

Treat the Roots of Heart Disease, Not Just the Symptoms

By Gregory S. Cohn, M.D.

If someone tried to get rid of dandelions that were growing in their yard by using a lawnmower, they would be unsuccessful. Everyone knows that the roots of this weed must be removed to prevent them from growing back. This situation is analogous to how most Americans view heart disease. We are dazzled by the success of balloon angioplasty and bypass surgery, but few realize that these procedures treat only the symptoms of the disease (atherosclerosis), and are not cures in and of themselves. Angioplasty can target several coronary artery plaques (blockages), but does nothing for those lesions that are not directly squashed by the balloon. Coronary artery bypass grafting (CABG) uses blood vessels to "bypass" an obstruction(s), but does not treat that or any other obstruction. It is therefore readily apparent that the best way to treat heart disease is to prevent plaques from developing in the first place, and not wait until symptoms have already developed.

Unfortunately, the first symptom of heart disease in up to 50% of patients is a heart attack (myocardial infarction or "MI") or sudden death. What may be more astounding is the fact that the vast majority of MI's are caused by plaques that do not significantly impede blood flow, and may be considered "insignificant" at the time of cardiac catheterization (the gold standard test). This fact helps to explain how certain people can have a negative or normal stress test, and soon thereafter suffer an MI; a stress test is designed to show abnormalities that result from blockages which significantly limit blood flow. Growing evidence suggests that a coronary plaque's **stability, not its size**, is a critical factor in determining which lesions rupture, and subsequently result in heart attacks. Inflammation is perhaps the most important factor affecting plaque stability, and the major risk factors for heart disease (high blood pressure, elevated cholesterol levels, diabetes, smoking, overweight/obesity) all increase levels of inflammation.

Lastly, it has now become clear that the atherosclerotic process begins when we are very young. It is thus a cumulative process, and not something that starts when we become adults. Moreover, pediatric experts have shown that overweight/obesity, high blood pressure and cholesterol abnormalities are often present concurrently, and can be tracked from childhood. This does not bode well for the future, considering the epidemic rise in obesity and diabetes being seen in our nation's young people. A family history of premature heart disease, cholesterol disorders, or diabetes in immediate relatives may be important clues to those who are especially at risk.

The old adage that an ounce of prevention is better than a pound of cure was never truer than when referring to heart disease. It is never too late or too early for that matter, to initiate a more heart-healthy lifestyle. A diet low in saturated and trans fats and high in fruits and vegetables, performance of regular exercise, and attempts to maintain normal weight will positively impact the major cardiovascular risk factors and diminish levels of inflammation. It all starts with a thorough evaluation by your physician, where your future risk for cardiovascular disease can be formally assessed, and an appropriate plan of action formulated.

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