDGEMENT	APPRECIATION	ENGAGEMENT	GRADUATION	APPRAISED
	more severe in terms of frequency	I			- Valuation		Force:Manner of degree	
	for about three continues day (all in the afternoon)	I					Focus: Soften	
	and became less severe (but not absent) after the three day period	I			- Valuation		Force:Manner of degree	
M1.Q11.	I don't smoke, don't drink coffee and alcohol.	I		t, + Propriety, good habit				don't smoke, don't drink coffee and alcohol (to avoid unhealthy habits)
M1.Q12.	I do drink tea and coke.	I		t, + Normality				tea and coke
M1.Q13.	The only causes	I					Focus:Sharpen	causes
	I can think of are	I				Modalisation: Ability Subjective	Force:Low	
	stress and lack of sleep.	I	t, Realis: Unhappinnes: Misery					
	I have several questions	I			Not evaluative			benign
	1). Is my condition still considered 'benign' ?	I			t, + Valuation, Technicality	Continuative		

clause	INSTANTIATION	APPRAISER	AFFECT	JUDGEMENT	APPRECIATION	ENGAGEMENT	GRADUATION	APPRAISED
	2). What can I expect in the future?	I			Not evaluative			
	Will this occur more and more often and more and more severely?	I			- Valuation	Modalisation: Probability Subjective	Force:Median Force:Manner of degree	this
	3). Even if this is still benign,	I				Concessive Continuative		this
	will this lead to	I				Modalisation: Probability Subjective	Force:Median	
	any other kind of more serious conditions?	I			- Valuation		Force: Manner of degree	
	4). Can I just ignore it,	I		t, + Tenacity		Modulation: Ability Concesive Subjective	Force: Low	I
	or should					Modulation: Obligation Subjective	Force:Median	
	I do something to try to prevent this from happening again?	I		t, + Capacity				
	Should I excercise?	I			t, + Valuation	Modulation: Obligation Subjective	Force:Median	I

clause	INSTANTIATION	APPRAISER	AFFECT	JUDGEMENT	APPRECIATION	ENGAGEMENT	GRADUATION	APPRAISED
M1.Q15.	This is very frustrating and frightening emotionally if not physically especially	I	Irrealis: Disinclination: Fear				Force:Intensifier	this
	since I am still very young	I				Continuative	Force:Intensifier	
M1.Q16.	Please give me some guidance				Not evaluative			

ANSWER

clause	INSTANTIATION	APPRAISER	AFFECT	JUDGEMENT	APPRECIATION	ENGAGEMENT	GRADUATION	APPRAISED
M1.A1.	The description of your condition would	Doctor (support giver)				Modalisation: Probability Subjective	Force:Median	PVC
	be consistent with premature ventricular beats (PVC'S)				t, Appreciation: Balanced, Technicality			
M1.A2.	These beats occur in many healthy individuals	Doctor			t, + Valuation		Force:Quantity	these beats
	and often	Doctor				Mood Adjunct:Usuality Objective	Force:Median	symptoms
	no symptoms are experienced				- Valuation		Focus:Sharpen	

clause	INSTANTIATION	APPRAISER	AFFECT	JUDGEMENT	APPRECIATION	ENGAGEMENT	GRADUATION	APPRAISED
M1.A3.	Some individuals,	Doctor					Force:Quantity	some individuals
	however, are very sensitive	Doctor		- Capacity		Concessive	Force:Intensifier	
	and experience every single ectopic beat	Doctor			t, Reaction: - Quality		Focus:Sharpen	
M1.A4.	Most young individuals with PVC'S have no underlying heart disease.				Not evaluative			
M1.A5.	To investigate your problem, your doctor will probably want to do several tests	Doctor			t, + Valuation: Useful.	Modalisation: Probability Objective	Force:Median Force:Quantity	tests
M1.A6.	A Holter monitor or event monitor will allow your rhythm disturbance to be documented on an EKG	Doctor			t, + Valuation, Technicality	Modalisation: Usuality Subjective	Force:Median	Holter monitor
M1.A7.	An echocardiogram will help to discover structural heart disease	Doctor			t, + Valuation, Technicality	Modalisation: Usuality Subjective	Force:Median	echocardiogram

clause	INSTANTIATION	APPRAISER	AFFECT	JUDGEMENT	APPRECIATION	ENGAGEMENT	GRADUATION	APPRAISED
M1.A8.	You might have a common problem such as mitral valve prolapse;	Doctor			+ Valuation Technicality	Modalisation: Probability Subjective	Force:Low	common problem
	however PVC'S	Doctor				Concessive		
	may be a marker for a rare condition such as cardiomyopathy.				t, - Valuation, Technicality	Modalisation: Probability Subjective	Force:Low	
M1.A9.	A stress test will be useful to investigate the possibility of coronary heart disease	Doctor			t, + Valuation, Technicality	Modalisation: Usuality Subjective	Force:Median	stress test
	and many	Doctor					Force:Quantity	arrhythmias
	arrhythmias will only show up or	Doctor				Modalisation: Usuality Subjective	Force:Median	
	become worse with exercise.	Doctor			- Valuation		Force: Manner of degree	
M1.A10.	Many arrhythmias that are suppressed with exercise are benign.	Doctor			+ Valuation: Significant, Technicality		Force: Quantity	benign

Note:
1) Normal beats is about 70 times per minute by balanced nerve impulses and muscle squeezes, Mosby Medical Dictionary.

MED- Text 1 TECHNICALITY EXPLANATION

Question

Q1 - HEARTBEATS: a) a single complete cycle of contraction and dilation of heart muscle (Hensyl, W.R., 1990:687) b) a complete cycle of contraction and relaxation of the heart. (Mosby, 1997)

Q8, A6 - EKG= Electrocardiogram (Hensyl, W.R. , 1990:493) [electro- + G. *kardia*, heart, + *gramma*, a drawing]. Graphic record of the heart's action currents obtained with the electrocardiograph (an instrument for recording the potential of the electrical currents that traverse the heart and initiate its contraction). ECG = Electrocardiogram (ECG or EKG) is the graphic record of the heart's electrical currents obtained with the electrocardiograph, an instrument designed for recording the electrical currents that traverse the heart and initiate its contraction. (http://spacebio.net/glossary/e.html)
A7 - ECHOCARDIOGRAM = An echocardiogram is an instrument that uses ultrasound (sound waves at extremely high frequencies) to produce images of the heart and major blood vessels non-invasively (without breaking the skin). ((http://spacebio.net/glossary/e.html)

Q8 - BLOOD TEST= a) Any test designed to discover abnormalities in a sample of a person's blood, such as the presence of alcohol, drugs, or bacteria, or to determine the blood group (Martin, 1987:72). b) Any test that determine something about the characteristics or properties of the blood (Anderson, 1994:205)

Q8 - THYROID (FUNCTION) TESTS= Any of several laboratory tests performed to evaluate the function of the thyroid gland. Often function tests include protein bound iodine, butanol extracable iodine, T3, T4, free thyroxine index, thyroxin binding globulin, thyroid stimulating hormone, long-acting thyroid simulator, radiactive iodine uptake, and radioactive iodine excretion (Anderson, 1994:1555).

Q11, A10 - BENIGN= a) Denoting the mild character of ilness or the nonmalignant character of a neoplasm (Hensyl,1990:180). b) Noncancerous and therefore not an immediate threat even though treatment eventually may be required for health or cosmetic reasons (Anderson, 1994:179). Describing a tumour that doesn't invade an destroy the tissue in which it originates or spread to distant sites in the body, i.e. tumour that is not cancerous.

Answer

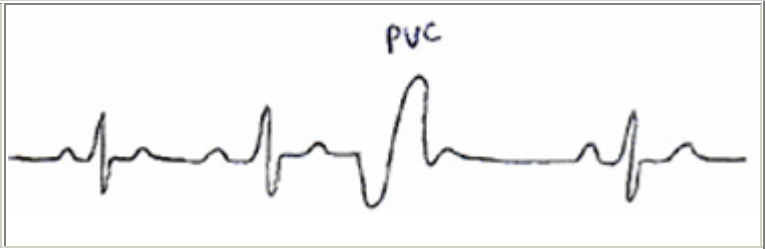
A8 - PREMATURE VENTRICULAR BEATS (PVC's)= What are PVCs?

PVCs are extra electrical impulses arising from one of the cardiac ventricles, usually the left ventricle.

The normal heart rhythm: (Note: Click here for an illustrated explanation of the normal heart rhythm.) Normally, the heart rhythm is controlled by electrical impulses arising in the sinus node portion of the right atrium. These impulses travel across both atria, then enter the ventricles through the AV node and the His bundle. This normal pattern of electrical activation causes the atria to contract first, emptying their blood into the ventricles, and then causes the ventricles to contract. The normal heart rhythm, then, maintains optimal synchrony between atria and ventricles.

A PVC is caused by a spontaneous electrical impulse arising in the ventricle. This impulse occurs earlier than the normal impulse would (hence it is "premature.") Sometimes the presence of PVCs indicates an inherent electrical instability in the heart, and therefore indicates an increased risk of sudden death from its more dangerous cousins, ventricular

tachycardia and ventricular fibrillation. These “dangerous” PVCs are generally limited to patients with significant underlying heart disease. More often, PVCs do not indicate any inherent problem with electrical stability, and are completely benign. We will describe soon how doctors can determine whether or not PVCs are benign.

A PVC is illustrated here. Two normal heart beat complexes are followed by a single premature ventricular complex (PVC). The PVC occurs early, and the heart beat generated by the PVC is therefore relatively "weak." Because after the PVC there is a delay before the next, normal heart beat, that next beat is typically quite strong. The patient will often perceive a pause, followed by a very strong beat. This sensation is often termed a "skipped beat," whereas actually it is an "extra" beat.	

A3 - ECTOPIC BEAT= a) (extrasystole) a heart beat due to an impulse generated somewhere in the heart outside the sinoatrial node. Ectopic beats are generally premature in timing; they are classified as *supraventricular* if they originate in the atria and *ventricular* if they arise from a focus in the ventricles. They may be produced by any heart disease, by nicotine from smoking, or by caffeine from excessive tea or coffee consumption; they are common in normal individuals. The patient may be unaware of their presence or may feel that his heart has ‘missed a beat’. Ectopic beat may suppressed by drugs such as quinidine, propanolol, and lignocaine; avoidance of smoking and reduction in excessive tea or coffee intake may help. b) A heartbeat which had its origin at some place other than sino-atrial node (Anderson, 1994:523)

A6 - HOLTER MONITOR= a device for making prolonged electrocardiograph recording on a portable tape recorder while the patients conduct normal daily activities. The patient also may keep an activity diary for the purpose of comparing daily events with ECG tracing (Anderson, 1994:746).

EVENT MONITOR=CARDIAC EVENT MONITORS What is a cardiac event monitor?

A cardiac event monitor is a small recorder that records your heart activity only when you want it to. When you experience symptoms, you activate the monitor to make a brief recording of your heart’s electrical activity. There are different models of event monitors. They can be worn like a wristwatch, carried in your purse or pocket, or worn like a beeper.

A7 - STRUCTURAL HEART DISEASE=WHAT IS STRUCTURAL HEART DISEASE?
Summary
... the condition must be further described; for example, one must know whether the structural heart disease is due to hypertrophic cardiomyopathy, rheumatic mitral stenosis, recent myocardial infarction, or so forth. If it stands alone, the phrase "structural heart disease" is meaningless. Decisions about which drug(s) should be used in patients with indications for arrhythmia treatment should be based on what is known, and what the physician thinks is the best therapy for the individual patient. Obviously this requires knowledge of the literature, but it also requires clinical judgement.
(http://www.clinicalcardiology.org/briefs/200006briefs/cc23-397.editorsnote.html)

A8 - MITRAL VALVE PROLAPSE= by Ronald Hoffman, M.D. *Conscious Choice, May 1996*
Mitral valve prolapse is a fairly common medical problem that is the focus of some controversy and even confusion among both physicians and those who suffer from it. There is at the same time less to it and more to it than at first appears. Mitral valve prolapse is named for a heart valve and is usually first diagnosed as a faint heart "click" or murmur, though it isn't a

form of "heart disease" in any conventional sense. It's a relatively benign condition, though it is linked to a confusing array of seemingly unrelated symptoms, from shortness of breath to panic attacks. Mitral valve prolapse is generally the most benign of the various types of heart murmurs, and is probably genetic in origin. It is the most common valvular disorder in industrialized nations at the present, since the risk of heart murmurs from rheumatic fever has been reduced. Mitral valve prolapse is thought to affect five percent of the population, or nearly seven million people, though the number of borderline cases may be much higher. (http://www.consciouschoice.com/holisticmd/hmd093.html)

A8 - CARDIOMYOPATHY= a) [cardio- + G. *mys*, muscle, + *pathos*, disease]. Myocardiopathy; disease of the myocardium. As a disease classification, the term is used in several different senses, but is limited by the World Health Organization to: "Primary disease process of heart muscle in absence of a known underlying etiology" (Hensyl, 1990:248). b) Any cronic disorder affecting the muscle of the heart. It may be inherited but can be caused by various conditions, including virus infection, alcoholism beriberi (vitamin B deficiency), and amyloidosis. The cause is unknown. It may result in enlargement of the heart, heart failure, arrhythmias, and embolism. There is often no specific treatment but patient improve following the control of heart failure and arrhythmias (Martin, 1987:92). c) Any disease that affects the structure and function of the heart (Anderson, 1994:266).

A9 - STRESS TEST
Stress test (usually with ECG; also called treadmill or exercise ECG) - a test that is given while a patient walks on a treadmill to monitor the heart during exercise. Breathing and blood pressure rates are also monitored. A stress test may be used to detect coronary artery disease, and/or to determine safe levels of exercise following a heart attack or heart surgery.

A9, 10 - ARRHYTHMIAS= a) [G. *a*-priv. + *rhytmos,* rhythm]. Lost of rhythm; denoting especially an irregularity of the heartbeat (Hensyl, 1990:120). b) Any deviation from the normal rhythm (sinus rhythm) of the heart. The natural pacemaker of the heart (the sinoatrical node), which lies in the wall of the right atrium, controls the rate and rhythm of the whole heart under the influence of the autonomic nervous system. It generates electrical impulses that spread to the atria and ventricles, via specialised conducting tissue, and cause them to contract normally. Arrhytmias result from a disturbance of the generations or conduction of these impulses and may be intermittent or continuous. They include ectopic beats (extrasystoles) ectopic tachycardias, fibrillation, and heart block (which is often associated with slow heart rates). Symptoms include palpitations, breathlessness, and chest pain. In more serious arrhytmias the Stoke-Adams syndrome or cardiac arrest may occur. Arrhytmias may result from most heart disease but they also occur without apparent cause (Martin, 1987:42). c) Any deviation from the normal pattern of the heartbeat. Kind of arrhythmias include atrial fibrillation, atrial flutter, heart block, premature atrial contraction, and sinus arrhythmia (Anderson, 1994:121)