Understanding Who's at Risk for Aggressive Heart Disease
AM 570 KVI
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Eugene Yang, M.D.
Barry Holloway

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Introduction

Andrew Schorr: We are live on AM570 KVI. Get ready. Hold onto your hat as we give you the truth about coronary artery disease. We have a leading cardiologist with us, and we're going to help you understand who's at risk for aggressive heart disease. Where does cholesterol come in? We're also going to question some of the things you've heard in the last half hour on KVI. What is the scientific evidence related to fish oil and this coQ10 you heard about? What's the truth? How do cardiologists feel about it? We'll be back with all this and your questions on Patient Power right after this.

Good morning. Thank you for being with us live on AM570 KVI. Andrew Schorr here week after week trying to bring you the most credible health information. I'm an 11-year cancer survivor. It help me, and I want to help you. This is the only show on radio or the Internet anywhere where we do this week after week, so I hope it will be like Starbucks or Amazon.com or Costco starting here in Seattle and going around the world, and I'm happy to tell you I do that. Every day I do a show on the Internet as well, 10:00 to 11:00, just go to www.patientpower.info.

I want to thank the folks who make this possible, and I want to give a special thanks right now to the University of Washington Medical Center, UW Physicians, and also Harborview because now they've signed up for a third year of sponsorship of this program, and that's what makes it possible. Also, a special thanks to other wonderful elite medical centers that have joined in; Swedish Medical Center, thank you very much, the folks at Senior Guidebook, Seattle Cancer Care Alliance, Evergreen Medical Center helps out a lot, thank you, and Virginia Mason has helped out throughout the year as well. These are all folks devoted to you getting the most credible information.

Now, when we talk about heart disease, there's good information and there's baloney as well, or there's stuff that's just not proven, and you heard some of that just a little while ago. We're going to talk about that on our show. We have with us I think a pretty bright light in cardiology, and up-and-comer in the cardiology department at the University of Washington, Dr. Eugene Yang.
Dr. Yang is a practicing cardiologist with the University of Washington but over on the eastside in Bellevue, right Dr. Yang?

**Dr. Yang:**
Yes, that’s correct.

**Andrew Schorr:**
And thank you for being with us. He's spent a lot of time studying special imaging technology of the heart to try to understand what's going on with your heart and your heart arteries, and he's also been studying sort of the molecular makeup of the stuff that blocks the arteries, and what we're trying to understand is who has aggressive heart disease and who doesn't, and sort of what I would describe as, do you think Dr. Yang, beyond cholesterol and beyond the numbers? That's what we're really trying to understand.

What would you describe as the "holy grail" related to coronary artery disease?

**Dr. Yang:**
Andrew, that's a very good question. I think that in the past five or six years there's been a change in the prevailing wind about what really is putting patients at risk for heart disease. So now we have this concept called the "vulnerable plaque" which basically is cholesterol buildup in an artery, which is unstable, and these unstable cholesterol buildups are the lesions or blockages within the vessels that seem to cause patients to be at risk for having events such as heart attacks, and so a lot of our effort now has been focused on trying to identify ways to find these individuals who are at risk and who do have these vulnerable plaques in their arteries.

**Andrew Schorr:**
Okay, so, it's not just about your cholesterol number, and I was just looking on the American Heart Association website, and they give you some very helpful information about trying to lower your cholesterol, diet, exercise. We'll talk about all that. When do you need medicines to help, but also do you have a situation where you're heart disease could develop and become much more serious more quickly, more aggressive, etc.

Now I want you to meet a new friend of mine, Barry Holloway. Barry, welcome to Patient Power. You're joining us from White Salmon, Washington, right?

**Barry:**
Yes, that’s correct.

**Andrew Schorr:**
As I understand, you're on the Columbia River across from Hood Canal, Oregon?

**Barry:**
Hood River.
Andrew Schorr:
Hood River, sorry, yes.

Barry:
No problem.

Andrew Schorr:
Yes, that's right, parasailing or windsurfing country there.

Barry:
Windsurfing country, that's correct.

Barry's Story

Andrew Schorr:
The Columbia Gorge, yes the wind's always blowing, and it's a beautiful area. So there you were. You were in the military for years, an Air Force mechanic. You become a safety manager, and you go up, and you're working for a cruise line, and you're up in Alaska, and you start falling to your knees dizzy. What was going on?

Barry:
I didn't understand what was going on. I just had no idea. First I thought it was just a problem with food, that I had eaten something that caused me to do this. It never dawned on me that something more sinister was going on. I learned to cough, and I would cough it away, and so for the next eight months I would go in and out of this. Sometimes as long as a month would go by before it would recur.

Andrew Schorr:
Okay, folks, I want to tell you what was going on. First of all, Barry grew up with a lot of home remedies, right Barry?

Barry:
That's correct.

Andrew Schorr:
Didn't like going to the doctor.

Barry:
Nope.

Andrew Schorr:
So here you're having weakness; you're falling to your knees. Was your heart beating fast?
Barry:
Oh it was just going 900 miles an hour.

Andrew Schorr:
Heart was thumping. He's up in Alaska. Finally after eight months coughing wasn't working. You get to the hospital, and they say, 'Oh my, you're having..." what do we call it, Dr. Yang? Ventricular...

Dr. Yang:
Ventricular tachycardia.

Andrew Schorr:
Right?

Dr. Yang:
That's correct.

Andrew Schorr:
This is not good folks. This is not a good thing. So they airlift Barry down to UW Medical Center, right?

Barry:
Yes, that's correct.

Andrew Schorr:
Okay, long trip, seriously ill guy, and they recognize this arrhythmia. They do what's called an ablation, so this is electrophysiology, right Dr. Yang? They go in, and they zap sort of a part of the heart muscle and get it to beat regularly. Did I get it right?

Dr. Yang:
Right. In his case basically he had an electrical derangement of his heart, some extra electrical wiring that they literally zapped in order to prevent it from recurring.

Andrew Schorr:
Okay, and at that time they did all sorts of imaging of you, Barry. This was back in 1999/2000.

Barry:
That's correct.

Andrew Schorr:
And you were not seen to have cardiovascular disease. You were not seen to have clogged up arteries, correct?
Barry:
Not at that time. I knew of two small spots that I had discovered in a scan that had been taken years before, but I never really related it to that.

Andrew Schorr:
Right, okay. So they said you've got an arrhythmia problem. A lot of people do. They fix that with modern technology like they do at UW Medical Center, and you're good to go, and we should mention that in your family history though Barry, you were a guy who walked around with high cholesterol, I mean up in the 300s, what 325 or something?

Barry:
Right. Right, 307 to 327 was pretty common.

Andrew Schorr:
Okay, so a man who walked out with sort of a high cholesterol that was normal for him, and there are people like that, right Dr. Yang?

Dr. Yang:
I think that things have changed since that time. Certainly cholesterols in the 300 range are abnormal, and there has been greater emphasis recently to be much more aggressive about lowering cholesterol. Typically a patient today who has a cholesterol of greater than 300 they would be treated with cholesterol-lowering medication.

Andrew Schorr:
You'd be all over it. Okay, but you were a home remedy guy back then too, Barry. Okay, so here we go. You get to this January, and what happened then? You started to have chest pain, right Barry?

Barry:
Right. I exercise pretty normal. I try to walk every other day for probably three to five miles. Now, on this one particular day I noticed this dull but continuous ache in the upper right side of the chest, and so I, pulling a "Barry" again, I didn't do anything about it for a day or two and continued to just see if it was there, and finally I said, 'Well, let me try walking harder and see what happens.' So, I walked harder, and the pain intensified, and that's when I said, 'Okay, enough is enough. It's time to go see a doctor.'

Andrew Schorr:
But you'd had some pain over several days, right?

Barry:
Yes, yes.

Andrew Schorr:
Okay, like maybe a week?
Andrew Schorr:
Pulling a "Barry." And as we said, pulling a "Barry," my new best friend Barry Holloway. So, here's the guy who was coughing trying to cough is way out of a heart arrhythmia back in 1999 and ends up being airlifted to UW Medical Center. Fortunately things worked out then, and now you have chest pain and you go on for a week. Well, okay. Dr. Yang will pick up the story where Barry had more aggressive coronary artery disease and ended up with angioplasty, right, two stents, and you kind of tried to unclog that, and now you're on a bunch of medicine too Barry?

Barry:
That's correct.

Andrew Schorr:
Whoa, all right. I think I got it right. I played reporter here. We're going to talk about what does this all mean for you folks, and I think that what we want you to get from Barry's story besides Barry you have arrhythmia, your heart's thumping, you have to find yourself a cough to try to get your heart to beat normally. Don't wait folks. And also, if you have chest pain, don't wait.

Barry:
That's correct.

Andrew Schorr:
So, Barry is a very lucky guy two times here, so we don't want to you "pull a Barry." But the other thing that we want to get into on Patient Power today is the whole story of where did his aggressive coronary artery disease come from when it wasn't observed back in 1999 when believe me they went over his heart and heart arteries like, you know, from top to bottom, and that's what Dr. Yang will help us understand. Where does this come from? Who is it aggressive in? Barry stay with us. We're going to be back with more of Patient Power and a very interactive discussion with you. We've got a leading cardiologist, and we want to take some calls.

Welcome back to Patient Power. Andrew Schorr here. Hey, I want to make a couple of comments. Please listen carefully. There are a lot of products, health products, advertised in commercials and in long-form shows like you heard in the one previous to this. Talk about this stuff with your doctor. Have open communication. You know, look, I had a life-threatening condition, cancer, and if I thought that my doctor wasn't giving me the straight scoop, and believe me I looked under rocks for information, and if I didn't have that trust I would tell you. I believe, and I know a lot of doctors; I know naturopaths, I know massage therapists, acupuncture experts; and I think these sort of certified healthcare providers are very devoted to you, and increasingly they want to work as a
team. They understand that there are a lot of modalities that come into play, and I really
don't believe there's anybody trying to have you take a certain prescription medicine or
have a certain imaging test and honestly trying to put one over on you. So, when there
are programs like the one earlier that talked about fish oil and coQ10 and suggested that
there are doctors in the cardiology field trying to have you take a statin but then damage
your muscles because it limits your coQ10 levels, I just don't believe is true, and so I
wanted to pose that to Dr. Yang because this is what Patient Power is about, and then
we're going to go on with coronary artery disease and understand who it may be
aggressive for and what we're learning.

Dr. Yang, just are there studies that say that statins will hurt your heart for all the people
they've helped and if they lower this level of coQ10 that that's setting the stage for bad
things?

**Dr. Yang:**
I think there's a lot of information that's disseminated to the public that really hasn't been
proven, and as you suggested one of the real problems is that there isn't any regulation of
over-the-counter medications unlike there is with pharmaceutical companies that have to
undergo rigorous clinical trials to determine efficacy of their therapies as well as to
evaluate side effects. When you have over-the-counter medications there are no
regulations.

Another problem, for example, is that a study that was published actually out of the
University of Washington looked at something called niacin, and niacin is an effective
cholesterol-lowering medication, and when they examined 29 preparations of niacin they
found that almost half of them actually had no active ingredient, nicotinic acid, and so
people were purchasing supplements that they thought were going to be beneficial to
them when in fact there was no active ingredient that would help them in terms of
controlling their cholesterol.

So this is a major problem, and your point about statins and the studies that have shown
rather unequivocally that they reduce risks of heart attacks and strokes and prolong life in
patients, there are very few medications that have been studied to such an extent that
have demonstrated that kind of beneficial effect.

In terms of side effects, it's true that in a small percentage of patients, and I want to
emphasize that point, which is that it's really rare for patients to have myopathies or
myalgias, which are muscle aches and muscle pains from these medications, and so
although there is concern about these symptoms, the reality is that it affects very few
people.

**Andrew Schorr:**
Okay. So folks, here's the point, the Patient Power moment, if you will, is if you have a
cardiologist like Dr. Yang, have a frank discussion about all the stuff you hear on the radio
or wherever because I don't believe there's a conspiracy theory at work here that your
cardiologist is trying to not tell you as was suggested in the previous program that there are certain negative effects that may be negatively affecting your body and your heart from the medicines you're taking. Okay, have that discussion. Go do it. Okay, so the action item is if you're a heart patient and you're taking a statin as millions of people are, sit down with your doctor and say, 'Hey, I heard this on this radio station about maybe there's something you're not telling me.' Ask them. Just ask them, okay? Don't feel like you need to run to the health food store or buy a product, call the 800 number, don't tell anybody because somebody's trying to put one over on you because I don't believe that's true, okay? Evidence-based medicine; that's what we're about.

New Technologies for Diagnosing Heart Disease

Andrew Schorr:
Let's go on and talk about coronary artery disease. So there was Barry, and it didn't really show up in the way that you were able to image in 1999 at the UW whether he had aggressive or could have aggressive heart disease. They fixed the arrhythmia, so how does it come out that this guy has pretty severe chest pain years later when he was sort of given a clean bill of health, if you will, back in 1999?

Dr. Yang:
Well, Andrew, I think this raises a critical point, which is that we have significant limitations in terms of the way that we detect the disease, and fortunately over the last few years we have improved our ability to try to look at the disease in different ways with different imaging techniques; however, in 1999 when Barry had his angiogram to rule out potential blockages of arteries as the cause of his arrhythmia, at that time his angiogram showed really no significant obstructions or blockages of his arteries. However, the problem with using coronary angiography, or x-ray angiography, to look at disease is that it really only provides what we call a lumenogram or two-dimensional view of the arteries. What we now realize is that the disease initially sort of develops where there is something called positive remodeling where the actual size of the artery doesn't change, but the disease is actually present and can be severe in the absence of any angiographic evidence of disease. So, Barry may have had severe disease at that time, but it was just not detectable with that imaging technique.

Andrew Schorr:
Okay, so today if somebody's concerned about that, how do you get at that? What are the imaging modalities that start to help you understand there's a bad actor at work there?

Dr. Yang:
So, again, a lot of these things that are being developed now are techniques that provide us sort of in a non-invasive way potential blockages of arteries. So, while the two-dimensional angiogram is useful, there are new techniques using CT scans, using MRI, which are currently in development that potentially allow us to visualize the actual disease within the blood vessel that the conventional methods are unable to do so.
Andrew Schorr:
Okay, and you've studied that of course, but you're also into kind of the molecular makeup of plaque. Where are we there in understanding do you have, kind of, the biology of your plaque is such that it's just going to lie there and maybe occlude the artery, narrow it some, but not break off, not cause a heart attack, but in somebody else it's a disaster waiting to happen?

Dr. Yang:
Right, so that, as we were talking about earlier, this issue about the vulnerable plaque really gets down to what are the differences between individuals that lead them to have events? So you can have a 40-year-old man who has very little cholesterol buildup in his artery, yet he has a rupture of this plaque or an erosion of a plaque that causes him to have a heart attack. On the other hand, you can have an 80-year-old person who has all the risk factors, is an active smoker, has diabetes, and may have severe blockages of his arteries and never have a heart attack. So what confers this different susceptibility to having an event?

The great thing about medicine and about cardiology I think is that we try to push the forefront of trying to understand the disease, and with new technologies, especially genetic techniques, we're beginning to understand what players are involved in enhancing or making individuals susceptible, and inflammation is something that has emerged in the last few years as something that likely contributes to people being at risk for having the events and those who are not.

Andrew Schorr:
Okay, and what I feel good about folks here, I'm in my mid-50s, is I look at Dr. Yang, a relatively young man and a really smart guy in cardiology now with a big cardiology department at the University of Washington, that they're studying this, and I think in your career, Dr. Yang, we're going to start to get some answers, I'm sure you'll help, so that we can know do we have aggressive heart disease or potentially aggressive heart disease where previous kinds of imaging wouldn't have said that and that we need some intervention.

We're going to take a break, and when we come back we're going to continue our visit with Barry Holloway, and he's going to give you advice as a patient, don't "pull a Barry," don't wait, and get the care you need, and also with Dr. Eugene Yang from the University of Washington cardiology department helping us understand where things are headed and what you can do today in discussion with your cardiologist so you get the care you need and deserve. We'll be back with more of Patient Power on AM570 KVI.

Welcome back live on AM570 KVI broadcasting on the Internet to the world, although around here in Western Washington we've been having a pretty good summer. I'm glad we had thunderstorms around Seattle the other day because I hate watering my plants all the time. I'm not that good at it. So anyway, hopefully a good July 4th. Where I live we
actually had fireworks last night, which was fun, and it was a lovely evening, so hopefully things are going well for you.

I want to mention just a couple of things. I've lost two dear friends to head and neck cancer. One was actually kind of my most famous friend. He was the executive producer of Star Trek, Michael Pillar if you're a "trekkie," and Mike died a year or so ago, and then another good friend up here, Bob Moore who was with a pharmaceutical company, that's how I met him, GlaxoSmithKline, and I want to give tribute to Bob. He died very recently, and there's a memorial service for him today, and Bob was a guy who understood the importance of educating us as patients, and Glaxo being one of the largest drugs companies has spent a lot of money on that. Bob, I met him on a ski lift at Stevens Pass a few years ago, and he said, "What do you do?" and I said, 'Oh I do talk shows for patients.' And he said, "Really?" and he said, 'Well, I'm in the area of asthma, and maybe my company would like to support better understanding of asthma and what can be done now.' Yes, they made a product for it of course, but they generally wanted to help people be smarter asthma patients. That's made a huge difference, so I'll always remember Bob for his commitment for helping get funding for patient education. Thank you, Bob. I miss you terribly.

**Good Heart Health Starts with Diet and Exercise**

**Andrew Schorr:**
Okay. Let's go on. We're talking about heart disease today and our devotion to education there. We're with Dr. Eugene Yang who is with the University of Washington. He's a cardiologist there. So, Dr. Yang, two questions for you. The first is, for someone who is already a heart patient and being followed and has a relationship with a cardiologist, and we bring up this whole thing of not just what is your cholesterol and we're trying to lower your blood pressure and your cholesterol, but what they can do to first of all determine do they have sort of a more aggressive situation and then things they can do no matter what to try to prevent one of these bad things happening, a heart attack or a stroke.

**Dr. Yang:**
Well, Andrew, I think that one of the things that is not emphasized enough is how important it is for patients to take some degree of responsibility for themselves, especially if they have risk factors for heart disease, a family history for example, high cholesterol, high blood pressure, or diabetes, that exercise and dietary changes, lifestyle modifications are critically important. So although we can do our best with medications to control blood pressure and to control diabetes and cholesterol, the reality is that if we look at studies that have evaluated how important exercise and diet are, there really aren't any medications that are more effective than those behavioral modifications in terms of reducing those types of risks for heart attack and stroke. So, while it's great for patients to take medications religiously to lower their cholesterol and to control their blood pressure, we also need to take in consideration that other very important aspect of our
healthcare, which is that we need to do things such as diet and exercise, which will further enhance these medications and lower our risk for having those types of problems down the road.

Andrew Schorr:
I want to make a comment. I interview doctors all the time, and so I interviewed a sports medicine doc, but they define sports medicine now or almost sports as activity period. So, you're in your 50s, 60s, 70s, like many of our KVI listeners and maybe you have arthritis, and so here Dr. Yang says, 'Well, you want to have a healthy heart or healthier heart, exercise,' and you think well that means jogging or something like that, and you say, 'My joints can't handle that, etc.' Swim.

Dr. Yang:
Yes.

Andrew Schorr:
There are lots of things you can do. Just go in a pool. Walk around in the pool. Find one like that. Or I do a recombinant bike, so I don't have the pounding. It doesn't hurt my back. So, there are things you can do, but just do it to the extent you can, and then I want to get Barry back on.

So, Barry, you had some serious heart problems along the way. You're kind of an exercise guy now, and you've gone through a big cardiac rehab exercise program, right?

Barry:
Yes, I did, and during this program they really emphasize what Dr. Yang was just talking about, which is diet. Diet is so important with heart-related disease. I can't over-emphasize that. It just became so apparent to me how important that was. You just can't have that four-egg, cheese, and sausage omelet anymore. You've got to have fruit and maybe some oatmeal for breakfast instead or something like that. You just cannot...

Andrew Schorr:
I have to tell you, you know, so I'm 56 years old, and I've said this publicly; I've not yet signed up for AARP. It's a good organization, but I just can't bring myself to do it, but I do get the "Senior Slam" at Denny's, but I get it with egg whites because you can do it at 55; so hell, I'll take the buck off, you know, so I'll do that, but again, egg whites, that's a good idea if you're going to have an omelet Dr. Yang?

Dr. Yang:
Well certainly that's better than having the yolk. I mean, most of the cholesterol from eggs comes from the yolk, so the egg white is essentially protein. So, yes, if you're going to choose to have that then that would be a preferable option.

Andrew Schorr:
But eat oatmeal, you mean? I should just have a different breakfast?
Dr. Yang: I try to be a little bit pragmatic, which is that you can't force people to not enjoy certain foods that they enjoy, but on the other hand, I think that there has to be recognition that eating unhealthy food regularly, and we all recognize what those foods are, is probably not a good idea, and so occasionally if you decide that you have to have...

Andrew Schorr: The "Senior Slam."

Dr. Yang: The "Senior Slam" or a piece of sausage, I cannot say that you shouldn't do that, I mean, because you have to enjoy some things, but I think it's really an issue of being diligent about subscribing to a healthy diet.

Andrew Schorr: That's like my kids, you know, my little boy, Eitan, has come to the idea that dessert goes with every meal. It's breakfast time! Oh, what's for dessert? I say, no, you know, and also we stopped at McDonald's the other day, and so he wanted the, what do you call it, the hashbrowns.

Dr. Yang: Oh, hashbrowns, okay.

Andrew Schorr: And I said, "you know, not such a good idea. They fry these in oil." We've been talking about that, and so a couple of days this week, and again trying to work on these healthy habits at an early age, he's been having some yogurt and fruit and mixing that in. So I think everything in moderation. I love chocolate cake. My wife says give yourself a treat of chocolate cake every once in a while but not like every day. So a lot of this I know is whether it's exercise folks, one foot in front of the other whether it's in the pool or walking, taking the stairs, parking your car a little further, or whatever these things are, are all to the good whether you already have some heart issues or you don't.

So what I get from you, Dr. Yang, is while you work on understanding the molecular composition of plague and while you work on CT and MRI what we can do today that's very powerful are the things that are within our control; diet and exercise. Now, I've got to ask you about fish oil because there have been countless shows about it. Do we take a pill or do we here in the Northwest or wherever you may be eat certain fish?

Dr. Yang: Well, you know, fish oil has definitely been shown to be beneficial. It's not so much the fish oil, but there's certain omega-3 fatty acids that are found in fish oil that have been demonstrated to potentially reduce the risk of heart attack and stroke. Those supplements that you see you have to be a little bit cautious, as we were talking about earlier, which is that there are certain omega-3 fatty acids in the fish oil. So, there are two components. One is DHA and the other one is EPA, which are omega-3 fatty acids, and those
components within the fish oil are what are going to be beneficial in terms of improving your cholesterol profile as well as reducing the risk of cardiovascular events. In terms of whether dietary intake versus oral supplementation with pills is better, the real problem is how much are you going to be able to gain from a diet? So typically the amount of fish oil or omega-3 fatty acids that you want to take in are typically going to be higher than what you're going to get by even eating a piece of salmon a day, for example, although that's beneficial, it's certainly probably not going to have the amount that is going to lead to those beneficial effects.

Now you have to understand that anything that you eat that contains these things is going to be of benefit, but in terms of where the benefit comes from in clinical trials, it's usually a substantially higher amount.

Andrew Schorr: What do you tell your patients then?

Dr. Yang: I think that most patients, they don't necessarily need to be on these pills. Now if patients have very high triglyceride levels, for example, and they're not being managed with medications, then as a supplement taking pills can help lower triglyceride levels by 20 or 30%, but if it's really for health reasons alone, in order to improve your overall physical health and reduce your risk of heart attack and stroke, just eating a healthy diet that contains fish that contain a lot of omega-3 fatty acids is beneficial. So a lot of this comes from the Mediterranean diet, and the Mediterranean diet emphasizes to a significant extent intake of omega-3 fatty acids, and so that's why I think that just by adhering to that type of diet, for example, people have been shown to reduce the risk of both for primary prevention of heart attacks as well as from secondary prevention, but that really comes from sort of a larger clinical study with supplementation of the diet.

Andrew Schorr: Okay. Well as you can hear, folks though, this is the discussion with you and your doctor, I think, trying to bring together what's been proven, what hasn't, and how it applies to you, and that's what we talk about all the time on Patient Power. If you think you need further answers, sometimes, or obviously if you have a more serious condition, you can always get a second opinion or consult with another doctor and say, well what do you think? And then again, you assimilate this information and make smart choices for you.

We're going to take another break. We'll be back with more advice for you and guidance as we discuss coronary artery disease, how to prevent it, how to manage it, and where are we headed with research; a lot of it being done at the University of Washington, and we have an expert like Dr. Eugene Yang here, a scientist and a cardiologist who is working on this too. Back with more of Patient Power right after this.

Here we are back live on Patient Power. I want to mention what's coming up on Patient Power, the full scope of what we're doing because about 4,000 people a day now are going to the www.patientpower.info website, and we have about 350 hours of discussions
just like this one with high credibility experts, inspiring patients like Barry Holloway, who we're going to hear from again in a minute.

I just want to tell you what's coming up this week. One relates to cardiology, Dr. Yang. On Tuesday, we're going to do a special edition program with a pediatric cardiologist, Dr. Michael Portman, who's at Seattle Children's here, and then a leading Head of Infectious Diseases at Children's Memorial in Chicago, and it's about Kawasaki disease, which affects a few thousand kids in the U.S. and a lot of Asian kids as well, and the bad effect of it should it progress is on your heart, so there are children who have heart attacks, and you're actually going to meet someone who had a heart attack at 19 years old. How does this happen? So, that's a very unusual program on an often not understood disease, Kawasaki disease.

Then we're also going to do a program on total hip and knee replacement. That will be coming up on Tuesday, and then we've got another program on multiple myeloma, which is a cancer. Some people know Mel Stottlemyre who was the pitching coach for the New York Yankees and a fabulous pitcher, and he was from Issaquah. I think Mel may still live in Issaquah. At any rate, he's been living with multiple myeloma as Geraldine Ferraro, who was a vice presidential candidate a number of years ago, a democratic party candidate and congresswoman, so we'll have the latest on that, and then also we're going to talk about brain and spine cancer. So we've go a lot coming up. Take a look at the www.patientpower.info website.

But now back to the world of cardiology. Are you living with heart disease? Are you worried about it?

**Who Should be Screened?**

**Andrew Schorr:**

So, Dr. Yang, we spoke about your work in MRI and others; PET, CT, 64-slice CT scans are advertised. You can get these scans and everything. So, if somebody's listening and they're concerned about could there be heart disease there that's undiagnosed or not seen yet to be aggressive, and they do not want to have a heart attack that could be potential fatal or a stroke, what do people say? Should they rush out and get one of these exams? Should they say to their doctor, 'I need an MRI of my heart?' What do you do?

**Dr. Yang:**

Well, that's a very controversial topic right now. I think that there are new imaging techniques that have been developed. One is a 64-slice CT scan, which allows us to image the arteries of the heart very quickly. So within 30 seconds a complete acquisition of the heart and the arteries can be produced and allow us in a noninvasive way, meaning that not using convention coronary angiography where we expose patients to some significant risk for complications, we do a procedure where we, like a typical CAT scan, can image the arteries of the heart. In addition, there's something call calcium scoring, which I
similar in that it uses in one case CAT scan technology using an electron beam, and that technology allows us also very quickly to look at the amount of calcium that's present within the arteries of the heart, and that calcium burden can be a marker of cholesterol buildup in the arteries. Now, when you ask about whether this is something that we should do routinely, that's something that is very controversial. Clearly patients who have very low risk for heart disease, so you have a 30-year-old man or a 25-year-old woman, who have very few risk factors or no risk factors for heart disease, doing a scan of this sort is really not going to be of use. In patients who are very high risk, for example, it may also not be beneficial, so what we're targeting is really the patients who are what we consider to be at intermediate risk for heart disease.

So patients, let's say, a man who is 45-years old who has high blood pressure and has high cholesterol, that's somebody in whom doing one or more of these different types of tests may provide us with some additional information that may change the aggressiveness with which we treat the patient, but again this is something that really hasn't been analyzed enough. There are risks with these procedures. With the 64-slice CT scan, for example, patients get exposed to a pretty substantial amount of radiation, although there are techniques now to reduce the amount of radiation exposure.

The second thing is that they also have an IV where they get contrast agents similar to what you get for other types of CAT scans, and so there is potential risk of allergic reactions or kidney problems related to the injection of that contrast material. So, it's not like these tests are completely benign; they do carry some risk; and so aside from risk you also have to consider the financial issues that if every person in this country had this scan, it would bankrupt out healthcare system, so we need to be judicious about who to use these tests in, and I think that's where we're still laboring with.

Andrew Schorr:
So folks, again, this is a discussion with your doctor, 'Where am I rated in my risk for coronary artery disease, and are there some tests that might help you and I work together, besides all the exercise and diet and things I'm doing, so that we can identify what my situation is and make sure it's treated properly.' That's an interactive discussion in an emerging area of medicine, right?

Dr. Yang:
That's correct.

Andrew Schorr:
Okay, all right. We're going to get some comments from Barry about what he would say to patients when we come back because Barry Holloway from White Salmon, Washington, wants you not to "pull a Barry" as he said and wait but get the cardiac care you need, and also Barry's been exercising and learning about his heart, and he has a little comment on that he wants to make. We'll be back with Patient Power and some important take-home messages for your heart right after this.
Okay, we're back wrapping up our discussion of how aggressive is your coronary artery disease, and what do you do about it, and we've talked about the importance of diet and exercise. We keep saying that, folks. It makes a difference. Barry Holloway had first an arrhythmia and got airlifted from Alaska to UW Medical Center. He had an ablation, you know, zapping a little part of his heart muscle to make things better, but also had later aggressive coronary artery disease.

You're doing well, Barry, so we were saying don't "pull a Barry." You waited when you were having terrible rhythm problems, and then you waited for awhile with the chest pain years later. What do you want to say to folks?

**Barry:**
You should not do that <laughing>.

**Andrew Schorr:**
<Laughing> Don't "pull a Barry.”

**Barry:**
Don't pull a Barry. You know, it's too easy to sit back and do nothing. That's the easiest thing in the world you can do, but it's wrong. It's so wrong. You should immediately listen to your body and seek help, and that's through your doctor. Through your doctor and modern day medicine and chemicals that are available, they should be able to put you on the road to recovery, and on top of that you need diet. Diet is extremely important because the modern day medicines aren't going to help you if you don't change your diet to support that.

**Andrew Schorr:**
Hey Barry, how often do you eat a juicy steak now?

**Barry:**
Um, I don't remember the last time I had one.

**Andrew Schorr:**
Okay, well the beef growers are not going to like that, but Barry so if you and I go to Denny's together, you're going to get me not to order the "Senior Slam" or maybe you'd do it every once in a while, but if you and I went every day we'd probably be eating oatmeal or fruit, huh?

**Barry:**
That's all I would have probably would be something very, very healthy, as healthy as I could find on the menu. Probably fish, chicken, or fruits and veggies are pretty much what I focus on today.

**Andrew Schorr:**
There you go, okay. So I'm going to come down there, Barry. We're going to go windsurfing together, okay? With that wind we're going to get out there and be active at the Columbia Gorge, all right?

Barry:
Okay.

Andrew Schorr:
I'm coming down. Thank you for being with us. So, Barry, I know that if you have chest pain or your heart's thumping, you're not going to wait, right?

Barry:
I'm not going to wait again.

Andrew Schorr:
Okay, well I want you to enjoy your retirement. Thank you for being with us Barry Holloway, all the best to you.

Barry:
Thank you so much to both you and Dr. Yang.

Andrew Schorr:
Okay, yes. There are some doctors who've really helped him get back to health. Dr. Yang, we just have a couple of minutes left, so I wish you well with your research and your colleagues at UW and around the country. You've particularly devoted yourself now to clinical care. I mean, you've been a scientist for years, but you're out there every day, people come see you who have their individual heart problems, and I want to thank you for your devotion to that. Can we, working with our doctors, make a difference in our own personal situation?

Dr. Yang:
Absolutely. I think that, as I alluded to before, is not emphasized enough, which is that as a patient you really are empowered, and you have the resources available to you on the Internet and through other sources that can allow you to initiate a discussion with your physician about questions you may have, for example, about treatment of your cholesterol, treatment of your blood pressure, and you should feel comfortable doing so. So, I think that in addition to understanding about your disease processes and your illnesses, taking your own initiative to try to improve upon those illnesses by watching your diet, exercising regularly, all of those things will improve your cardiovascular health in particular, and really there's no medication that will reduce your risk of heart attack or stroke more so than adhering to a good diet and exercising regularly.

Andrew Schorr:
Right, and set that example if you have children or grandchildren, like I'm doing with Eitan, let's skip the hashbrowns, let's have some fruit, let's have some yogurt, and we're going to be ordering differently as we go to some restaurants too.

Dr. Eugene Yang, we're about out of time, from the University of Washington, thank you so much for being with us. All the best in your help with individual patients. Folks, have that discussion with your doctor.

As always, this is what Patient Power is devoted to. Take a look at what we've got upcoming on www.patientpower.info, the webcasts during the week, and we'll be back next week with another great program to be sure. Tell your friends, and then the replays are all available for you on the web. As always, as you can hear, knowledge can be the best medicine of all. Andrew Schorr wishing you all the best. Have a great week. Bye bye.

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