Heart Disease and Heart Failure - Critical Insights and Triggers Transcript

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Show Introduction and Heart Month Overview

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We provide a welcoming environment where experts educate you on important health topics, answer your questions, and provide information from which you can benefit in consultation with your doctor.

You can visit and subscribe to the show at gotohealthmedia.com. And now here is Jonathan Marks. Hey everyone, this is Jonathan Marks. Welcome back to GoToHealth Media.

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Thanks for doing it and we'll be in touch when you do. So, What are we talking about today? February is American Heart Month. Heart disease is the number one cause of death in the U. S.

Yet more than half of adults don't know what it is. So listen up so you can learn more and save yourself or a family member or a friend from death due to heart disease.

What Heart Disease Is and Who Is at Risk

Someone dies from heart disease every 34 seconds. It describes a range of conditions. including coronary artery disease, irregular heartbeats, heart defects, and diseases of the heart muscle.

Women and Black Americans are often underdiagnosed, undertreated, and underrepresented in clinical trials, contributing to higher rates of heart disease.

Now, here are some stats. Approximately 60 million women, that's 44%, in the United States live with some form of heart disease. Black Americans are 30% more likely to die from heart disease and black women face the highest rates of hypertension, stroke, heart failure, and coronary artery disease.

The good news is that effective treatments exist for risk factors like diabetes, obesity, high blood pressure, and high cholesterol. With us to talk about this today is Clyde Yancey, MD, MSc, who is the chief of cardiology at Northwestern Medicine Bloom Cardiovascular Institute.

He is board certified in cardiovascular disease and internal medicine and earned his medical degree from Tulane University. Dr. Yancey serves as the vice dean for diversity and inclusion at Northwestern University Feinberg School of Medicine.

and is committed to promoting equity in cardiovascular care. And yes, DEI, diversity, equity, and inclusion is an important concept in medicine to assure that all Americans receive the same quality of care.

If you want to learn more about heart health, you can visit nm.org slash heart. That's NM for Northwestern Medicine. Welcome to the show, Dr. Yancey. How are you today?

Jonathan, I'm well. I'm delighted to visit with you today. Thank you. Good. So let's start out with the basics. Explain to us, what is heart disease? Well, this is heart month and it's really important to level set what that means.

Heart disease is any scenario where the heart and blood vessels are no longer functioning normally.

Why Women and Black Americans Face Higher Risk

Why is that important? Because it puts us at risk for a whole portfolio of diseases. Think about heart attacks, think about strokes, think about heart failure, think about irregular heart rhythms.

All of these constitute what we describe as heart disease, but there's a good message here, Jonathan, and that message is that we can prevent all of those circumstances.

And how do we prevent those? We need to understand the risk factors first. I understand that high blood pressure, medical obesity, exposure to tobacco, physical inactivity, stress, diabetes, family history, all of those work, unfortunately, in concert to put us at risk for heart disease.

But with the exception of family history, all of them are treatable, modifiable, and importantly, in the aggregate, Jonathan, we can prevent probably 80% of heart disease.

We can exercise appropriate steps to prevent it from ever occurring. Wow, that's amazing. 80%. Incredible. So who is most at risk? And why are these groups, why do they experience higher rates of heart disease?

Jonathan, that may be the most important question to raise, particularly during Heart Month. This message is for everyone. Don't look to your left or your right or call up your parent or somebody else.

Everybody is at risk, but it also means everybody has an opportunity to reduce this burden. But as well, Jonathan, some groups experience this disease disproportionately.

Let's think about women first. There's 60 million women in this country that already have heart disease. That's an enormous burden. Part of it is because we don't help women understand sufficiently well enough that everyone's at risk for disease and we, own responsibility, we being doctors, don't recognize heart disease often enough and treat it aggressively and efficiently enough in women that are at risk.

How Activity and Sleep Affect Heart Health

And so that's the first group. But we also know this, Jonathan. There are groups in our society, particularly minorities, especially black Americans, that experience a disproportionate burden of disease.

Some would identify that as a health disparity, and this is especially the case for African American women. We understand why, though. We understand that we are a function of the circumstances in which we live.

And so this trioga of obesity, of diabetes, of hypertension, works in a deadly pattern. And I'm using that language deliberately. A deadly pattern to put certain groups at exorbitant, and I do mean to use that word, exorbitant risk.

30% higher incidence of death in black Americans due to heart disease. That's not trivial. So what is it about women and Black Americans and minorities that put them at higher risk?

There are a lot of different responses to that question, but one of the most important responses, one of the actionable responses, is that we are more a function of our zip code than our genetic code when we think about our heart health.

Where you live, place, has so much more bearing on your health condition than race per se. So think about access to healthy foods. Think about being able to exercise, have more physical activity.

Think about your economic circumstances, your housing circumstances. All of these things have health consequences, and in some communities, those consequences are quite substantial in a negative way.

So what is it about lack of exercise and being sedentary that puts you at more risk for heart disease? You know, Jonathan, it's been said that sitting is the new smoking.

It's just that difficult for us if we're not up and physically active. And we should also think about our use of words here. Exercise intimidates a lot of people.

We think about gyms, you think about spandex, you think about trainers. Now think about being physically active. Think about just getting up and moving.

That's all it takes. Five to 10 minutes a day of activity is enough to begin to reduce your risk. Getting to a goal of 150 minutes a week of activity.

Think about activity. Walking is the best thing there is. That begins to make a difference. When we are not physically active, then unfortunately we gain weight faster.

Treating and Preventing Heart Disease

Unfortunately we have more inflammation in our body. Unfortunately, We don't make the wisest decisions. We spend too much time watching TV and eating comfort foods.

It all begins with getting up and being more active. So I heard about the inflammation, gaining weight when we're inactive, but what else about inactivity makes this a greater risk for heart disease?

I'm trying to understand the mechanism. So sedentary lifestyles are associated with several things. In addition to our choices for diet, In addition to not experiencing the benefit of activity, it also leads to disrupted sleep patterns.

If you're sitting all day, napping all day, how can you have a restful night? Let me be very clear. Exercise. and rest together, if those were drugs, we'd all want to take them three times a day because they are extraordinarily therapeutic.

But if we are sedentary and we're not exercising and it disturbs our rest pattern, it changes the way in which we engage with our diets, it can make a big difference.

And so we should begin to think about activity as step one in becoming more heart healthy. Good. I love that concept of exercise and sleep as new drugs that we should be taking twice a day.

Great. That's fabulous. Good. I'm going to use that. And I hope everybody keeps that in mind because it's a great, a great metaphor. So if you want to learn more, you can go to nm.org slash heart and NM stands for Northwestern Medicine.

nm.org slash heart and so can heart disease be cured and is there anything well we've already talked about what we can do to prevent it but it cannot be cured once it starts well John I think think about the question for all the conditions that we've faced that disrupt our health and our life and our lifestyle we don't think about cure we think about treatment we think about management we think about can we restore our quality of life, can we restore our heart health?

The answer to those questions is an emphatic yes. Jonathan, we're in a renaissance era. We've never been able to treat heart disease as effectively as we can treat it now, whether it's with drugs, devices, or procedures.

This is our renaissance era where we can do more for heart disease than ever before. But in the same breath, Jonathan, never before have we had the tools to effectively prevent heart disease like never before.

There are no excuses. We have the technology. We have the information. We just need to spread the word, let people know that you can do something about this.

You don't have to experience heart disease. Great. And share with us some of these tools, Doctor, if you can briefly. I'm sure there are many and all depends on your condition.

But what are some good examples of tools that we can use to cure? Let's stick with the prevention side. We can know our blood pressure. I'm surprised how many people don't even know their blood pressure.

Once you know your blood pressure and have that information, we have a variety of tools, drugs that are coming on board that you would only take once every three months to control your blood pressure.

If you know your cholesterol, we have drugs in addition to statins, not just statins, which some people have some hesitancy about. We have other therapies that can lower the risk of heart disease due to high cholesterol.

We've never had the choices like these before. Think about medical obesity. We all know about the weight loss drugs, but what's not expressed as clearly as it should be is that in addition to losing weight, these drugs help reduce the burden of heart disease.

They help prevent heart events. And for those with heart disease, certain conditions, they lower that risk as well. These technologies are extraordinary.

Access is a question, but we have the technology.

Key Prevention Tips and Closing Remarks

Fabulous. Good. So any other question I should have asked that I haven't asked yet, what message would you like to leave with people today? The message that's most important is to understand the issue of prevention.

So many people just throw their arms up in frustration and say, well, I'm going to get heart disease no matter what. That is not correct. We all have the ability to make decisions to preserve our heart health.

80% of this is preventable. How? Do more, eat less, know your numbers, get more sleep. That's your recipe. That's your hack for today. That's how you reduce your burden of heart disease.

Good. Thank you for those last tips. That's very clear and very simple to follow. Well, could be a little bit of a challenge to follow, but at least it's a simple concept.

Thanks so much for being with us. We've been talking with Dr. Clyde Yancey. He's the chief of cardiology at Northwestern Medicine Bloom Cardiovascular Institute, a Northwestern medicine cardiologist.

Thanks again for being with us today, Dr. Yancey. It's been great to talk with you. Thanks so much, Jonathan. Have a good day. Thank you. And remember everybody, you can subscribe to our show so you don't miss a one.

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Take care. We'll see you again next time. God bless. Thank you for tuning in this week to Go To Health Media. Be sure to join Jonathan Marks and another health expert next time.

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