

Heart TALK

Heart-healthy and Stroke-free Living with Dr. Amy L. Doneen, DNP, ARNP

Vol 33 Nov 2015



*Thoughts
from
Dr. Amy*

**Dr. Amy Doneen,
DNP, ARNP**

It's a lovely time of year in the Pacific Northwest – the morning air is crisp and the colors of the trees are spectacular. It's my favorite time of year for running.

For this issue, I interviewed a colleague about coconut oil, which seems to be one of the latest 'hot issues'. Claims of improved hydration, healthier cooking, and even weight loss are being marketed to the public. I decided to ask a true expert to share her views. Thank you, Ellen Chow!

The second story exemplifies the vulnerability that we ALL have when it comes to vascular disease. As the number one cause of death in the world, heart disease pays no attention to educational levels, career fields, gender or size. I am grateful to my patient, Dr. Doug Dunning, for his willingness to share his story. Wanting to bring prevention to his patients, he was reading my book, *Beat the Heart Attack Gene*, when he had a heart attack. Little had he expected to become a patient.

To Your Health ~ Dr. Amy

Is Coconut Oil Heart-Healthy?

Coconut oil has become a popular trend, showing up in everything from skin products to stir-fried vegetables. But does it actually offer any special health benefits? The following article shares insights from Ellen Chow, a medical liaison and dietician specializing in cardiometabolic health.

Proponents of coconut oil contend that its high smoke point in cooking makes it "safer" than mono- and polyunsaturated fats, i.e. it's not hydrogenated with air. But my understanding with hydrogenation is that it takes repeated heating and cooling, such as reusing the same oil at fast food restaurants for deep frying, to really hydrogenate the oil. Typical home cooking isn't an issue. Look at the olive-oil consuming countries.

Coconut oil's composition includes 53 percent lauric acid and 19 percent myristic acid, making it the oil richest in medium chain triglycerides (MCT), which enter the mitochondria without requiring active transport through the bloodstream. Some small studies have reported that coconut oil has no impact on the body's triglyceride levels, but most studies were short in duration—and none looked at long-term cardiovascular outcomes. That's not surprising since the popularity of coconut oil is such a new trend.

Using coconut oil instead of another oil has been shown to offer a slight weight-loss advantage. But it is best used "instead of," not "in addition to," another oil, since a calorie is still a calorie. Based on the mitochondrial data, I'm willing to let patients try coconut

oil if they're diabetic and need to slim down.

I usually tell patients who want to use coconut oil to keep it within the daily oil allowance I calculated, not to exceed their total recommended daily fat intake and not to replace fish oil, which has well-established cardiovascular benefits. So patients who typically use one teaspoon of canola oil to cook could substitute the same amount of coconut oil on occasion.

The problem is that some people start using everything with coconut oil, including skin-care products. That's an issue since a good amount of the oil can be absorbed through the skin. I've seen this lead to some elevations of patients' LDL (bad) cholesterol levels, but so far, there's no indication that these products—or dietary use of coconut oil—harm HDL (good) cholesterol levels or the size of LDL particles.

In addition, I really don't see any evidence to support replacing olive oil with coconut oil. Olive oil is one of the components of the Mediterranean diet that's linked to lower rates of heart attack and stroke in many patients.

*If you enjoy this newsletter,
please pass it along to a friend
or family member who may
find it helpful.*

[Subscribe right here.](#)

www.TheHASPC.com

Heart Attack! When the Doctor Becomes the Patient

On June 15, 2015, Doug Dunning, MD was sitting on the patio of his daughter's home, reading our book *Beat the Heart Attack Gene: The Revolutionary Plan to Prevent Heart Disease, Stroke and Diabetes*. He hoped that the book would help solve a worrisome mystery: Why did he have the arteries of an elderly man when he was only 56?

A year earlier, the family physician from Omaha was shocked when an ultrasound of the neck known as carotid intima-medial thickness testing (cIMT) calculated his arterial age as 79.

"After years of burning the candle at both ends with my hectic medical practice, I thought I'd finally gotten my life back on track," says Dr. Dunning. "I'd started exercising regularly, improved my diet and lost 30 pounds. My blood pressure fell from 138/88 to 120/80 and my lipids looked great." In addition, he had reduced his work hours after affiliating with MDVIP, a group of doctors who provide personalized medicine.

Hoping that a better lifestyle would reverse the dramatically accelerated arterial aging seen in his 2014 cIMT, he had the test repeated in May, 2015, only to learn that his arterial age was now 80. "MDVIP recommends the Bale/Doneen Method to their affiliate physicians, so I bought the book to learn more," says Dr. Dunning.

On a June afternoon, the doctor was midway through the book when two frightening things happened. First, he heard a loud rumble of thunder and saw an ominous black cloud moving towards him. Seconds later, he felt a burning pressure in his chest.

At a local hospital, ER doctors suspected a heart attack. They wanted to airlift him to a large medical center, but the thunderstorm had grown so intense that helicopters were unable to fly. Instead, he endured a five-hour ambulance ride, as his chest pain waxed and waned. At the second hospital, cardiologists discovered that not only had he suffered a heart attack, but one of his coronary arteries was 90 percent blocked. He was treated with a stent.

"While I was in the hospital, I continued reading the book and thought the patients it described sounded just like me: seemingly healthy people who had heart attacks or strokes that standard care couldn't explain," says Dr. Dunning. "After I recovered, I made an appointment to see Dr. Amy Doneen, and signed up for the Bale/Doneen Preceptorship Program in November.

"Most doctors would have said, 'Your lipids look fine and your blood pressure isn't too bad, so come back and see me in six months, since there's nothing glaringly wrong with you,'" he remarks. "That's like settling for a grade of C instead of delivering grade-A care."

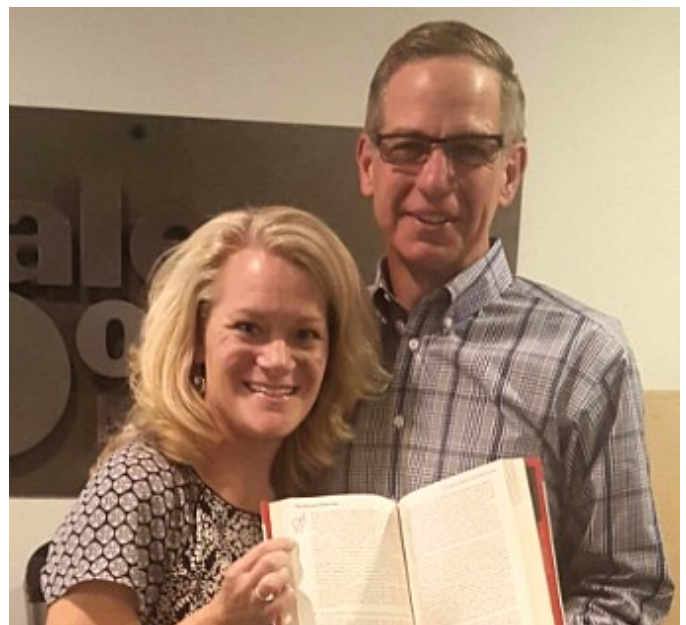
"Amy Doneen did a comprehensive evaluation, saw that I had two abnormal lab results and said, 'here are opportunities to optimize your cardiovascular wellness,'" recalls the doctor, who

had had elevated levels of fibrinogen, a sticky protein involved in blood clotting that can contribute to heart attack risk, and of Lp-PLA2, a blood vessel-specific enzyme mainly attached to LDL (bad) cholesterol that rises when artery walls become inflamed. Lp-PLA2 has emerged as a direct player in the CV disease process, with a recent study linking it to cholesterol plaque buildup and vulnerability (the risk that plaque could rupture explosively and ignite a heart attack or stroke).

Genetic tests revealed that the doctor was a carrier of the 9P21 "heart attack" gene, which is linked to 102 percent higher risk for suffering a heart attack or developing heart disease at an unusually early age, compared to non-carriers. In addition, he also had the Apo E 3/4 genotype, which is associated with the highest lifetime risk for CVD, and also makes common foods that are healthy for people with other Apo E genotypes potentially harmful.

For example, while most people benefit from a moderate-fat Mediterranean diet, the 25 percent of the population with Apo E 3/4 or 4/4 genotypes can trim the threat of heart attacks and strokes by following very low-fat diet (no more than 20 percent fat) and limiting or avoiding alcohol consumption.

"Amy advised tweaks in my medication, such as switching me to a statin that's been shown to reduce stroke risk by 40 percent, taking certain supplements, and making changes in my diet," adds Dr. Dunning. "Not only do I now feel optimistic about the future, but the true takeaway was seeing how the Bale/Doneen Method seeks to optimize every aspect of cardiovascular wellness. It's changed the way I'm going to practice medicine."



Dr. Dunning marked the spot in the book where he was reading when he had his heart attack. He brought the book in to me to sign.