

Heart TALK

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

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Amy's Notes

Thoughts from
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Season's Greetings!

It's hard to believe that 2012 is almost over! As I reflected upon what to write as this year winds down to an end, it occurred to me that answering some of the most common questions we get at The HASPC could be of help to everyone. So just like the radio stations recap the top 50 or 100 hits of the year, we offer the Top 10 HASPC questions of 2012 and share those responses with you all. I hope you enjoy. Have a joyous holiday season!

~ Amy

Amy's Top 10 Questions of 2012



What causes a heart attack or stroke?

The heart and the brain are fed by nutrients delivered by the arteries. When those arteries that feed blood (oxygen) and nutrients to the heart muscle or the brain get blocked, the tissue around the blocked artery dies and this is called a heart attack or an ischemic stroke. Over 50% of these events are sudden and unexpected. The arteries do not get blocked by cholesterol buildup. They get blocked when a chole-

sterol plaque ruptures and the body tries to heal that rupture with a clot (or thrombus). It is the thrombus that blocks the flow of blood. We use lab tests quarterly to make sure there is no inflammation in your arteries that could allow for such a rupture and thrombus to occur.

When we think about prevention, we must think about the WHOLE body. We have thousands of miles of arteries and they feed nutrients to ALL parts of our body so we must think much bigger than just a heart attack or stroke. Remember, we are preventing the more common conditions that claim our independence: dementia, kidney disease, erectile dysfunction, peripheral artery disease, and vision loss. It is our goal that you remain independent throughout your lifetime and that is what the clinic is all about – living well and remaining independent.



Why is this type of care still so unique?

The standard of care model still hinges upon a risk factor paradigm. This means that you are either treated or not based on your risk factor burden (your cholesterol, blood pressure, age, gender, smoking status). This is what is taught in medical schools across the country and this is what the insurance carriers look to as the standard. Therefore, going beyond this elementary approach is sometimes still considered 'experimental.' However, the Bale/Doneen Method is a *disease* treatment model. This means we look for vascular

disease, treat the 'why' someone has disease, and monitor the inflammation effects of treatment. Optimal goals are meant to be 'individualized,' which means we treat each person uniquely and personally – not as the average of a large study population.



Why does the clinic remain in a non-contracted relationship with insurance?

We consider it our job to provide the education needed to make the proper lifestyle and medication choices to insure a lifelong state of wellness. Unfortunately, insurance companies will not pay for education and time. Behind the scenes, we are updating our method daily, making sure we can provide you the most up-to-date recommendations. Our method is dynamic — by seeing you on a regular basis it allows us to follow the literature and make sure your medical care is optimized at every visit.

The current medical system is based on rescue medicine — by treating you with a plethora of resources AFTER you have a heart attack, stroke, peripheral artery disease, kidney disease, erectile dysfunction or vision loss. Our goal is for PREVENTION to avoid the need to rely solely on end-stage disease management (which is currently causing bankruptcy in our health care system). Keep in mind: it is estimated that we will spend 800 billion dollars on cardiovascular disease annually unless we focus on the re-allocation of resources — by placing our financial focus on *prevention* rather than treating people *after* the fact.

4 Does everyone have plaque?

This is a great question and I hear it often. No — plaque is NOT a normal stage of aging. It is however, insanely common, causing more death and disability than ANY disease in the world. When plaque is identified in the artery wall, we can determine the reason it is present and actually treat the 'why.' When this happens, we can stop — and even reverse — plaque growth, preventing the devastating effects of a blocked arterial system.

5 If we have just a little bit of plaque or vascular inflammation, can we ignore it?

The Café-Caves trial, published in *Circulation* in 2001, took 10,000 healthy people between the ages of 35-65 years old. Everyone had an IMT performed at baseline BUT they could not get any treatment for 10 years (no matter what was discovered on the initial IMT). At the time this was ethical because these people were asymptomatic and were deemed to be 'not at risk' for a heart attack or stroke by their risk factor profile.

The participants were divided into 4 categories: 1. No thickening or plaque (n=7,989), 2. Arterial wall thickening but no plaque (n=930), 3. Plaque in the arterial wall (n=611) and, 4. Lumen narrowing (n=470). Over the course of 10 years, 40% of the people with plaque in the wall only, had a major heart attack, stroke or death. Unfortunately, of those in category 4, 80% had a heart attack or stroke or died. Keep in mind, all of these people were included in the study because the 'standard of care' said that they did not need any treatment. Additionally, all categories showed signs of worsening IMT thicknesses over the course of 10 years.

The majority of our patients at the clinic, would fall into categories 3 and 4. Participating in the clinic mitigates the 40-80% chance of having a heart attack, stroke, or dying over the next 10 years. Atherosclerosis (plaque) is treatable — it can stabilize and regress when treated appropriately.

Ability is what you're capable of doing.

Motivation determines what you do.

Attitude determines how well you do it.

6 How do I know if the treatment is working?

Treatment is working when the vascular inflammation is mitigated. Decisions to increase medications or increase lifestyle efforts, are based on the inflammatory response. Inflammation is measured with lab values that include blood and urine tests.

7 Why is dental care so important?

Periodontal pathogens can create vascular inflammation that both drives disease and also can cause it to rupture. We feel that dental providers play a key role in CV Prevention.

8 When should my children come through the clinic?

The idea of identifying risk, both lifestyle and genetic, BEFORE plaque develops is the optimal opportunity for prevention. The American Heart Association is now recommending that children get their cholesterol checked which is a start. If you have genetic risks, understand that your children will likely carry the same issues. How wonderful to identify this early and forever prevent the development of plaque. We welcome all children (18 and older) of our established patients to come in for an IMT and initial work-up. If issues are identified, we welcome them to sign up for care. Family discounts are available and encouraged.

9 When will your book come out?

The writing of the book is now complete. The actual release date is in the hands of our publisher, John Wiley and Sons.

The working title remains, "*Beat the Heart Attack Gene*" and it is a health book for the public. According to what we have learned, this type of book is best released in the Spring or the Fall. We will not have a say in the release date. I will, of course, let everyone know when it will officially be released and I would be honored to make sure everyone has a signed copy!

10 Who is a good candidate for the Heart Attack & Stroke Prevention Center?

Anyone interested in living independently throughout their lifetime is a candidate for the clinic. Vascular disease affects our entire body creating heart attacks, strokes, memory loss, diabetes, peripheral disease, erectile dysfunction, kidney disease, etc. It is our vision for you to remain independent throughout your lifetime. That is our ultimate goal.

We are open to new patients and we thank you for encouraging your family and loved ones to come to The HASPC for an initial assessment. Remember, not everyone has vascular risk but many people will be candidates for optimal preventative care. We wish to reach those who need our services and we thank you for sharing our message.



From Amy, Jeff, and the HASPC Staff