How to Prevent Heart Disease Before It Starts Transcript

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Preventing Heart Disease Early

The best time to treat cardiovascular The best time to treat cardiovascular disease is a decade before the heart disease is a decade before the heart attack.

attack. attack. >> Correct? >> Correct? >> Correct? >> You know, in this case, my family >> You know, in this case, my family member, his doctor was saying, "Wait member, his doctor was saying, "Wait till you have a heart attack. I know till you have a heart attack. I know exactly what to do." And that's actually exactly what to do." And that's actually quite frankly until Congress mandates quite frankly until Congress mandates otherwise. [music] Insurers do not otherwise. [music] Insurers do not consider cardiac prevention medically consider cardiac prevention medically necessary. Therefore, they're not going necessary.

Introduction to the Discussion

Therefore, they're not going to cover screening [music] and not going to cover screening [music] and not going to cover intervention unless they're to cover intervention unless they're now, of course, they'll pay for now, of course, they'll pay for Hi, I'm Dr. Charles Mo. I'm here with Hi, I'm Dr. Charles Mo. I'm here with Dr. Baraha from uh Synergy Longevity.

Dr. Baraha from uh Synergy Longevity. Firstly, thank you for having me. It's Firstly, thank you for having me. It's always a pleasure to be here. I want to always a pleasure to be here. I want to talk about kind of some conventional talk about kind of some conventional treatments and what I think about is a treatments and what I think about is a little bit more unconventional little bit more unconventional treatments that that are treatments that that are clearly beneficial now, but it the clearly beneficial now, but it the world's too new to know about it. So, world's too new to know about it. So, talk about conventional treatments that talk about conventional treatments that you use in your practice, maybe some of you use in your practice, maybe some of the more um highline treatments that you the more um highline treatments that you do. It's great because some of the newer do.

Lifestyle and Risk Factor Management

It's great because some of the newer treatments are becoming conventional and treatments are becoming conventional and we'll touch on that in a second. But we'll touch on that in a second. But when when people are are low to medium when when people are are low to medium low risk, I always start with lifestyle low risk, I always start with lifestyle and then jump into into therapeutics.

and then jump into into therapeutics. Those therapeutics can be Those therapeutics can be pharmacological, they can be pharmacological, they can be supplemental. Um and and we have a very supplemental. Um and and we have a very frank discussion about it. You know, frank discussion about it. You know, it's it's easy to tell somebody, "All it's it's easy to tell somebody, "All right, well, you know, you need to work right, well, you know, you need to work out for a half hour of resistance out for a half hour of resistance training and a half hour of of, you training and a half hour of of, you know, cardio training a day and get back know, cardio training a day and get back to me in 3 months." Well, if the person to me in 3 months." Well, if the person travels for 4 days a week and, you know, travels for 4 days a week and, you know, doesn't have access to those things or doesn't have access to those things or can't monitor their nutrition as much as can't monitor their nutrition as much as you'd like, you want to make a a real you'd like, you want to make a a real sustainable plan for them. The next we sustainable plan for them.

Pharmacologic Prevention and Lipid Control

The next we can touch on to supplemental uh you know can touch on to supplemental uh you know supplements or or pharmacological uh supplements or or pharmacological uh interventions and for modifying risk interventions

and for modifying risk factors. You know, smoking is a huge factors. You know, smoking is a huge huge risk factor for ASCVD, right?

huge risk factor for ASCVD, right? You're causing constant uh essentially You're causing constant uh essentially scraping of your endothelium and that scraping of your endothelium and that scraping of the endothelium is a perfect scraping of the endothelium is a perfect place for plaque to sit and form and place for plaque to sit and form and that's one of the mechanisms that that's one of the mechanisms that smoking causes uh ASVD. Hypertension, smoking causes uh ASVD. Hypertension, which is high blood pressure, a a very which is high blood pressure, a a very strong risk factor as well. Lastly, with strong risk factor as well. Lastly, with with lipids, it's it's a similar with lipids, it's it's a similar approach. If people can modify their approach. If people can modify their nutrition, can modify their diet, can nutrition, can modify their diet, can get into the gym and exercise. And get into the gym and exercise. And although exercise in and of itself although exercise in and of itself doesn't impact the the lipid, it's it's doesn't impact the the lipid, it's through another mechanism which exercise through another mechanism which exercise helps. But uh if people can do those helps. But uh if people can do those things, optimize their sleep and focus things, optimize their sleep and focus on on their their nutrition, that is on on their their nutrition, that is hugely important for for lipid hugely important for for lipid management. But I think by far and no management.

GLP-1 Drugs and Cardiovascular Risk

But I think by far and no doubt pharmacological intervention for doubt pharmacological intervention for lipid management is the most potent and lipid management is the most potent and the most effective. And what I like to the most effective. And what I like to explain is firstly the decision needs to explain is firstly the decision needs to be personalized. So let's talk about be personalized. So let's talk about some of the unconventional things. um some of the unconventional things. um the GLP-1 drugs, the SGLT inhibitors and the GLP-1 drugs, the SGLT inhibitors and other things that are kind of like other things that are kind of like showing up. They're showing some showing up. They're showing some definitely some signal of promise definitely some signal of promise certainly in people with heart disease, certainly in people with heart disease, but also in people that don't have heart but also in people that don't have heart disease, but have a risk for it such as disease, but have a risk for it such as diabetes. Um what's been your kind of diabetes. Um what's been your kind of thoughts on those those drugs? Yeah, I thoughts on those those drugs? Yeah, I think you know I was a little bit think you know I was a little bit skeptical on the mechanism for GLP1s to skeptical on the mechanism for GLP1s to impact cardiovascular risk and what I impact cardiovascular risk and what I had initially assumed was well people had initially assumed was well people are losing weight you know obesity and are losing weight you know obesity and visceral fat is is a predisposition for visceral fat is is a predisposition for athoscorotic cardiovascular disease and athoscorotic cardiovascular disease and so that's kind of the mechanism that it so that's kind of the mechanism that it works but in the last year or two works but in the last year or two there's actually been some literature there's actually been some literature that the GLP1 uh RA in and of themselves that the GLP1 uh RA in and of themselves are showing improvement for are showing improvement for cardiovascular risk. I think the the cardiovascular risk. I think the the mechanism is still being studied and mechanism is still being studied and looked upon, but it seems to be much looked upon, but it seems to be much more than just weight loss. So, I think more than just weight loss. So, I think they're phenomenal medications. Again, they're phenomenal medications.

Longevity, Insurance, and Personalized Care

Again, has to be personalized, has to be for has to be personalized, has to be for the right patient and extremely the right patient and extremely extremely important to focus on not extremely important to focus on not losing skeletal muscle. I think that losing skeletal muscle. I think that that's that's where it becomes a little that's that's where it becomes a little bit more work sometimes when people want bit more work sometimes when people want to do it cuz a lot of times it's the to do it cuz a lot of times it's the thought of I'll take the shot, I'll keep thought of I'll take the shot, I'll keep doing exactly what I'm doing and I'm doing exactly what I'm doing and I'm just going to lose weight and you know just going to lose weight and you know my my health is going to get better. But my my health is going to get better. But if you're not if you're not focusing on if you're not if you're not focusing on skeletal muscle, working out, getting skeletal muscle, working out, getting the right amount of protein in, you're the right amount of protein in, you're actually doing more harm than good for actually doing more harm than good for your longevity. spin on this with my your longevity. spin on this with my bias is that I think it's almost an bias is that I think it's

almost an excuse for people to overeat because if excuse for people to overeat because if you're not exercising you're not exercising and you're taking a GLP-1 drug and and you're taking a GLP-1 drug and you're relying on taking say 2 and a you're relying on taking say 2 and a half milligrams per kilogram of protein, half milligrams per kilogram of protein, you got to eat ultrarocessed food to get you got to eat ultrarocessed food to get it because you're having to eat a it because you're having to eat a supplement or just a bunch of red meat.

supplement or just a bunch of red meat. So, I've got this double-edged sword So, I've got this double-edged sword when I'm thinking about longevity and when I'm thinking about longevity and the um you know, occasionally have the um you know, occasionally have people protein restrict to have them to people protein restrict to have them to create longevity. So, we had a great create longevity. So, we had a great discussion. And I kind of want to leave discussion. And I kind of want to leave this with the idea that dying of a heart this with the idea that dying of a heart attack can be optional. And attack can be optional. And the I think the biggest mistake somebody the I think the biggest mistake somebody can make is thinking that well my can make is thinking that well my insurance won't cover it. My doctor insurance won't cover it. My doctor won't order it. Therefore, it should not won't order it. Therefore, it should not be done. Your doctors in general, be done. Your doctors in general, they're they're burdened with whatever they're they're burdened with whatever the insurance company tells them. That's the insurance company tells them. That's all they're going to do. So, we've all they're going to do. So, we've stepped outside of that world. then stepped outside of that world. then doing very unique things such as doing doing very unique things such as doing the hormone replacement, doing some we the hormone replacement, doing some we do some longevity specific aggressive do some longevity specific aggressive treatments we do. We want to help treatments we do. We want to help people live a long healthy life. And we use the live a long healthy life. And we use the traditional healthcare method plus all traditional healthcare method plus all the additional kind of supplements and the additional kind of supplements and services [music] services [music] that uh and when I say supplement I mean that uh and when I say supplement I mean the additional testing and uh blood work the additional testing and uh blood work and things like that to supplement and things like that to supplement [music] what traditional healthcare does [music] what traditional healthcare does so that people can live a long healthy so that people can live a long healthy life.