

Preventing Sudden Cardiac Death: beyond statins and aspirin

by Dr. Delia Chiamonte, [Baltimore Health Examiner](#)

Indications of a heart attack include
sweating, anxiety and chest pains



ADAM

photo courtesy of medline plus

How could it have happened? Tim Russert took his medicine, did his exercises and saw his doctors. He'd even passed a stress test just a few months before he died. Ok, maybe he was a little overweight, but still... lots of people are overweight and most of them don't drop tragically dead.

Doctors report that their phones are ringing off the hook since Mr. Russert's death. All of a sudden people feel vulnerable. Maybe your cholesterol and blood pressure aren't what they should be. Maybe your belly protrudes over your belt or you've been diagnosed with diabetes. Is there anything you can do to decrease your risk of a sudden heart attack?

There is.

I won't repeat what you already know: most doctors recommend a daily aspirin for people at risk of a heart attack and cholesterol medicine if your lipids are high. You know about the risk of high blood pressure and the benefits of exercise. You know that you definitely shouldn't eat donuts for breakfast.

Here is what you may not know.

Your diet can drastically affect your risk of a heart attack, but not in the way you may think. First we were told to eat a low fat diet – so we all loaded up on Snackwell™ cookies and got fatter. Then we got on the no-carb train. We ripped the cheese off our

pizza and threw away the dough, lost a ton of weight and then gained it right back because who can eat hamburgers without buns forever? We got it all wrong.

It turns out that systemic inflammation is an important piece of the heart disease picture. Reducing that inflammation is key and diet plays an important part.

You may be surprised to hear that the “beer belly” that many middle-aged men, and even women, face is not just a fat storage facility, it is also a factory. That fat, specifically the kind that settles in the belly, is metabolically active. It contributes to the release of chemicals called cytokines that can stimulate systemic inflammation.

So how are you supposed to reduce that fat? Forget ‘low fat’ diets – they don’t work if you make up for the missing fat with processed carbohydrates. Fat is OK, as long as it is the right fat. Fats actually make you feel full and help you to stop eating when you’ve had enough. They also keep you satiated longer so that you aren’t so tempted to snack during the day.

What kind of fat is a ‘good’ fat? Fats from nuts, avocados and olive oil are all ‘good’ fats that you should use in moderation. Avoid the fat in red meat and run screaming from the trans fats that are often used in processed foods. Avoid anything that says “hydrogenated.” When you serve dinner fill half of the plate with vegetables, especially the colorful ones. This sort of diet, sometimes called the Mediterranean Diet, has been shown to lower a blood test called hsCRP, which is a marker of inflammation.

Omega-3 fatty acids have also been shown to be anti-inflammatory and fish are loaded with them. If you can’t tolerate eating real fish, try fish oil pills. Other options include adding ground flax seeds to your food or using products derived from algae, but these may not work quite as well as fish oil.

High glycemic index foods, such as refined sugars and the “white foods” (white bread, pasta and rice) can all encourage inflammation. So even if you aren’t overweight, avoiding these foods is prudent if you want to protect your heart.

You know what else you can do? Floss your teeth. Chronic gingivitis, an inflammatory state, has been associated with cardiac risk.

So eat foods that help to decrease inflammation and free radicals like fish (or fish oil), colorful vegetables, and whole grains. Avoid foods that worsen inflammation like white rice, white bread and sweets. Allow some good fats into your diet but avoid the saturated and hydrogenated ones.

This isn’t a diet. It is a way of eating that can quiet inflammation and it is one more tool to protect your heart.

Be well,

Dr. C

www.insightmedicalconsultants.com

Dr. Chiamonte is a private Health Advocate and the founder of Insight Medical Consultants. She has been quoted by CNN, The Wall Street Journal and USA Today as an expert on patient advocacy.

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