Coronary Heart Disease
is Preventable and Treatable

by H. Robert Superko, M.D.
with Laura Tucker

I am troubled by the fact that women have been left out of the coronary heart disease equation. By now, we know that women must take coronary heart disease just as seriously as men must. This isn’t a man’s disease, and any message that indicates otherwise is not only false, but dangerous. I’d like to take this opportunity to remind you that heart disease, not breast cancer, is the leading killer of American women. So women can’t afford to be any less vigilant than men when it comes to their heart health.

There is a surprising amount you can do to prevent, treat, and even reverse coronary heart disease. Truly incredible results can often be achieved just by making sensible lifestyle changes like quitting smoking and losing weight, with medications added when necessary. In short, once we’ve determined what the most appropriate programs are for your cardiac profile, chances are very good that you can turn this disease around.

It may also surprise you to learn that lifestyle factors aren’t the only things that are under your control. You can also influence many of the inherited factors that affect your risk of coronary heart disease. Yes, you’re stuck with the genes you were born with, and it’s certainly true that many conditions that have a degenerative effect on the arteries, such as elevated triglycerides, insulin resistance, and high blood pressure, are to some extent genetically determined. But you nonetheless have much influence over these conditions. By controlling your weight, getting on diet and exercise programs that have been customized to your cardiac profile, and when necessary, taking medications that take into account your complete metabolic profile, you can dramatically reduce the danger you face.

In fact, our sphere of influence runs even deeper than that. With the right plans in place, you can change your very physiology—the way your body works at a metabolic level. You can turn some of these genes on and off! For example, we can change the particle size of the lipoproteins your body produces, thereby altering a significant danger. And that’s as close as you can come to outsmarting your own genes. How’s that for taking charge of your own cardiac destiny?

In my book Before the Heart Attacks, I give you and your doctor the tools to help you make those changes in the most constructive, efficient, and effective ways possible. So while you may have inherited a predisposition for coronary heart disease along with that antique grandfather clock, your genes don’t necessarily mean that you’ll fall victim to it. The way you live and the treatment you seek directly affect your heart health. It’s that combination of inherited and lifestyle risks that put you in the danger zone. Even if you’re one of the unlucky people who inherited a host of risk factors, you’re not condemned to relentlessly progress coronary heart disease. In most cases, once you know that you’re at risk, the lifestyle and medication choices you make can either delay the onset of the disease indefinitely or slow its progression so that you can still live a heart-healthy life.

There’s only one “but.” In order to make an effective preemptive strike against coronary heart disease, you have to know that you’re at risk, and you need to know precisely what factors are putting you in harm’s way.

That’s why we need a much more advanced system of assessment than the one we’ve been using. A quick family history and a cholesterol test simply won’t tell us what we need to know to put you back in the driver’s seat. We need to determine just how much danger you’re in and how aggressive your counteroffensive must be. And to do that, we need in-depth assessment tools that will detail your metabolic, genetic, and lifestyle picture. We need all of the information contained in what I call the Cardiac Fingerprint. This is why assessing your risk is an essential first step.

All of our customized diets, personalized exercise programs, and powerful medicates are helpless in the face of ignorance. Remember those people in “perfect” health, struck down suddenly by massive heart attacks that no one, not even their doctors, saw coming? In truth, those heart attacks were caused by a simple lack of information. Since
those people didn’t know they were at risk, they weren’t able to avoid themselves of the weapons at their disposal to remedy their problem. Now that we have the diagnostic tools to determine who’s at risk (and precisely how much risk they face), there is simply no excuse for getting blindsided in this way.

By finding out your risk level, you can take charge of your fate. If your Personal Risk Profile (as outlined in my book) indicates even a moderate level of risk, you’ll want to consider also getting more advanced screening tests that will reveal any underlying metabolic imbalances that might signal additional cardiac risk. If your Personal Risk Profile indicates a high or extreme level of risk, you’ll definitely want to proceed with those tests. They might save your life!

Your Cardiac Fingerprint not only indicates where to focus your energies but will also help you to gauge the level of force necessary in your counteroffensive. If the risks are severe, you and your physician know to attack aggressively; if your risk profile is lower, you can afford to take a more long-term approach. In other words, your complete risk profile enables your physician to treat you specifically and personally. It is the cornerstone of this new, individualized, patient-specific branch of medicine.

Let’s look at two examples: the following two patients came in to see me. Richard is a man in his fifties, diabetic, and 30 pounds overweight. He’s in a stressful line of work, he considers the walk from his office to his car “exercise,” and he lost his father and his older brother to heart attacks early in their lives. Jane is a moderately fit, premenopausal woman with no family history of coronary heart disease.

Even if these two people have exactly the same cholesterol numbers, I would treat them differently and recommend very different sorts of interventions.

As far as I’m concerned, Richard is a ticking time bomb. I want to get all the information I can about the specifics of his genetic predisposition toward coronary heart disease. When I have that information, I’m going to go after his disease (or predispose condition, if he’s lucky) aggressively, with medication and conscientious lifestyle changes.

We’re going to treat Jane a little differently. Although we certainly will work to see an improvement in her numbers, we can generally spend more time encouraging her to change her way of life before placing her on medication. By virtue of her gender, her genes, and her lifestyle, she runs a lower risk of experiencing a cardiac event. Risk is relative, which is why treatment must focus on the particular patient, not just on the numbers.

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