

Heart TALK

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

Vol 29 Dec. 2014



*Thoughts
from
Dr. Amy*

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

Wow! Has this year flown by in a flash! The momentum may seem more rapid due to the business of the year and I celebrate a year of good health and happiness.

I'm especially excited to share the following news:

- * I successfully defended my doctorate at Gonzaga University (GU), being the first ever Doctor of Nursing Practice at GU.
- * Our book, *Beat the Heart Attack Gene*, co-written by myself and Dr. Bradley Bale with Lisa Collier Cool, was released in February 2014 is now in its 4th printing.
- * We have attained 501c3 status for the Institute of Arteriology.

In addition, I want to share in this issue the top 10 questions I get asked by current and prospective patients. I hope you might find some helpful information within that list. And finally, find a great recipe featuring nutritious beets, which have been proven to lower blood pressure and improve artery wall health. Enjoy!

Happy Holidays ~Amy

Dr. Amy's Top 10 Questions

This list is a compilation of the questions I am most often asked.

1. What causes a heart attack or stroke?

a) 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 cholesterol plaque ruptures and the body tried 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.

b) 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 such as dementia, kidney disease, erectile dysfunction and 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.

2. Why is the care delivery model at the HASPC so unique?

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

3. Does everyone have plaque? (vascular disease)?

a) This is a great question and I hear it often. No – plaque is NOT a normal stage of ageing. 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. Therefore, preventing the devastating effects of a blocked arterial system.

b) Common tests, such as Lifeline screening (duplex imaging) and stress tests often do not find asymptomatic plaque. We do testing specifically designed to look for hidden plaque.



This salad is absolutely loaded with nutrients and it tastes great, too!

Beets are an incredible food! They are full of potassium, magnesium, fiber, phosphorus, iron; vitamins A, B & C; beta-carotene, beta-cyanine; folic acid.

Kale is high in vitamin K, C and A. It's a wonderful anti-inflammatory food and is full of anti-oxidants. It's high in fiber and iron, too!

Nutricious (and Delicious) Chopped Kale and Beet Salad



Ingredients

- 4 medium beets, grated (or 2 cups grated beets)
- 2 bunches kale, washed and ripped away from stems into bite size pieces and then finely chopped
- 1/3 cup pumpkin seeds
- 6 medjool dates, chopped (remove the pit)

Salad Dressing

- 1/2 cup fresh lemon juice (1 lemon)
- 1/2 cup extra virgin olive oil, to taste
- 2 tbsp honey
- 1/2 teaspoon sea salt

Instructions

Chop, chop, and chop the kale. Combine the kale, beets, pumpkin seeds and dates in a large bowl.

Whisk dressing ingredients together. Pour over top of salad and enjoy!

Keep this recipe handy! It's super nutritious. It's also great with walnuts (another excellent food) or almonds. Wonderful with balsamic vinegar, too.

Courtesy of JoyousHealth.com

Amy's Top Ten Questions from Current and Prospective Patients—Continued

4. 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. Therefore, seeing you on a regular basis allows us to follow the literature and make sure your medical care is optimized at every visit. Basically, we refuse to allow insurance to limit your health. You deserve OPTIMAL wellness care!
- The current medical system is based on rescue medicine. Basically, that means treating you with a plethora of resources AFTER you have a heart attack, stroke, peripheral artery disease, kidney disease, erectile dysfunction and vision loss. It is our goal that PREVENTION will 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 – placing our financial focus on prevention rather than treating people AFTER the fact.
- It is important that patients fully understand their scope of their medical insurance plan BEFORE coming through the clinic, as the laboratory, structural, and treatments will utilize the insurance backdrop if at all possible.

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

- Even a small amount of plaque cannot be ignored because it has the potential to rupture and interrupt blood flow, leading to a heart attack or ischemic stroke. When analyzing asymptomatic people with hidden plaque who did not receive treatment for 10 years, 40% of them had a major cardiovascular event. Sadly, this is a common event and – all plaque can be treated and events CAN be prevented.
 - We monitor the plaque annually, and the vascular inflammatory markers quarterly, to ensure that the treatment (lifestyle and pharmaceutical) is working. The goal of effective CV Prevention is to treat the disease so it never manifests into a CV event.
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Amy's Top Ten Questions from Current and Prospective Patients—Continued

6. How do I know if the treatment is working?

- a) 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.
- b) If you are out of town, laboratory testing can often be obtained at your local lab and the visit with Dr. Doneen will be performed after the labs are processed.

7. Why is dental care so important?

- a) 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 and we strive to form partnerships with your dental providers for your CV health. Research demonstrates that upwards of 50% of heart attacks may be triggered by infections in the mouth.

8. When should my children come through the clinic?

- a) 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 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. Will your book, “Beat the Heart Attack Gene,” be helpful to read if I am trying to decide to come through the Heart Attack and Stroke Prevention Center or if I am an established patient?

- a) Our book, “Beat The Heart Attack Gene” continues to be a best seller on Amazon.com and is now in its 4th printing cycle. People have found the information to valuable, both personally and in their own practices. Following is a quote taken from Dr. Craig A. Backs, MD, posted on Amazon.com:

“Everybody who is concerned about heart attack or stroke for themselves or a loved one should read this book. Then find a doctor who will help them apply this knowledge to their individual care.

“Every doctor who wants to prevent, as preferred to treat, heart attack and stroke should read this book and apply it's principles. This book is not just opinion or promoting a particular diet, exercise program or clinic like others.

“It is about the practical application of vast knowledge based on data to improve your INDIVIDUAL UNIQUE PERSONAL chances to live free of heart attack and stroke. It challenges our health care system by showing you there is a better way, a more effective way that you can seek out, and by doing so drive health care to change and deliver better outcomes. It starts with life choices and supports those with the optimal medical therapy to deliver the best outcome even in the face of genetic challenges.

“I'm encouraging all my patients to have a copy and to understand it to the best of their ability. Some of the book is technical and may be hard to grasp, but that is where the partnership with a motivated doctor will come in. With this plan, you can beat heart attack and stroke out of your future.”

Craig A. Backs MD
Internal Medicine, Springfield IL

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

- a) 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 goal that you keep your independence throughout your lifetime. That is our ultimate goal. Don't let a heart attack, ischemic stroke, or type 2 Diabetes claim your independence.
 - b) We are open to new patients and we thank you for encouraging your family and loved ones to come through 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.
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