Linking Heart & Brain Health To Dementia Risk Transcript

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Introduction to Dr. Ornish

Hi, everybody. Welcome. And for joining the Reversing Heart Disease Summit. And I have a very special guest, Dr. Dean Ornish. And thank you so much for being with us here today, Dean.

And in adding wisdom to our summit, let me just speak of a minute or two to introduce Dr. Ornish, and then we'll go get right in with the questions. As many of you know, Dean Ornish is obviously everyone most everybody knows Dr.

Ornish. He's a founder and president of the nonprofit Preventive Medicine Research Institute and clinical professor of medicine at UCSF and UCSD. And for over 40 years, he's directed clinical research demonstrating for the first time that comprehensive lifestyle changes can begin to reverse the progression of even severe coronary artery disease and also early stage prostate cancer, as well as other chronic diseases.

So he's been involved in the spearheading the nutritional research community for lifestyle medicine. And back in 2010, actually, Medicare started covering.

Dr. Ornish reversing heart disease program, and it's now even covered during the zoom. You can do a getting getting zoom nation wide coverage of his heart disease reversal program and he's currently directing a new research project, the first randomized controlled trial to determine if intensive lifestyle changes may reverse or stop the progression of early stage Alzheimer's disease from dementia.

And we're all excited about that and his findings and talking and talking to him today about that. And he's been a number one New York Times bestselling author of many books.

He's that incredible. TEDTalks had been viewed by many millions of people. He's been gotten all these incredible awards over the years. We're all so proud of his accomplishments.

The Ornish diet has been the greatest number one for heart health. But U. S. News and World Report, Time magazine, he was rated the most hundred innovators on Life magazine, one of the 50 most influential members of the generation by People magazine.

One most interesting people of the year by Forbes magazine is one of the world's seven most powerful teachers. All these incredible accolades and we have him here today adding to your list for this summit.

We're excited to have him here. And so obviously his website is www. Ornish.com and www.pmri.org and also of course his latest book Undo It yeah Undo It and he has a website you know, undoitbook.com as well.

So write those things down. Want to learn more about that? Okay. So let's get started. I kind of think the world is somewhat shortened because there's so much more I can say, but let's let's get jump right in.

All right. And I know you have a lot to add to this summit about heart disease, because we know that high blood pressure, high cholesterol, the risk factors are reversible.

Lifestyle Medicine and Reversing Heart Disease

But the number one risk factor, besides things we could measure and measure on the blood test or people's actually behavior and lifestyle is seems to be a bigger risk factor than even some of these numbers doctors measure.

And then so I'd like you to comment on that one, the link between measurable risk factors and then risk factors that

are based on lifestyle parameters that doctors don't look at.

And then we'll get into dementia. thank you for that most kind introduction and I'm so appreciative the chance to to be with you here today and to share with what we're learning with the people who are also joining us.

You know, to me, awareness is always the first step in healing. So thank you for giving me the opportunity to help increase that level of awareness. And, you know, we tend to think of advances in medicine as being a new drug and a laser or something really high tech and expensive.

And we often have a hard time believing that the simple choices that we make in our lives each day, like, as you indicated, what we eat, how we respond to stress, how much exercise we get, how much love and support we have, can be such powerful influences of our health and well-being.

But but they are, as you know, from your important work and you're what you're many bestselling books. And I think our unique contribution has been to use this very high tech, expensive state of the art scientific measures to prove how powerful these very simple and low tech and low cost interventions can be.

So to answer your question, you know, the number, the lifestyle certainly affects the numbers. Most drugs, most doctors are trained to use drugs in surgery.

You know, we're trained to use drugs in surgery. We're reimbursed to use drugs in surgery. So not surprising. That's how most poor doctors practice medicine and certainly drugs and surgery can be lifesaving when used appropriately.

You know, we've all benefited from them, but they don't usually address the more fundamental causes of chronic diseases, which are often mostly the lifestyle choices that we make everyday.

And the Android book that you mentioned that I coauthored with my wife and partner of 27 years Anne Ornish puts forth is what I think is kind of a radical, unifying theory that we found over the last 30 well, actually 45 years now, it's hard to believe I'm doing these these clinical trials, that these same lifestyle changes could affect so many of the most common and costly chronic diseases.

We showed, as you mentioned, for the first time, that even severe heart disease could often begin to reverse. At the time, it was thought, much as people view Alzheimer's today, that once you had heart disease, the best you could do was to slow down the rate at which you got worse, to get worse more slowly, if you will.

And we found that if you make bigger changes in a lot of things at the same time, that you could often get better and better instead of worse and worse.

You know, an ounce of prevention, pound of cure, it's harder to reverse a chronic disease. That's why we no one had shown it before than in randomized trials, because they didn't go far enough.

You know. But to stay healthy, you know, you probably don't have to make such big changes to prevent diseases to reverse it. But we found that these same lifestyle changes could often reverse type two diabetes, high blood pressure, high cholesterol, obesity.

When you change your lifestyle, it changes your genes. We found over 500 genes were change in just three months and in fact, turning on the genes that keep us healthy and turning off the genes that caused us to get sick, we did a study.

We did that with Craig Venter, who was one of the first to decode the human genome and lives in San Diego where you live. We did a study with Elizabeth Blackburn 14 years ago who got the Nobel Prize for discovering telomeres, the ends of our chromosomes that regulate aging.

And we found that we could lengthen telomeres for the first time using any interventions with the same lifestyle

changes and when we published this, The Lancet editors called it the first study, showing that lifestyle changes may reverse aging at a cellular level.

And as you mentioned, we're now in the middle of doing the first randomized trial to see whether these same lifestyle changes reversed early stage Alzheimer's disease.

And the reason why these same lifestyle changes can affect so many different chronic diseases is that they're not so different. They, as you know, they all share the same underlying biological mechanisms, things like chronic inflammation, oxidative stress, changes in the microbiome in telomeres and gene expression and immune function, overstimulation of the sympathetic nervous system, changes in TMAO levels and so on.

And each of these mechanisms in turn is directly influenced by what we eat, how we respond to stress, how much exercise we get, and how much love and social support we have, or to reduce it to its essence, to eat well, move more stress lots and love more.

And so, you know, we also show that these same lifestyle changes, not only medically effective, they're cost effective. We did a study with Mutual of Omaha and they found that almost 80% of people who otherwise would have had a central bypass with their doctors permission and approval, were able to change their lifestyle and go on our program as a direct alternative.

And they found they saved almost $30,000 per patient in the first year. We did a study with Highmark Blue Cross Blue Shield where they found they cut their costs in half in the first year.

And then after many years of review, as you mentioned in the introduction, Medicare created a new benefit category to cover our program. You know, I thought when we first published our papers, you know, in the leading peer review journals like The Lancet in the Journal of the American Medical Association and the New England Journal of Medicine and so on, that that would change medical practice and to some degree, a dip, but not nearly as much as I'd hoped.

And I realized that it's not enough to have good science. You have to have good reimbursement. You know that if we change reimbursement, ultimately we change medical practice and even medical education, I had no idea would take 16 years.

But after 16 years, Medicare created a new benefit category to cover our reversing heart disease program called Intensive Cardiac Rehab. And so we began training hospitals and clinics and physician groups around the country. And and it worked.

We were getting bigger changes in lifestyle, better clinical outcomes, bigger cost savings, better adherence than anyone ever shown. But you had to live near one of the hospitals or clinics that was offering the program.

And then when COVID hit, if anything good came out of COVID, it was learning that we could do the same program virtually through Zoom, as well as doing it in-person.

I had thought incorrectly that it was too high touch to be done by Zoom, but we had to do it by Zoom and we found that worked just as well. And then Medicare began covering our program by doing it by zoom in real time in people's homes rather than going to a hospital or clinic or a doctor's office.

So now we can work with people wherever they live. They didn't have to live near one of the hospitals or clinics offering our program. And that, in turn helps reduce health disparities and health inequities and makes it available to people.

And four times as many people will offer, we'll take a program when it's offered to them in their home. Even if they live near a hospital, they don't want to have to take off from work and drive there and get into a small room and be exposed to COVID and all that.

So it's really working better for everyone. So and ultimately we can do this even in other countries. So it's really a new paradigm of health care rather than sick care that empowers people to make these lifestyle changes in ways that, as you know from your work, can be truly transforming.

And that's really what what gets me out of bed every day. It's so cool. And is there any you know, doctors use these numbers as specific risks as if your risk is proportional to the number like your LDL cholesterol or your blood pressure.

But what about what do you have any you know and we know that lifestyle, medicine, lifestyle changes make such a big factor bigger than the numbers do.

But is there any way of measuring or quantifying adherence to the program or their lifestyle quantifying the lifestyle benefit they're getting to counter any risks they have?

In other words, how do you measure that? Well, the numbers are important, but they're not the whole story, as you indicated. I mean, we found that on average a a 40% reduction in LDL cholesterol through a change in lifestyle that's comparable to what you get with with drugs.

But what about the costs and side effects? But as someone said to me, you know, I've got heart disease. I have no interest in changing my lifestyle. I tell them, you should be on these drugs.

You know, because they clearly have benefit for people who have heart disease, but they may not necessarily be the best first choice for people. You know, the same cardiologist who we before used to think that a cholesterol level of to 80 was normal because that was average as opposed to normal.

Measuring Risk and Lifestyle Benefits

Are now talking about getting your LDL cholesterol down to like 20 or 30, which always concerns me a little bit. I don't know, you know, what potential side effects there might be from getting it down that low through drugs.

But, you know, cholesterol is not a bad thing. Your body makes it. It's one of the things that your body needs to as a building block for sex hormones and nerve myelin sheets and things like that.

And it's precisely because it is important that your body will always make all that you need. You know, the dietary requirement for cholesterol is zero, but it may be that you can get it to low through drugs, although those are questions that we don't know the answer to and whether people who only want to make modern lifestyle changes, you know, may need to add drugs to get the benefit of getting reversal of disease that may or may not moderate changes generally don't go far enough to preserve reverse heart disease in most people.

But, you know, whether they are the best lifestyle, I mean, whether people should go direct to drugs, I think is really something that the patient and the doctor need to work out on their own.

But the nice thing is that the numbers do improve as well when you change your lifestyle. But there's some other evidence that independent of the effect on the numbers, you know, just the amount of saturated fat and cholesterol that you intake has an impact on your arteries and the how dynamic these mechanisms are, how quickly you can get better or worse.

We generally find that most people with angina there was a 91% reduction in the frequency of angina, usually within the first three or four weeks. And for someone who can, you know, work without getting chest pain or walk across the street or, you know, be with their spouse or play with their kids or do all the things that make life worth living.

And within a few, without getting chest pain within a few weeks, they're essentially pain free. The it reframes the reason for making lifestyle changes from fear of dying or a heart attack or something bad happening to joy and pleasure and love and feeling good.

That, in other words, what you gain is some are so much more than what you give up in terms of how much better you feel. For many people, those are choices worth making.

Again, not to live longer, but to live better and to feel better. And so the paradox is that, you know, we tend to think that asking people to make small, gradual changes is pretty easy.

But asking to make really big changes and a lot of things at the same time is difficult, if not impossible. And yet in studies that compare our intensive cardiac rehab program with regular cardiac rehab, which is just exercise alone, more people, you know, 93% of the people finish the intensive compared to only 60% that they do the exercise alone, even though we're asking people to do a lot more because again, your outcomes are better, your LDL comes down more, your cholesterol, your blood pressure, your hemoglobin A1 see, your depression scores we found come down almost 50%, even more than with any depressants.

Your exercise capacity increases by 40 to 50%. Your angina or chest pain goes away by 91%. Most people become pain free. And so, again, if people fear is not really a sustainable motivator, I mean, for a month or so after someone's had a heart attack, I'll do pretty much anything that their doctor asked.

But even then it's hard to sustain that. But pleasure and joy and feeling good are. And not only is the fact that you feel better, but the support groups that we provide people are also important because it helps people create a sense of community and love and connection and caring with each other.

You know, the real epidemic isn't just heart disease or diabetes or cancer or whatever. It's loneliness and depression and isolation, which COVID only, you know, intensified with the breakdown of the social networks that used to give people that sense of love and connection and community.

And so we find that after people in our program is 18 four hour sessions, it's twice a week for 4 hours at a time for nine weeks, and they get an hour of exercise, an hour of a support group, an hour of meditation and yoga and an hour of a lecture.

But after the 72 hours, most people continue to meet among themselves, sometimes for decades, because it's so meaningful to have that kind of group interaction right.

It's comprehensively affects their emotional life. And not just it's not just talking about nutritional science. That's me. And also when I think that I'm in such agreement that the more aggressive changes not only make people feel better and see the results, but they stop taking addictive substances that keep triggering their desire to binge.

It's like giving an alcohol alcoholic more alcohol. Sometimes people eating junk food in processed foods and unhealthy food. It just triggers them to want more of them.

They find it easier staying on the program when they're more adherent to it. And that's true. And you know, they're engineered to be that way. But, you know, the paradox is when you make big changes, your tastebuds change, too.

I mean, everyone's had the experience of not everyone, but a lot of people have the experience of, say, eating less salt. And at first the food tastes like it needs more solid than it tastes fine.

You go out to dinner, suddenly the same food tastes too salty. And so people begin to prefer foods that are that are healthier. They, you know, it actually tastes better for them.

And likewise, when people get put on medications, you know, to lower their cholesterol or their blood pressure, their blood sugar, and they say, doctor, how long do I have to take this?

What does the doctor usually say? Forever. And I used to show a cartoon of doctors busily mopping up a floor around the sink that's overflowing and no one's turning off a faucet.

Like, how long do I tell mop up the floor? Like, forever. Why don't we just turn off the faucet and. Well, what continually impresses me, as Joel, I know you've seen, too, is that our bodies often have this remarkable capacity to begin healing and much more quickly than we had once realized.

When we can treat the underlying cause, which more often than not, are these lifestyle choices that we make every day. And if people do need drugs, then they generally can take fewer lower doses of them than they might otherwise.

And so. All right, let's shift into this relationship between heart disease and Alzheimer's and then whether you think that Alzheimer's is in its early stages or is as reversible or is reversible or stop the progression compared to the findings that that you've proven in heart disease?

Alzheimer's Research and Related Interventions

Well, you know, I think we're at a place with Alzheimer's very reminiscent of where we were when I started doing research with heart disease, you know, and back in 1977, you know, 46 years ago, it's hard to believe it's been that long.

When I was a medical student at that time, it was thought once you had heart disease, the best you could hope to do by changing lifestyle would be to slow down the rate at which you got worse.

And that's how people view Alzheimer's today. And, you know, but we know what's good for your heart is good for your brain. We know that these these diseases share a lot of the same underlying biological mechanisms.

The ones we've been talking about. And so my hypothesis was and by the way, I have a personal interest in Alzheimer's because my mom died of it. All of her siblings, I have one of the APOE4 genes for it.

And so and a lot of people don't even want to know if they're at risk for it because they say, why would I want to know if I can't do anything about it?

It's just going to make me crazy. So we're doing this randomized trial to see whether more intensively lifestyle changes might slow, stop and perhaps even reverse the progression of early stage Alzheimer's disease.

We're still in the middle of finalizing the results, so I can't really talk about it or no journal will publish it. But stay tuned. You know, we'll have some interesting things to report within a few months.

Right? Sounds good. And besides the lifestyle changes, are there any specific interventions you might add for a person who has heart disease and Alzheimer's or Alzheimer's compared to what the Heart Disease Lifestyle Reversal program or any supplemental or any differences in the recommendations?

Not not. Really. I think, you know, we do recommend supplements, you know, a good multivitamin. You know, curcumin is anti-inflammatory. You know, some of the omega threes are are anti-inflammatory.

Good advice on can help with cognitive function. Some of the things like lion's mane that Paul Stamets makes and can has been linked with some some improved improvements.

What I'm also just thinking out on those are that I think some of the key ones that but again I think they're not limited to Alzheimer's or heart disease because these biological mechanisms affect so many different diseases.

These same supplements can be beneficial for a wide variety of conditions as well. And so either way, if if someone's watching this and they have heart disease and they're interested in learning more about what we're doing, and particularly since Medicare and many insurance companies are paying for the whole thing, just go to Ornish.com and it'll tell you more about what we're doing and whether or not you might be eligible for it.

Fantastic. Okay. And what about people who are interested in learning more about your program for reversing

Alzheimer's? Listen. Go to Dr. Morningstar.com and do some information on there as well.

Or just it's Ornish.com at PMR. I thought it stands for Preventive Medicine Research Institute, talks about the research in the Alzheimer's research in more detail, but the program is the same.

So even though Medicare isn't covering it for Alzheimer's, although hopefully one day they might, people can pay for it out of pocket and still get the same program or just get it from reading one of my books.

It's the same intervention for for both conditions.

Barriers to Change and the Role of Support

I hear your message and you have a lot of experience and wisdom in understanding the difficulty people have in making the change to a healthy lifestyle.

So a lot of people hear you, they've heard programs and they just don't do it for some reason. So with all your decades of experience, what are the major emotional, psychological and social impediments to people wanting to go in and join this type of successful dietary intervention to reverse progression of serious diseases?

Well, I think a lot of it goes back to what we said earlier, that the real pandemic isn't just heart disease, type two diabetes, you know, prostate, breast, colon cancer, Alzheimer's, etc., it's loneliness and depression and isolation.

You know, I was suicidal and profoundly depressed when I was in college. That's how I got interested in these doing this as my life's work, because these same approaches helped me so much at the time.

And, you know, 50 years ago, most people had a community, they had an extended family that they saw regularly. They had a neighborhood with two or three generations of people that grew up together.

They had a church or synagogue or mosque or club or something. They went to on a regular basis where they got to know people. They had a a job that felt secure, that they'd been out for, you know, a decade or more and got to know their coworkers.

And today, many people don't have any of those things. And social media isn't really the same thing. One of the studies that my wife Ann and I cite in our Undo It book is that the more time you spend on Facebook, for example, the more depressed you are.

And why is that? Because true intimacy is where they really know you. It's like an avatar, you know? I see you. I see all of you, not just your Facebook profile or, you know, if you go on to Facebook, it's like here looks like everybody has this perfect life.

But but you, you know, it's like here, here we are in front of the Eiffel Tower. And here's my perfect, you know, two and a half kids and all of those things, whereas in real life, you know, when you grow up in an extended family or a neighborhood with your three generations of people, they don't just know where you've done well.

They know where you messed up. They know where you got busted or that time you failed or whatever. And you know that they know and they know that you know that they know and they're still there.

For me, there's just something really primal about feeling fully seen, warts and all, and being accepted. And so in our support groups, we try to recreate that by creating a safe environment that feels safe to let down your emotional defenses and to talk openly and authentically about what's really going on in your life without fear that someone's going to, you know, judge you, reject you, you know, try to change you, give you glib advice on how to fix it and so on.

But just, you know, to be there and to bring up what, you know, somebody might say, gosh, you know, I might look like the perfect father, but my kid's on heroin use in a more extreme example.

And somebody else will say, Gosh, my kid's got problems, too, you know? And suddenly it doesn't change the fact that you've got these problems, but now it doesn't feel like you're so alone in dealing with that.

And it's so meaningful for people that it's the part of our program that people often have the most question or skepticism about or even apprehension.

But almost invariably it's the most meaningful because you can only be intimate with somebody to the degree that you can open your heart literally and figuratively and be emotionally vulnerable, and you can only do that to the degree you feel safe.

So by creating a safe environment, you know what goes in the group stays in the group. People are trained to communicate with each other in ways that talk about what they're authentically feeling.

They don't feel like judgments or attacks to the other person. It's so meaningful. And, you know, anything that creates a sense of intimacy is really healing.

Even the word healing comes from the root to make whole. You know, yoga is from the Sanskrit to yoga to unite union. These are really actually old ideas that we're rediscovering.

I wrote a book about this back in 1998 called Love and Survival that revealed what were then hundreds. And by now, like tens of thousands of studies showing that people who are lonely and depressed are 3 to 10 times more likely to get sick and die prematurely than those who have a sense of love and connection community.

I don't know anything that has that kind of impact. Vivek Murthy, the surgeon general, who's a long time friend, is making this kind of the signature part of his of his tenure is to help raise awareness about that.

So when you're saying, like, why do people you know who know better, why is it so hard for them to eat healthier or, you know, you know, stop playing some of the video games or stop drinking so much alcohol or other drugs or whatever?

I asked people in our studies in a why do you think, why are you doing these things? They seem so maladaptive. And they replied, they're not maladaptive.

They're very they're very adaptive. They help us deal with our pain, our loneliness, depression, our isolation. I've had patients who probably have tubes that I've got 20 friends in this pack of Cigarets and they're always there for me.

And nobody else says, you know, you're going to take away my 20 friends. What are you going to give me? Or food fills that void or that coats my nerves and numbs the pain or alcohol numbs the pain or fentanyl numbs the pain.

We have this, oh, you know, opioid epidemic or other drugs numb the pain or video games numb the pain are working all the time. Is a more socially acceptable way of distracting yourself from pain.

But, you know, the pain is not the problem. The pain's the messenger. It's saying, hey, listen up. Hey, attention, you know you're not doing something that's in your best interest.

My spiritual teacher used to say, you know, if I give you a hot pot to hold, you know, if it's hot enough, you'll let it go. You know, it's like the pain becomes the messenger.

And to say, hey, you know, you know, when you're tired of being in enough pain for me that my mind was depressed and for someone else it might be a heart attack or it might be Alzheimer's or whatever it is.

But suddenly the idea of change becomes more appealing. And part of the reason why I spent so much of my adult life doing these research, scientific, randomized trials and research studies, they're really hard to do, you know, they're hard to get funding for because, you know, most people don't want to fund a study if they think it's

impossible.

And it's a catch 22 without the funding, you can't show it's going to work and they don't think it's worth anyone to fund it. And so we just have to generally raise the money as we go along, which is a stressful way to do anything but properly done and published in the leading journals.

As we've done and working with leading collaborators around the country, it can help redefine what's possible, and that in turn can give many people new hope into choices that they didn't have before.

So for me, it's not about just giving information. If that were enough, nobody would smoke. It's not like people don't know it's bad for them. We have to just work at the informational level or the other behavioral level, but to work at a deeper level, which often is the pain that people are experiencing.

And when we work at that level and help people, for example, use meditation to quiet down their minds or to rediscover inner sources of peace and joy and well-being, then they can often go back and and make an accomplice even more without getting sick in the process.

And they're much more likely to make and maintain lifestyle choices that are life enhancing than ones that are self-destructive. If we can deal with that more primal cause of the pain that they're experiencing more often than not.

Right. So as I understand you have a very comprehensive way of looking at it. That includes the way people see the world, its kind of meditation, wisdom, training, social interaction and nutrition, all married together in a whole program that will makes people more compliant, willing to stay with it.

And then they start to see the benefits in there and they get emotional benefits, psychological benefits, more peace with themselves, less fearful and single.

And they and I think it makes it doable and then maintainable for the rest of their life. So very important. And under their doctors supervision, as I'm sure you found, many people can reduce and sometimes get off of medications that they were told they'd have to take the rest of their lives.

So, you know, the paradox is that sometimes when you make big changes in a lot of things at the same time, it changes the reason for making the changes, for preventing something bad from happening years down the road that most people don't want to think about, like a heart attack or a stroke.

So what I gained really quickly, within days, to weeks is so much more than what I'm giving up. Like my chest pain is going away in many cases. Then I can make love with my spouse, I can play with my kids.

I can do all the things that make life worth living that I couldn't do before that. Yeah, I like eating junk food, but not that much because what I gain is so much more. That is.

That's really what makes it sustainable. Yeah. So terrific. Well, thanks for all your decades of work and your wisdom that you putting forth here for the people, listeners here.

Back at you and you as well. Thank you. And I hope everybody enjoyed this to this interview and best of luck and best of health to all everybody. And see and if you're interested in more about our work just go to Ornish.com it's all there, it's all free.

Thank you so much, Dr. Ornish Thank you so much, Dr. Fuhrman.