

What Your Doctor Doesn't Tell You About Cholesterol

(Because He Doesn't Know)

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IMPORTANT NOTE: Please read the entire content of this Special Report, *all the way to the end.*

If you think you've got this cholesterol/heart attack issue all figured out...you don't.

If you think your physician or cardiologist is up to date...they probably aren't.

They are assuredly good, well-meaning professionals, but most of them are practicing cardiovascular medicine that does not reflect what we now know in preventing the biggest threat to your life.

Your Biggest Threat

It was five minutes after midnight. My pastor had just called to tell me my dad had died from a heart attack. He was just 56 years old. He was not overweight, he wasn't a smoker, and he wasn't a couch potato either. But he made one mistake, he assumed that because he felt good everything was okay. It wasn't. That one event changed my whole life. It's one of the reasons I do what I do today. I've spent the last twenty-five years helping people avoid what happened to my dad.

Your odds of dying from a heart attack or stroke are greater than anything else. "Atherosclerosis" is more likely to be on your death certificate than any other cause of death.

But it doesn't have to be that way.

You already know it's important to lower your cholesterol. You might even know what your number is. By the way, don't celebrate if you've been told it's "normal." Did you know that half the people that have heart attacks have "normal" cholesterol? You don't want to be normal.

If all you know is your cholesterol number, you're practicing 30-year-old preventive medicine. If you know your HDL and LDL's don't get too smug either. That's old news as well. A new test you should have done actually measures the size, not just the amount, of your LDL's. It turns out that if your LDL's are small and dense, you have about three times the risk of having a heart attack compared to someone else who may have the exact same LDL reading, but with larger size LDL's.

You say you have passed an EKG treadmill stress test? Good for you. Did you know that this test only reveals a problem when your coronary arteries are about 70% blocked! Do you want to wait that long? I don't.

Did you know that some people get no benefit from decreasing their fat intake? But others do.

There's a test now to determine to which group you belong.

If a man loses his hair from the back of the head forward, research suggests that he's at an increased risk for heart disease. Interestingly, a receding hairline from the front of the head only indicates higher risk for heart disease when it's combined with high blood pressure.

By the way, there's no such thing as just "a little high blood pressure." If you have blood pressure above 120/80 you are at a significantly increased risk for a stroke. That's true even if you don't "officially" have a high blood pressure reading of 140/90. Researchers that looked at the results from nineteen combined studies found that those that had what's called "pre-hypertension" were 66% more likely to have strokes than those with ideal levels below 120/80. Other studies have found that if you have a blood pressure of 140/90 your stroke risk is 3-7 times higher than someone with an ideal reading. If your blood pressure readings are consistently between 120/80 and 140/90 you need to take action.

As always, lifestyle first. Take some pounds

off, get some exercise, and eat less processed foods. If that doesn't work, many health care professionals would recommend you go on a low dose blood pressure medicine even though you don't officially have high blood pressure. By doing that, hopefully, you will never officially get it.

The Problem

In the Vietnam War, the United States lost 58,000 men and women over a period of about ten years.

That's also how many people die in this country just from cardiovascular disease **EVERY THREE WEEKS**. Yes, every three weeks.

Every year, close to a quarter of a million Americans die within one hour of their heart attack. They never even reach the hospital. Of those that make it to the hospital, half of them die within the first twelve months after the event.

Every year about 750,000 Americans have a new heart attack. Every year a half million who

have already had a heart attack, have another one.

If you take ALL the deaths from ALL the cancers in the US: lung cancer, breast cancer, pancreatic cancer, ovarian cancer, etc, etc. (575,000) every year, it still doesn't come close to those that die from just heart attacks and strokes (728,000). And that's every year!

Most heart attacks and strokes are caused by the disease called atherosclerosis; often called "hardening of the arteries." When those arteries get inflamed, the plaque they contain can rupture and bring on a life-threatening event. Atherosclerosis of the heart arteries leads to a myocardial infarction or heart attack. Atherosclerosis of the arteries of the brain can contribute to dementia and eventually a stroke. Atherosclerosis of the kidneys can lead to the need for dialysis or a kidney transplant.

We spend millions of dollars per year on erectile dysfunction (ED) medications like Viagra and Cialis. But for men in their 40's and 50's, ED is often an early sign of systemic atherosclerosis. Men with ED are 40% more likely to

suffer from a heart attack or stroke. Many men who take ED medications simply think they have a sexual problem. In fact, what they probably have is a cardiovascular problem.

Ladies First

Since 1984, the number of cardiovascular deaths has been greater in women than in men. Not only have they achieved “equality” in this area; they have surpassed their male counterparts.

64% of women who die suddenly of cardiovascular disease had NO previous symptoms. It's “only” 50% in men. That's why they call it the silent killer.

Women tend to develop coronary artery disease about ten years later than men. Some of this protection probably comes from their higher levels of estrogen which increases the protective good HDL. But when much of that protection goes away after menopause, they start playing by the same rules as the men. By age fifty-five, cardiovascular disease kills more women than breast cancer. By age seventy-five, a woman's risk of cardiovascular disease is the

same as a man's.

Women who are diabetic or have insulin resistance are at a greater risk for a heart attack than a man with the same condition. And while it helps in men, low dose aspirin doesn't seem to protect a woman much from a heart attack. It does give her protection against stroke, however. Fortunately, statin drugs seem to work for both men and women. For the most part, much of the advice is the same for females and males; don't smoke, keep blood pressure and blood sugar under control, eat a heart healthy diet, watch your salt, stay active, and maintain a healthy weight.

Cardiovascular disease kills ten times the number of women each year as breast cancer. Yet many women (and some physicians!) still think breast cancer is the main concern. After a heart attack, a woman is almost twice as likely to die from it than a man. Fewer women have heart attacks than men, but more of them that do have one, die from it. In the United States every year, heart attacks and strokes combined kills 420,000 women. *All* forms of cancer kills 270,000 women.

One of the reasons atherosclerosis and cardiovascular disease is more deadly for women is because they're often misdiagnosed when they're actually having a heart attack. A woman having a heart attack often doesn't look like she's having a heart attack. Symptoms can include shortness of breath, pain in the upper back and other parts of the body, unusual fatigue, nausea, and anxiety. You may be a woman reading this and thinking "Oh no, I'm having a heart attack right now!" That's part of the problem. The symptoms of a heart attack in a woman can look a lot like something else.

If you or some woman you care about ends up in an emergency room with these symptoms, and especially if cardiovascular disease runs in her family, you need to be incredibly assertive in demanding quick and appropriate care for this woman. What is often written off as an "anxiety attack," can, in fact, be a life-threatening situation for a woman. Don't let them leave her sitting in the waiting room while more "important" patients are seen. A blood test that includes cardiac enzymes can document whether heart damage has occurred. You need a physician on your side **AHEAD OF TIME** who

understands cardiovascular disease in women. That physician needs to make a phone call to the emergency room and demand that she gets priority care.

The Current Standard of Care

The medical community is getting better all the time at keeping victims alive after they've had a heart attack or stroke. That's why *death rates* from cardiovascular disease are down.

But where the medical community really falls short is in *preventing a cardiovascular event* from happening in the first place. Every 25 seconds an American will have a heart attack. Every 40 seconds someone in the US has a stroke. All the advice about healthy eating and exercise just isn't getting thru. Or maybe it's not enough.

Your physician probably monitors your cholesterol levels. As we said, that was the standard of care thirty years ago. They may even be doing more advanced tests like LDL particle size and hs-C-Reactive Protein. They may have told you to get more exercise, lose a couple

of pounds and watch what you eat. All good things to do. But there's usually no sense of urgency. After all, your doctor could probably lose a couple of pounds himself. And in this country we tend to deal with problems when they show up, not before. Your goal should be to *prevent* a heart attack or stroke, not treat it.

More Good Advice

1. *Live The Good Life.*

Living a healthy lifestyle is still the single most effective way to decrease your personal risk of cardiovascular disease. It beats out drugs and surgery. A Canadian study that interviewed 32,000 people from forty countries found that even those that already had cardiovascular disease were still less likely to die from it or have another heart attack or stroke if they ate a healthy diet. However, for some people, especially those that have inherited poor genetics, myself included, lifestyle is not enough. It must be the foundation, but in many cases it needs to be complemented with medicines.

2. *Take A Shot.*

Every year 91,000 Americans die from a heart attack or stroke triggered by the flu. A large study found that when those with cardiovascular disease get a flu shot they cut their risk of having another cardiovascular event by 50%. Fifty percent! And as if that isn't enough, you decrease your chances of getting the flu! Remember the last time you had the flu? Remember how miserable you were? Remember the last time you had a heart attack? Remember how you almost died? Go to CVS or Walgreens and get a flu shot. No appointment necessary.

Have your doctor give you a shingles shot, too. Everyone over 60 should get one and those over 50 with atherosclerosis should get one as well. The shot reduces the risk of shingles by about 70%. If you've ever known anyone with shingles, and see the agony they go through, you WILL get the shot. Besides, people who get shingles are up to four times as likely to have a stroke.

If you are over 65 you need to get a pneumonia shot as well. If you have atherosclerosis

and are 50 and over, you need to get one, too. Regardless of your age, if you get a pneumonia shot your risk of having a heart attack or stroke goes down. So get a flu shot, get a shingles shot, and one to help prevent pneumonia as well. Just go do it.

3. *Act Like A Baby.*

Aspirin works by decreasing your blood platelets ability to stick together and form clots. That's their normal function. But if plaque in your arteries ruptures, your body will attempt to fix the rupture by forming a blood clot around it. If that clot gets big enough, it will impede blood flow in that particular artery and cause a heart attack or stroke. A low dose (baby) aspirin of 81 mg a day specifically targets something called the COX-1 enzyme that makes platelets stick together. Full strength aspirin at 325 mg works on both COX-1 and COX-2 enzymes. By blocking the COX-2 enzyme, aspirin gets its well-deserved reputation as being a pain and fever reliever. But the COX-2 enzyme also beneficially widens arteries and fights blood clots. So, we don't want to inhibit the COX-2 enzyme with a full strength

aspirin. Frequent use of Ibuprofen (Advil and Motrin), which also inhibits the COX-2 enzyme, has also been found to nearly triple the risk of stroke for similar reasons. While the smaller dose of daily aspirin is very good in reducing blood clots, it only has a small effect on inflammation. That's OK, it's still a miracle drug.

A simple, inexpensive genetic test is now available to see if you personally will respond to aspirin therapy. About 30% of the US has some degree of aspirin resistance. Those that have this genetic resistance and have current arterial disease are up to four times more likely to suffer some kind of cardiovascular event. It's good to know if you're one of those people. Additionally, it's good to know if you're taking aspirin whether or not your body is responding appropriately. If you have aspirin resistance one baby aspirin may not be giving you the benefit you expect. If you are aspirin resistant, your physician may choose to increase your baby aspirin dose to two per day.

4. *Suck It In.*

We now understand that it's not just how much you weigh, but where you carry your weight that matters. Especially where you carry your extra weight. When you go to a doctor's office, they usually put you on the scale. If they don't get a tape measure out, and measure your waist size, you may want to find another physician. We know that belly fat is metabolically very active tissue. The fat stored in your midsection easily goes in and out of your blood circulation. If you're a woman, have you ever noticed that if you go on a diet program with the man in your life, he has a much easier time of losing weight than you do? Why is that? It's because when he exercises and needs calories they are readily released from his midsection. But where do women store a lot of their body fat? On the hips. Unfortunately, once fat ends up on your hips, it likes it back there! The fat stored on your hips is not very metabolically active. You know that because of how hard it is to get rid of it. Now, granted, this isn't fair. But you're probably old enough to know life isn't fair. While it

may be easier to lose gut fat than it is hip fat, this mid-section fat is also contributing to an increased cholesterol level, higher triglyceride levels, and all kinds of other increased risk factors in his life. Not good things.

That's why twenty extra pounds on a man is more dangerous than twenty extra pounds on a woman. Because of where it's stored.

As a result of this, we can use a tape measure to help predict your future. To keep this risk factor under control, we know that a man's waist size should not go above 40 inches. For a woman, it shouldn't go above 35 inches. That's true for whites, blacks, and Hispanics. For Asians, men's waist sizes should not go above 35 inches; for Asian women, 31 inches. And where you measure is not necessarily where you would think. It's not at the bellybutton level. If you press on your lower abdomen you should be able to find two protruding bones at the top of your pelvis. This is called the iliac crest. Now if you can't find those bones... that's a risk factor right there! Measuring at the iliac crest level, parallel to the floor, go all the way around your body to get your official waist

measurement. If you are above the target cutoff for waist size, you are at an increased risk for all kinds of future health problems including something called “insulin resistance.”

5. *Don't Resist.*

The disease you probably have, that you haven't even heard about, is insulin resistance. First, a basic review. Insulin is the substance secreted by your pancreas that allows blood sugar into your cells. Without insulin, the food you eat cannot get into the cells to be metabolized. About 1 in 3 adults have insulin resistance and 90% of them don't know it. About 70% of those with insulin resistance will go on to become diabetic in their lifetime. In insulin resistance, the cells don't respond as well to the insulin of the body as they should. As a result, the blood sugar stays high and doesn't go into the cells as efficiently as it was designed. This high circulating sugar makes your arteries more susceptible to damage. As a result, insulin resistance also increases risk for coronary artery disease. Your risk for damage to the kidneys, eyes, and nerves also goes up with insulin

resistance. The risk for dementia increases as well.

Unfortunately, you can have normal blood sugar levels and still have insulin resistance. The pancreas can simply pump out more and more insulin so that eventually the blood sugar can enter the cell, even though it is resistant to a normal amount of insulin. It can do that for years and years and a standard blood sugar test or even an A1C will show normal levels. But eventually, the beta-cells of the pancreas can't make enough insulin and that's when the blood sugar stays high and a diagnosis of diabetes is made. Most physicians today are not testing for insulin resistance. The test, called an oral glucose tolerance test (OGTT), follows what happens to your blood sugar levels for two hours after taking a high challenge dose of sugar of 75 grams of glucose after an overnight fast. Fasting blood sugar and A1C are not as dependable as the OGTT. You need to get this test done. If you have insulin resistance, it is contributing to your cardiovascular disease and you need to take steps to get it under control. Exercise, losing weight, and

cutting down on soda and all sweetened beverages will help. Research also suggests that emphasizing foods rich in magnesium like leafy greens, whole grains, nuts and beans can decrease insulin resistance too. A magnesium supplement of somewhere between 300-400mg per day may also help.

Research shows that if you have insulin resistance you can decrease your chances of going on to diabetes by about 60% if you will exercise about 30 minutes a day, 5 days a week and lose just 7% of your body weight. If you're overweight at 200 lbs, that means losing 14lbs. You do NOT have to get to your ideal body weight to see health benefits.

But That's Not Enough

Unfortunately, neither you nor your physician still really knows what's going on in the very place where the disease starts: the artery wall.

The current standard of care for predicting cardiovascular risk and the government's National Cholesterol Education program are based on a

large, well-respected study involving a group of people from Framingham, Massachusetts. Looking at the health habits and health outcomes of this large group of people over several generations has allowed researchers to make associations and estimates of your future health risks.

For example, let's say you are a 50-year old male, don't smoke, have normal cholesterol levels, are not overweight, eat well, and exercise. Your statistical odds of having a heart attack over the next ten years is about 4 %. Minimal. Probably not going to happen. Nothing to worry about. But the problem is that that prediction is based on a *population* experience. In other words, if you got a group of one hundred people just like you, only four of the one hundred would be expected to have a heart attack in the next decade. But YOU are not a population. You are an individual. The current standard that most doctors use to determine your statistical risk is NOT very predictive of you, as an individual. If you have a 4% risk, your physician is just going to congratulate you and tell you to keep up the good work. Yet everyone knows stories of people who did ev-

everything right, followed the rules, were healthy, and still died from an unexpected heart attack. The normal response to a tragedy like that is “Well, you never know, you never can tell.” WRONG! We now absolutely can tell. A heart attack or stroke is not a surprise if you know what to look for. You can see it coming. And if you know what to look for you can PREVENT IT! *And THAT is the point!*

The limitation of predicting your future risk based on population data was demonstrated in a study that looked at 222 adults who had already had a heart attack at an early age. The men were less than 55 years old and women less than 65 years old when they had the attack. The current National Cholesterol Education program standards missed 82% of the females and missed 66% of the males. They were told they were fine and yet they had a heart attack. The current risk factor approach tends to identify high-risk people. But it misses a lot of people who still go on to have a cardiovascular event. I don't want one of those people to be you.

Optimal treatment is based on *individual* risk,

not statistical risk.

A New Approach

When my dad died at the age of 56, that one event tore my family apart; we were never the same again. My dad was relating to me as a young man of 23 and no longer as just his boy. I liked that. My sister lost her dad when she was just 16. It's tough enough to be a teenager; it's even harder when you lose a parent at that young age. My mom became a widow at 52. That's too young to be a widow. As I've said, my dad was not overweight, he didn't smoke cigarettes, and he wasn't a couch potato. But you can't see what's going on inside your body from the outside. Just because you are supposedly doing everything right, doesn't mean everything's OK.

At a young age I learned the importance of health. I saw firsthand what happens if you don't have it. This is one of the main reasons I went into the field I did. I've dedicated my life to the topic of prevention. While I have learned a lot in my career, more importantly, I

have access to a lot of smart people. And some of those smart people have put together a one-of-a-kind program you can't find anywhere else. And this program is specifically designed to stop that Vietnam War we're having in this country every three weeks. It's designed to make sure that *you personally* will never have a heart attack or stroke.

I am both a proponent and personal patient of this new approach to preventing America's big killer. I think it has saved my life. Established by a group of leading doctors, this new method is not being practiced by today's average physician or even cardiologist. The fact of the matter is that it takes, on average, approximately 15 years for research discoveries to be practiced in your doctor's office. A lot of us don't have 15 years to wait.

Most cardiologists today are what are called "lumenologists;" they look at whether there's a problem with the flow of blood in your arteries. They check to see if the lumen, the place where your blood flows inside the artery, is open by doing stress testing, angiography, and other measurements. They want to know if there's

a blockage in your circulation. *Unfortunately, most heart attacks are caused by non-obstructing plaque.* As much as 99% of all plaque in the arteries is extra-luminal, growing in an outward fashion away from the lumen. It doesn't interfere with blood flow until the disease is often quite advanced. Since atherosclerosis can be present in the artery wall of the vessel years before it impacts the blood flow in the lumen, the better approach looks at the anatomy of the artery wall itself.

NBC reporter Tim Russert's cardiologists looked at the lumen. He was on statins and received the best cardiovascular care available. He passed a stress test eight weeks before he died from a heart attack. His doctors probably did not look at the anatomy of the artery. Your lumen can be completely open and you can still have a heart attack!

For your TRUE, ACTUAL, PERSONAL risk assessment, the extent, location, and severity of the disease in the artery has to be determined.

What's Next?

We can now look at the anatomy of your artery walls. With the help of new technology, that is not yet widely available, we can see if you have diseased arteries long BEFORE any problem shows up with traditional tests. We now can find out why you have the disease and determine specifically what YOU can do about it.

You don't ever have to have a heart attack or stroke.

Reserve your seat right now for *The Executive Heart Program* where you'll learn everything you need to know.

If you want to keep from ever having a heart attack or stroke, or know someone who has already had one, you and they need to attend. Don't wait. Research has now shown us how to prevent the number one killer of Americans. Don't become a statistic. Take charge of your health. Do it for yourself. Do it for those you love.