

Not Just Heart Healthy... Heart Happy

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Overview

- Healthy Lifestyle
 - Why is it important
 - Failing: Acknowledging failure
 - Reflecting: What went wrong and why
 - Overcoming: Establishing different avenues going forward
- Establish what it means to be not only Heart Healthy but Heart Happy
- Please send in comments throughout the talk with questions, tips or ideas of what has worked in your practice so that we can share with the community

Why is Heart Healthy Lifestyle Important: Stats

- Heart Disease #1 cause of mortality in US
 - 655,000 people die annually from heart disease
 - 365,000 people die annually from **coronary** heart disease
 - ~800,000 people have a heart attack every year (this means about 1 person every 40 seconds)
 - \$219 billion spent on heart disease in the US in 2014 and 2015
- NHANES for 2017-2018 showed 42% of US is obese
- South Dakota 22nd in the nation for obesity

Fryar CD, Chen T-C, Li X. [Prevalence of uncontrolled risk factors for cardiovascular disease: United States, 1999–2010](#) NCHS data brief, no. 103. Hyattsville, MD: National Center for Health Statistics; 2012.

Benjamin EJ, Muntner P, Alonso A, Bittencourt MS, Callaway CW, Carson AP, et al. [Heart disease and stroke statistics—2019 update: a report from the American Heart Associationexternal icon](#). *Circulation*. 2019;139(10):e56–528.

Diet Supplements, Programs and Fads

- Approximately \$30 billion spent annually on supplements in 2015
 - In comparison approximately \$54 billion out of pocket spent on prescription drugs
- Programs:
 - Sanford program ~\$400/month
 - Jenny Craig \$15/day
 - NutriSystem \$10/day
- Fads:
 - Paleo
 - Adkins
 - Keto
 - South Beach
- Weight Loss Medication Prescriptions

COMMENTARY

Pricey Pee: Time to Regulate Vitamin and Dietary Supplements

Maintenance of lost weight and long-term management of obesity

Kevin Hall and Scott Kahan Med Clin North Am. 2018 Jan; 102 (1): 183-197

- More than 50% of weight lost regained at 2 years
- Approximately 80% of weight lost regained at 5 years

Diet alone can have huge impact

- Making these 6 changes can decrease risk of heart disease by as much as 90-95%

Lifestyle Change	% Reduction in Heart Disease
50% decrease in total cholesterol	50%
6mm decrease in diastolic blood pressure	16% (42% Stroke Reduction)
Stop smoking	50% risk of sudden heart attack
Maintain ideal body weight and waist size	35% - 55%
> 150 minutes per week of moderate exercise	35% - 55%
> 5 servings of fruits and vegetables a day	20% - 25%

Lloyd-Jones, D. M., et al, Risk Factor Burden in Middle Age and Lifetime Risks for Cardiovascular and Non-Cardiovascular Death (Chicago Heart Association Detection Project in Industry). The American Journal of Cardiology 2007. 99 (4): P535-540

Diet on Cancer

- World Cancer Research Fund and American Institute for Cancer Research data
 - ~33% of most common cancers in US could be prevented if we focused on mitigating: Tobacco use, sedentary lifestyle, dietary factors and obesity
 - ~340,000 preventable cancers occur in US each year

McMichael, A.J., Food, nutrition, physical activity and cancer prevention. Authoritative report World Cancer Research Fund provides global update. Public Health Nutr, 2008. 11(7): p. 762-3

Plant based diet

- Review of 3 large prospective studies (Nurses Health Study, Nurses Health Study 2, Health Professionals Follow-Up Study) showed:
 - Adherence to healthy plant based diet showed lower risk of CHD
 - Adherence to unhealthy plant based diet still linked to CHD

Satija, A., et al., Healthful and Unhealthful Plant-Based Diets and the Risk of Coronary Heart Disease in US adults. J Am Coll Cardiol, 2017. 70(4): p. 411-422

Poor Hospital Nutrition

AMA Journal of Ethics

Illuminating the Art of Medicine

The Ethics of Hospital Cafeteria Food

Lenard I. Lesser, MD, MSHS and Sean C. Lucan, MD, MPH, MS

YEAH, I'M INTO FITNESS



**FITNESS WHOLE
PIZZA IN MY MOUTH**

Perceived Quality of Life!!!

Patient Failures?

- Is it a failure or just a set back?
- Expect it
- Embrace it
- It is often necessary to fail in order to learn
- Always remember that as providers and healthcare workers we are not immune from failure, particularly with Lifestyle!

Reflecting and Reviewing

- It's paramount to help and encourage patients to reflect on their lifestyle choices and failures
- Determine what went wrong and why
 - What was the trigger?
 - How did you feel afterward?
- Back to the drawing board
- Both a patient and provider review
 - Accountability
 - Patient confidence
 - Support Network

My Patient Intake Sheets

Personal Dietary Review

☐ Do you eat breakfast? (Yes / No)

If yes, list a few examples of things you eat?

☐ Do you eat lunch? (Yes / No)

If yes, list a few examples of things you eat?

☐ Do you eat dinner? (Yes / No)

If yes, list a few examples of things you eat?

☐ Do you eat between dinner and bedtime? (Yes / No)

If yes, list a few examples of things you eat?

☐ Do you use a fiber supplement like Metamucil or psyllium husk? (Yes / No)

☐ Have you made any dietary changes recently? (Yes / No)

☐ Have you tried any diets in the past such as:

☐ Adkins

☐ South Beach

☐ Mediterranean

☐ Paleo

☐ Other (Please list) _____

☐ Do you read nutrition labels on food you are buying? (Yes / No)

If yes, what do you look for? (Example: low salt content)

☐ Have you noticed any reasons or habits that contribute to the way you eat, for example stress eating, boredom, ease of fast food, cost of food, etc...?

Personal Commitment and Reflection Page

☐ Have you tried making any dietary or lifestyle changes in the recent past? (Yes / No) (Example: exercising more, eating less fast food, etc.)
If yes, what were they?

☐ What are some techniques that have helped you reach your goals in the past?

☐ What are some reasons that you have failed at maintaining dietary or lifestyle changes in the past?

☐ Are there any goals you feel that you could implement immediately with regards to diet, exercise and lifestyle? Some examples are below

- ☐ Eat smaller portions
- ☐ Chew food more slowly
- ☐ Stop eating when 80% full
- ☐ Avoid or limit fast food
- ☐ Increase activity
- ☐ Read Food Labels
- ☐ Avoid adding salt
- ☐ Other: _____

☐ Are there any diet, exercise or lifestyle goals you see yourself starting or achieving in the next 6 months? If yes, write them out below:

Lifestyle Medicine Vital Signs

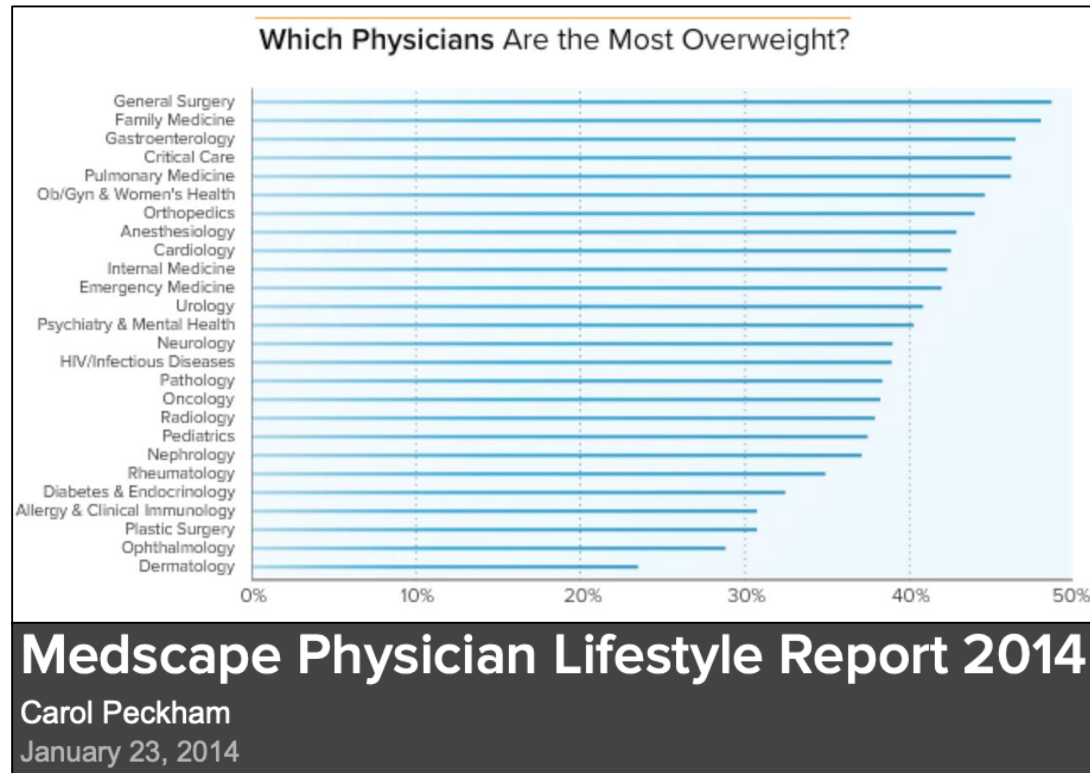
Additional Measures to Help Us Guide Patients to Healthier Life Choices

- Physical Activity
- Diet
- Sleep
- Mental Health: Stress and Emotional well-being
- Tobacco use
- BMI

Lianov, L. and M. Johnson, Physician Competencies for prescribing Lifestyle Medicine. JAMA, 2010. 304 (2): P. 202-3

Health Care Providers

- Tight White Coat Syndrome
 - Percent of obese physicians paralleling general population
- Hospitals are “Obesogenic”
- “Skinny Obese”: thin but metabolically bad



Identifying with Patients

- Embracing and accepting our own failures will help us be more empathetic with our patients
- We all have similar struggles
- Set small attainable and sustainable goals
- Always seek out the positive
- Physician empathy is crucial

Lack of Nutrition and Lifestyle Training

- Medical schools lack substantial formal dietary education
- APP's get varying amounts
- Continuing education is not required in this area

What can we do, given that we have a lack of formal training in diet and lifestyle

- Avoid refined and processed foods
- Reduce portion size and encourage caloric restriction
 - Eat until 80% full
- Avoid snacking in between dinner and bedtime, as well as nocturnal snacking
- Increase fiber intake, particularly before larger meals
- Encourage physical activity that is suited to patient's level
- Recognize that food is addictive
- Trying to adopt a Calories In = Calories Out mind set
- Try to set small attainable and sustainable goals

Collaboration has Additive Benefit

- Effects of weight loss when provider, dietitian or both provided educational interventions
 - Physician alone patient lost 2.6 lbs
 - Dietitian alone patient lost 12.3 lbs
 - Physician plus dietitian patient lost 13.2 lbs
- Training lay health educators is associated with improved implementation of lifestyle interventions

Flodgren, G., et al., Interventions to change the behaviors of health professionals and the organization of care to promote weight reduction in overweight and obese adults. Cochrane Database of Systematic Reviews, 2010(3)

Krukowski, R.A., et al., Training of lay health educators to implement an evidence-based behavioral weight loss intervention in rural senior centers. Gerontologist, 2013. 53(1): p. 162-171

Conclusion

- Learn from failures and setbacks
- Accountability is vital
- Practice empathy
- Practice positive reinforcement
- Everything that applies to patients, applies to healthcare workers
- Help establish and be a social support!

“Ultimately our pursuit as providers is to guide our patients, and one another, to sustainable lifestyle practices that do not appreciably impact their perceived quality of life. Achieving this will not only culminate in a Heart Healthy lifestyle, but a Heart Happy life”