

Disclosure

Consultant: Amgen; Esperion Therapeutics; Medtronic (Renal Denervation Program); Novartis Speaker Bureau: Esperion Therapeutics

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Heather Johnson, MD Lifestyle Medicine & Heart Disease

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Life's Essential 8



8 components of cardiovascular health:

- Healthy diet, physical activity, avoid nicotine, healthy sleep, healthy weight
- Healthy levels of lipids, glucose, blood pressure



Ideal Cardiovascular Health and CAC



- N=65,494; age: 41.3 (7.4) yrs; 78% M
- 7 Metrics: smoking (never/former), physical activity (≥150 min/week or \geq 75 min/week), <u>BMI</u> (<23 kg/m²), blood pressure (<120/80 mmHg), total cholesterol (<200 mg/dL), fasting glucose (<100mg/dL), diet (fish, grains, sodium, sugar beverage, fruit/veg)
- Inverse association between CVH scores and progression of CAC, with and without CAC at baseline

Lifestyle Medicine: Healthy Lifestyle

Healthy Lifestyle Definition:

- 1. Healthy dietary pattern
- 2. Engaging in regular physical activity
- 3. Avoiding exposure to tobacco products
- 4. Attaining adequate sleep
- 5. Managing stress





ν Φ	< O		Common/popular diet	Defining features			
th			names	Emphasize	Include	Limit/avoid	
Wit		DASH style ^{12–18}	DASH, Nordic, Baltic	Vegetables, fruits, whole grains, legumes, nuts and seeds, low-fat dairy	Lean meats and poultry, fish, nontropical oils	Limit: saturated fat, sodium, fatty meats, refined grains, added sugars, alcohol	
ent 1 D t Frc		Mediterranean style ¹⁹⁻²⁴	Mediterranean diet	Vegetables, fruits, whole grains, legumes, nuts and seeds, poultry, fish and seafood (fatty), extra-virgin olive oil	Red wine (moderation)*	Limit: dairy, meat, sugar-sweetened beverages, commercial bakery goods, sweets, and pastries	
Jnme 202 nent	Vegetarian style ²⁵⁻²⁸	Pescetarian ²⁶	Vegetables, fruits, whole grains, legumes, nuts and seeds	Fish and seafood, dairy, eggs	Limit: added sugars, refined grains, solid fats, alcohol Avoid: meat and poultry		
:: Aliç ttion tater ttion			Lacto/ovo/lacto-ovo- vegetarian ^{8,25-27}		Dairy (lacto/lacto-ovo only) Eggs (ovo/lacto-ovo only)	Limit: refined grains, solid fats, alcohol Avoid: meat, poultry, fish and seafood dairy (ovo only), eggs (lacto only)	
tterns: , sociatio ific Sta sociatio			Vegan ^{25,28}			Limit: added sugars, refined grains, solid fats, alcohol Avoid: meat, poultry, fish and seafood, dairy, eggs	
Pat As: As:		Low fat ^{20,29-36}	Low fat, TLC, volumetrics	Vegetables, fruits, whole grains, le- gumes	Low-fat dairy, lean meats, poultry, and fish	Limit: fat <30% kcal, nuts, oils, fatty meat, poultry, fish, alcohol	
ar Dietary F can Heart nce: A Scie can Heart	Very low fat ³⁷⁻⁴¹	Ornish, Esselstyn, Pritikin, McDougal, PCRM	Vegetables, fruits, whole grains, le- gumes		Limit: fat <10% kcal, sodium, refined grains, alcohol Avoid: oils, nuts and seeds, meats, poultry, fish, dairy, eggs		
	Low carbohydra te ^{29,35,36,42,43}	Zone, South Beach, low glycemic load	Vegetables, fruits (nonstarchy), nuts and seeds, fish and seafood, nontropi- cal oils		Limit: carbohydrate 30%-40% kcal, whole and refined grains, legumes, dairy, alcohol Avoid: added sugars, fatty meat		
opula meric uidar meric		Paleolithic ⁴⁴⁻⁴⁸	Paleo	Vegetables, fruits, nuts, lean meat, fish	Eggs	Limit: sodium Avoid: added sugars, whole and refined grains, legumes, oils, dairy, alcohol	
d < d <	CG, et al. <i>Circ</i> . 7:1715	Very Low Carbohydrate ^{29,49–53}	Atkins, ketogenic, well-formulated ketogenic diet	Nuts and seeds, red meat, poultry, fish and seafood, eggs, full-fat dairy, oils	Vegetables (nonstarchy), berries Ketogenic: 3000–5000 mg/d sodium ⁵⁴	Limit: carbohydrate <10% kcal, alcohol Avoid: fruits (except berries), grains, legumes, added sugars	





Wang DD, et al. Circulation. 2021;143:1642-16

Dietary Pattern and Morbidity, Morality

Dietary pattern	Includes	Restricts	Health benefits	Key differences
Dietary Approaches to Stop Hypertension (the DASH diet) ^{35,36}	Vegetables, fruits, low-fat dairy products, wholegrains, lean meats, fish, poultry, fish, beans, and nuts	Sodium intake ≤ 2300 mg or ≤ 1500 mg per day	 Lower blood pressure Lower LDL-C level Reduced CVD risk 	 More emphasis on restricting sodium intake than other diets
The Mediterranean Diet ³⁹⁻⁴¹	Vegetables, fruits, nuts, legumes, wholegrains, and extra-virgin olive oil, lean meats, fish, and poultry	Limited red meat, processed meats, and sweets intake	 Primary and secondary prevention of CVD Reduced risk of CVD mortality Reduced risk of MI and stroke Reduced risk of all- cause mortality 	 More emphasis on nuts, fish, and olive oil than other diets Less emphasis on dairy than the other diets
Healthy Vegetarian Eating Pattern ^{34,44,45}	Vegetables, fruits, who- legrains, legumes, soy products, nuts, low-fat dairy products, and seeds	All meats, poul- tries, and sea food	Lower blood pressure	 More emphasis on soy products, legumes, and dairy products compared to other diets Lean protein is entirely plant-based

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Intermittent Fasting vs. Caloric Restriction Time-restricted eating: caloric consumption **Intermittent Fasting Caloric Restriction** limited to 6 to 10-hour period in active day Centers on time-restricted eating Improves stress response Centers on caloric reduction Promotes ketogenesis Lower blood Does not induce ketogenesis Linked with circadian biology pressure Does not sync with circadian Weight loss pronounced in those Shares common • with elevated BMIs Improves insulin sensitivity rhythm Weight loss across all BMIs pathway of reducing Promising for long-term adherence Lowers cholestero stress response, and improving risk factors Mixed results in RCT Syncing eating periods to the circadian rhythm • improves glucose/fat utilization; Ketogenesis decreases blood pressure and adipose tissue Bays HE, et al. American Journal of Preventive Cardiology. 2021; 5: 100149; Dong TA, et al. Am J Med. 2020 August ; 133(8): 901











Variation in Physical Activity/Inactivity



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Sedentary Behavior and Mortality



- Higher sedentary behavior: higher all-cause and CVD morbidity and mortality
- Replacing sitting time with light-intensity PA reduces risk of all-cause mortality
 - walking at 2 miles per hour, light dusting, or light gardening

2018 Physical Activity Guidelines Advisory Committee Scientific Report. Washington, DC: U.S. DHHS, 2018.



Recommended Physical Activity



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Just Say No To Vaping (& All Nicotine) **THE E-CIGARETTE** Study Links E-Cigarette Use with Higher Risk of Heart Failure Large study adds to growing body of evidence that vaping may harm the heart THE CARTRIDGE This holds the e-liquid (substance). It comes prefilled or refillable. It is Apr 02, 2024 ally combined with ar mizer as one unit. Vaping Concerns: Heart Attack & Stroke THE ATOMIZER It is a coil that is a heating element which helps convert e-liquid to tiny airborne droplets (aerosol). "Vaping is bad for your heart. The truth is people who vape are 56% more likely to have a heart attack than non-smokers and 30% more likely to suffer a stroke, Dr. Sharaf says \bigcirc THE SENSORS E-cigarettes without a power button will turn on when the user inhales through it. E-cigarettes with or without a power button require sensors to E-cigarette, or Vaping ÷ Product, Use https://www.acc.org/About-ACC/Press-Releases/2024/04/01/21/51/study-links-e-cigarette-use-Associated Lung Injury THE BATTERY with-higher-risk-of-heart-failure It is a rechargeable lithium ion battery, which provides enough current to heat the atomizer to 400 degrees Fahrenheitt in seconds. https://www.unitypoint.org/news-and-articles/is-vapingbad-for-vour-heart (EVALI) https://www.yalemedicine.org/conditions/evali; https://www.cdc.gov/tobacco/basic information/ecigarettes/pdfs/ecigarette-or-vaping-products-visualdictionary-508.pdf 24



	AHA SCIENCE ADVISORY		
	Strategies for Promoti Lifestyle in Clinical Se Cardiovascular Health	tting	
Barriers	Barriers to Lifestyle Counseling:		livering Solutions:
1. Tin me	medically urgent issues		Brief, focused intervention to guide the <i>process</i> of behavior
			change
	v perceived patient demand	2.	Feasible in clinical care
	counseling ⁻ k of perceived efficacy	3.	Reinforce and build across multiple office visits
Kris-Et	herton PM, et al, Circulation. 2021;144:e495–e514	L	



5As*	Clinician action/aim*	Clinician communication skills†	Patient-centered care‡	
Assess	To seek to understand what patient knows about a lifestyle behavior(s), why it matters to their health, and their intention to change their behavior	OARS approach O: Open-ended question A: Affirm what patient says R: Reflect what patient says S: Summarize	Support for patient autonomy by building on what they know and what they would like to change	
Advise	To discuss health risks and benefits of be- havior change, including offering information that corrects patient's misunderstanding and gaps in knowledge without being judgmental or confrontational Give clear, specific, personalized (or gen- eral) advice to change Determine what the patient wishes to do based on information discussed		Support for patient autonomy and related- ness by engaging them in a discussion of personalized recommendations for behavior change	
Agree	To collaboratively set SMART goals§ for behavior change	Shared decision-making: Discuss with patient and agree on goals that are specific, measurable, achievable, realistic, and timed	Support for patient competence and related- ness by accounting for their preference and confidence	
Assist	To encourage patient-selected solutions and action steps for addressing personal barriers to behavior change	5-step problem-solving counseling: Identifying personal barriers Brainstorm solutions Analyze pros and cons of the solutions (cost-benefit analysis) Choose the desired solution Develop an action plan	Support for autonomy, competence, and relatedness through solutions and motivation- focused problem solving and action planning	
Arrange To specify the next step (visit, call, reminder) to follow up on progress, provide referrals and access to resources based on patient preference		Tell-back/Teach-back: Ask patient to summarize their understand- ing of the next steps to ensure common understanding and enhance patient recall and accountability	Support for competence and relatedness through frequent follow-up to closely monitor patient's progress and support gradual steps toward their goal	

Small Changes Towards a Healthy Lifestyle

Starting the conversation: diet screener component*	Reasonable target changet	Example of realistic small substitutions‡
1. Fast food meals or snacks/mo	↓ 1 fast food meal/wk	Replace with a prepared food from a supermarket or a homemade meal
2. Servings of fruit/d	↑1 serving/d	Eat fresh, frozen, or canned fruit (without added sugar) as a snack
3. Servings of vegetables/d	↑1 serving/d	Add fresh, frozen, or canned vegetables (without added salt) to a main meal
4. Regular sodas, juices, or other sugary beverages/d	↓1 sugary beverage/d	Replace a regular soda with water, seltzer, tea, or coffee
5. Servings of beans, nuts, chicken, or fish/wk	↑Fish/seafood by 1 serving/wk	Replace fast food entrée or processed meat (eg, ham) sandwich with tuna fish sandwich
6. Regular snack chips or crackers/wk	↓1 serving/wk	Replace 1 serving of chips or crackers with unsalted nuts
7. Desserts and other sweets/wk	↓1 serving/wk	Replace 1 sugary sweet or dessert with fruit or a handful of unsalted nuts
8. Use of butter and/or intake of animal fat	Decrease use as a seasoning	Replace butter with vegetable oil and herbs and spices
	Reduce intake of visible animal fat	Choose lean cuts of meat or remove visible fat before eating
9. Use of salt in cooking or at the table	Decrease use as a seasoning	Replace with herbs and spices
10. Alcoholic beverages	Men: ≤2 drinks/d Women: ≤1 drink/d⁵ ^s	Replace with noncaloric beverages, eg, sparkling water, seltzer
Kris-Etherton PM, et al, Circulation. 20)21;144:e495–e514	

Exercise Prescription				
 Variable formats 5 components Frequency Type/Activity Intensity Duration Progression 	 Example: For 3 days per week (Frequency), walk briskly on your treadmill (activity, intensity) for <u>15 minutes (duration</u>) each day Progression After 4 weeks: <u>20 minutes</u> 			





Multiple Determinants of Health



- <u>Social isolation</u>: lack of social connection
- <u>Loneliness</u>: feeling of being alone, despite social connections (emotional state)
- 50% US adults feel lonely
- 2023 US surgeon general "Loneliness Epidemic"²

 $1.McGovern\ L, et al.\ Health\ Affairs,\ August\ 21,\ 2014;\ National\ Academies\ of\ Sciences,\ Engineering,\ and\ Medicine.\ 2020\ Social\ Isolation\ and\ Loneliness\ in\ Older\ Adults\ 2.\ https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf$

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Social Determinants of Health & Lifestyle Neighborhood Community Economic Health Care Education and Physical Food and Social Stability System Environment Context Housing Literacy Hunger Social Health Employment integration coverage Income Transportation Language Access to healthy Provider Support Expenses Safety Early childhood options systems availability education Debt Parks Community Provider Vocational linguistic and engagement Medical bills Playgrounds training cultural Discrimination Support Walkability competency Higher education Stress Zip code / Quality of care geography Artiga S, Hinton E, May 2018 Issue **Health Outcomes** Brief. Kaiser Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Family Foundation Limitations





	Meditation	Description
Meditation and Cardiovascular Risk Reduction A Scientific Statement From the American Heart Association	Samatha meditation	Samatha is translated to mean "calm" and samatha meditation is often referred to as calm, abiding meditation. Samatha meditation is the practice of calming the mind by practicing single-pointed meditation through mindful concentration focusing on the breath, image, or object.
 Mindfulness: purposeful and non-judgmental awareness of one's thoughts, actions, emotions 	Vipassana meditation (insight meditation)	Vipassana is translated to mean, "to see things as they really are." Vipassana emphasizes awareness of the breath, tuning into the air passing in and out through the nose. Vipassana teaches one to label thoughts and experiences as they arise, taking mental notes as one identifies objects that grado one's attention. Vipassana meditation is often taught at 10-day refreats.
Meditation:	Mindful meditation	An untrella term for the category of tachniques used to create awareness and insight by practicing focused attention, observing, and accepting all that arises without judgment. This type of meditation is also referred to as "open monitoring," in which one allows one's attention to flow freely without judgment or attachment.
 associated with improved psychological and psychosocial indices 	Zen meditation (zazen)	A type of meditation where one focuses one's awareness on one's breath and observes thoughts and experiences as they pass through the mind and environment. In some senses similar to Vpassana meditation, but with an emphasis on a focus of the breath at the level of the belly and on posture while sitting.
 Mixed data: mortality reductions, smoking 	Raja yoga meditation	Referred to also as "mental yoga," "yoga of the mind," or Kriya yoga. A practice of concentration to calm the mind and bring it to one point of focus. Includes a combination of mantra, breathing techniques, and meditation on the chakras/spinal cord focus points.
	Loving-kindness (metta) meditation	Loving-kindness meditation involves sending loving kindness to oneself, then continuing to send it to a friend or loved one, to someone who is neutral in your life, to a difficult person, and then out to the universe. Through this practice, the meditator cultivates a feeling of benevolence toward oneself and others.
• Limitations: small sample size, limited follow- up, variability in effect, methodology	Transcendental Meditation	Mantra-based meditation technique in which each practitioner is given a personal mantra that is used to help settle the mind inward. Transcendental Meditation is taught by certified teachers through a standard 4-day course of instruction. Transcendental Meditation is practiced for 20 minutes twice daily.
Levine GN, et al., J Am Heart Assoc. 2017;6:e002218	Relaxation response	A multifaceted practice that can involve awareness and tracking of breaths or repetition of a word, short phase, or praver





Negative and Positive Psychological Factors and CVD

	Negative psychological factors	Parameter/ end point	Effect estimates (95% CI)		Positive psychological factors	Parameter/ end point	Effect estimates (95% CI)
	Depression	Incident MI	RR, 1.30 (1.22–1.40)42		Optimism	Incident CVD	RR, 0.65 (0.51–0.78)66
		Incident CHD	RR, 1.30 (1.18–1.44)42	opanish	opanishi		,
		Stroke	RR, 1.45 (1.31–1.61)45			Hospital readmission after ACS	HR, 0.92 (0.86–0.98)68
		Obesity	RR, 1.37 (1.17–1.48)49				
		Hypertension	RR, 1.42 (1.09-1.86)51			All-cause mortality	RR, 0.86 (0.80–0.92)66
		Diabetes	RR, 1.32 (1.18-1.47)52		Sense of	CVD risk	RR, 0.83 (0.75–0.92) ⁷⁶
	Anxiety	CVD mortality	RR, 1.41 (1.13–1.76) ³⁹	purpose		All-cause mortality	RR, 0.83 (0.75–0.91)76
		Incident CHD	RR, 1.41 (1.23–1.61)39		Happiness/more	Incident CHD	HR, 0.78 (0.63–0.96)93
			RR, 5.20 (4.72-5.40)40		positive affect*		
		spasm			Mindfulness†	Good cardiovascular health	PR, 1.83 (1.07–3.13) ⁸⁶
		Incident stroke RR, 1.71 (1.18–2.50) ³					
		Heart failure	RR, 1.35 (1.11–1.64) ³⁹			Nonsmoking	PR, 1.37 (1.06–1.76)86
	Work-related stress	Incident CVD events	RR, 1.4 (1.2–1.8) ¹⁸			Body mass index <25 kg/m²	PR, 2.17 (1.16-4.07)86
	Any-cause stress	Incident CHD/CHD	RR, 1.27 (1.12-1.45)19				PD 4 47 (4 05 2 0 4)%
		mortality				Fasting glucose <100 mg/dL	PR, 1.47 (1.06–2.04)86
	PTSD	Incident CHD	RR, 1.61 (1.46–1.77) ²²			5	PD 4 55 (4 6 4 9 95))))
ne GN et al.	Social isolation and loneliness	Incident CVD events	RR, 1.5 (1.2–1.9) ¹⁸			High level of physical activity	PR, 1.56 (1.04–2.35) ⁸⁶
	Pessimism	CHD mortality	OR, 2.17 (1.21–3.89) ⁵⁰ (highes vs lowest quartile)	S	Higher emotional vitality	Incident CHD	RR, 0.81 (0.69–0.94)88
on.	Anger and	Incident CHD	HR, 1.19 (1.05–1.35) ³³		Psychological	Cardiovascular	OR. 0.71 (0.59-0.84)89
:e763–e783	hostility	Recurrent CHD	HR, 1.24 (1.08-1.42)33		well-being	mortality	

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Health Education Resources

- ACC Cardiosmart: <u>https://www.cardiosmart.org/topics/healthy-living</u>
- AHA Healthy Living: <u>https://www.heart.org/en/healthy-living</u>
- Vasculearn: <u>https://thrombosis.org/</u>
- National lipid association: <u>https://www.lipid.org/patient-tear-sheets</u>

Summary

- A variety of diet programs meet AHA Dietary Guidelines and can be tailored
- Move...and move some more
- Social determinants of health and well-being impact lifestyle and CVD risk
- 5As Framework supports brief, longitudinal behavioral counseling, and the *process* of behavior change

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Seth A. Br J Gen Pract. 2014 Jan;64(618):12-3.

Which of the Following Dietary Programs Align with the AHA Guidelines?

- A. Pescetarian
- B. Vegetarian
- C. Mediterranean
- D. All of the above

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What Is <u>Your</u> Primary Barrier to Lifestyle Counseling During Clinical Encounters?

- A. Limited time
- B. Lack of efficacy/limited patient impact
- C. Insufficient resources
- D. All of the above

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Which of the Following Statements Are False?

- A. It is important to set measurable and specific goals to support behavior change.
- B. Ideal health behavior metrics are directly related to coronary artery calcium scores.
- C. Delivery of clinical care is a greater driver of health than health behavior
- D. Excess alcohol intake increases atrial fibrillation and cancer

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