

ASCVD Podcast – Managing and Understanding Cholesterol for ASCVD (Focusing on LDL-C)

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ASCVD Perspectives portrays the journey of a typical patient through their various care settings after a recent cardiac event and being diagnosed with clinical ASCVD. This podcast is intended to be a guide to educate patients on shared decision-making practices and provide examples of questions they can incorporate into their personal experience. It also serves as a model to help clinicians understand different ways they can empower their patients to become advocates and active leaders in their own disease management.

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The patients used in the series are paid actors, and any recommendations or information are not to be construed as a directive, endorsement, or medical advice. Always check with your provider before starting or changing your medications, diet, or exercise regimen.

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Carolyn Dickens, MSN: Good morning, Ms. Sharma. How are you today?

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Ms. Sharma: I am. I'm OK.

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Carolyn Dickens, MSN: Nice to meet you. My name is Carolyn. I'm a nurse practitioner. I work in cardiology. And you're here to see me today because of your recent admission and discharge from the hospital. I reviewed your documentation in the medical record, and it appears that you had a heart attack?

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Ms. Sharma: Yeah. Yeah, I did. I'm here because I was referred to you to help manage my ASCVD.

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Carolyn Dickens, MSN: Interesting. So, I'm curious. In your own words, what does the term atherosclerotic cardiovascular disease mean to you? That's what ASCVD stands for. What does that mean to you?

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Ms. Sharma: Well, I believe it means that I need to eat healthier and move a little more because my heart attack put me at risk for other heart disease in the future.

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Carolyn Dickens, MSN: That is an accurate definition. I just want to explain it to you real quickly and then we can kind of get into how you're really doing. But atherosclerotic cardiovascular disease or ASCVD, as I'll refer to it from now on, is really a disease that causes blockages in the vessels in your body. And these blockages can cause heart attacks. They can cause strokes. They can cause blockages in your legs. So it's something we really need to address, and it looks like ASCVD caused you to have a heart attack. So today, I think what we're going to do is we're going to touch on several things.

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Carolyn Dickens, MSN: The first I really want to see is how are you feeling? Have you been having any chest pain since you were discharged from the hospital over a month ago?

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Ms. Sharma: No, not really, no.

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Carolyn Dickens, MSN: OK, how about your medications? Have you been taking your medications like you were prescribed?

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Ms. Sharma: I mean, yeah. I mean, I'm trying to remember. It's hard sometimes.

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Carolyn Dickens, MSN: I find a pill box works for that, but you need to take your medications every day. That's one of the cornerstones of treatment besides a healthy lifestyle. Today, I'd really like to talk to you about a healthy lifestyle. And besides, there are several elements of a healthy lifestyle, but a healthy lifestyle will decrease your risk of ASCVD getting worse. And so, there are several elements of risk factors that go into ASCVD. And like I said, today we're going to really stick to a healthy lifestyle.

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Carolyn Dickens, MSN: And there's a heart healthy diet. There's exercise. There's smoking cessation, and really there's activity. And one of the cornerstones with all of those is they should decrease something called LDL, which is a type of cholesterol. And I'm wondering, have you ever heard of the term LDL? Does that mean anything to you?

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Ms. Sharma: You know, I probably... Yeah, I've heard of it, but I don't know. I mean, is it important for my condition? I don't know what it means really.

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Carolyn Dickens, MSN: OK, well LDL is a type of cholesterol, and it is important for your condition. And it's one of those risk factors I talked about that kind of go into this idea or this disease process of atherosclerotic cardiovascular disease. And it is a bad cholesterol. It's something that's in your blood, and it is a cholesterol that makes deposits on those blood vessels and causes those blockages. So it is a bad cholesterol.

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Ms. Sharma: OK, wait. I've heard of good cholesterol and bad cholesterol, but I don't...what does that mean?

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Carolyn Dickens, MSN: Good question. Good question. So LDL, like I just said, is the bad cholesterol. And then there is something also called a good cholesterol, and it's called HDL. And the good cholesterol almost takes off some of those bad deposits or helps decrease some of those blockages in your vessels in your heart. But we manage and we talk about this healthy lifestyle that's really the cornerstone of management. If we really get you into a good, healthy lifestyle, it should decrease that LDL-C and sometimes it might increase the good cholesterol, which is called an HDL.

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Ms. Sharma: OK, so if I get my cholesterol under control, does that mean I no longer have ASCVD?

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Carolyn Dickens, MSN: Well, unfortunately not. It should help it and should help the progression of it. But as I mentioned in the very beginning of our conversation, there are several risk factors for ASCVD, and cholesterol is just one of them. The best thing that you can do to help your cholesterol is what I kind of mentioned at the beginning of a heart healthy diet, being active, not smoking, and then really taking your medications.

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Ms. Sharma: OK, so is it possible to keep my ASCVD from getting worse if I lower my LDL?

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Carolyn Dickens, MSN: Yes. Yes, absolutely. Yes.

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Ms. Sharma: ...Well, how will I know when my cholesterol is under control and kind of ensure that it stays that way?

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Carolyn Dickens, MSN: Well, unfortunately, high cholesterol is something that is almost like a like high blood pressure, which we say is the silent killer. Frequently patients don't know that it's bad until it's too late. Until you have these blockages and that causes strokes and heart attacks. So what we will do, since it's been about four weeks since you've left the hospital, we will get you some blood work drawn today. I know that your LDL, before you started your medications on discharge, was about one hundred and fifty.

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Carolyn Dickens, MSN: So you were started on some new medications, and we want to see if they're working. And then also we can start talking about these other lifestyle changes that I'm hoping that we can work on together to also help decrease your LDL.

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Ms. Sharma: Is there any way for me to know that my cholesterol is kind of out of whack without going to the doctor and getting blood work and all that stuff?

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Carolyn Dickens, MSN: Well, you know, in the beginning, as we work together through these next several appointments, honestly, no. Not without checking your blood. But we're going to see how things are going. We have a lot of research out there behind what we're going to be talking about. About your plans for the future. There's a lot of research saying what works, what doesn't work without getting blood work drawn all the time. But there are certain guidelines that we do need to follow in terms of making sure that your cholesterol is low, and we will do those guidelines also.

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Carolyn Dickens, MSN: But we're also going to talk about a heart healthy diet and activity. So, which brings me to some questions for you. So prior to your heart attack, what did you do for activity?

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Ms. Sharma: I walk. I try to walk as much as I can. I don't have a lot of activity in my life. I have to be honest.

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Carolyn Dickens, MSN: And what are you doing now since you got out of the hospital?

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Ms. Sharma: Uh, you know, it's hard. I don't know. I'm walking a little, trying to walk a little more. I know they told me that when I was discharged that I should try to do more exercise. I really don't know what else to do, especially during the pandemic and everything.

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Carolyn Dickens, MSN: Sure. Sure.

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Carolyn Dickens, MSN: Well, we have a couple of options, and we want to throw them out to you and see what you think. And then maybe we can work on some together. Now, one of the first recommendations we always make is there is an opportunity to do cardiac rehab. This is a really a structured environment. You would go to a location and you would work with the people there on how to increase your activity and it would be very supervised. That is definitely something that should be available to you. Now some people don't have the time, or they don't want to make the drive. We can talk to you about that.

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Carolyn Dickens, MSN: But it's definitely an opportunity for you to do. Now, there are other choices. You know, if you don't feel that would work for you or your family, increasing your activity by walking is definitely a great thing that you're already doing. And I'm really happy to hear that you're doing that. You should slowly try to increase your walking over time, so you'd be at least doing five days a week of walking exercise. Do you have a gym near you or even time for gym?

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Ms. Sharma: I mean, I do. I just... I'm honestly... I'm a little apprehensive to go into a gym these days.

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Carolyn Dickens, MSN: Sure, sure. Absolutely. And I can understand. So, you know, if after our visit today, I would like to talk to our cardiac rehab people, if that's OK with you. See if that's something that would work within your schedule. And they can... Again, it's great and insurance will pay for it, and it's a great opportunity for you. It's structured. It's built for patients who just had heart attacks, people that are exactly in your position. And then if that is something that you are not enthusiastic about or doesn't work for you, we can talk about other opportunities.

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Carolyn Dickens, MSN: But in terms of activity--walking. But it's definitely activity or walking, even if you don't go to cardiac rehab, or even if you do go to rehab, it is something that you should do.

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Ms. Sharma: So how often is cardiac rehab?

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Carolyn Dickens, MSN: Well, they start out about three times a week, and I think it goes about eight to 12 weeks.

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Ms. Sharma: Ok.

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Carolyn Dickens, MSN: You could go less, or more. But again, it's built for patients who just had heart attacks.

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Ms. Sharma: OK,

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Carolyn Dickens, MSN: So let's talk about your eating. Now, who usually does the cooking in your house?

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Ms. Sharma: Oh, I do. Yeah.

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Carolyn Dickens, MSN: And, you know, for an example, tell me what your typical lunch... dinner includes, what did you eat last night?

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Ms. Sharma: Well, last night we had hamburgers - cheeseburgers. I made, not McDonalds, and we had some potatoes, and we made a vegetable. Peas, I think.

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Carolyn Dickens, MSN: Well, then when it comes to meat it is always somewhat about how do you cook your meat? Do you cook it on the grill? Do you cook with oil or butter when you make your burgers?

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Ms. Sharma: No, just in a pan.

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Carolyn Dickens, MSN: So, my next recommendation is a couple of options for you, really. So first, in terms of eating, there are two diets out there that have been really related to decreasing your risk of further cardiovascular events and lowering your cholesterol. One is the Mediterranean diet and then the other one is the DASH diet. And they're related to decreasing further cardiovascular events. So, I will refer you to a nutritionist, which I think is somebody who can work with you also and think about what kind of diet would work with you and your family.

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Carolyn Dickens, MSN: But those are the two diets that are generally recommended. Really one of the cornerstones of both of those diets are green, leafy vegetables. Really increasing the amount you intake on those. Do you think that's a possibility? What would it take to change your diet?

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Ms. Sharma: Well, it's hard because you know, the kids and my husband and everybody has their favorite foods. But, you know, I mean obviously, I don't want another heart attack. So I guess I'll have to kind of rethink everything,

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Carolyn Dickens, MSN: OK.

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Carolyn Dickens, MSN: Diet is something that's very important. And I have found when we work with patients and their families, maybe when you talk to the dietician you bring your husband with or one of your kids. Families really want to see family members get better. And I have found the most successful patients have engaged their family members to work with them, especially when it comes to diet, because that's tough. Because you're right, what you make for dinner is going to impact everybody. I know as a parent, sometimes it gets tough when there's complaints from the kids about dinner.

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Carolyn Dickens, MSN: And it's hard not to go towards what they like. and it might not be healthy for you. So, my recommendation is that we're going to have you talk to the dietitian, but you don't have any challenges going to the grocery store? Do you live in a community where your grocery store is close? Is it far? Are there any limitations in terms of that?

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Ms. Sharma: No, it's like a ten-minute drive. It's pretty quick.

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Carolyn Dickens, MSN: You know, as we kind of wind down this visit, can you just tell me as we think about goals for you, what do you consider healthy? What will motivate you maybe where you see yourself in six months or a year? What is important to you?

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Ms. Sharma: Well, you know, I mean, to be honest, I've always been a little heavy. And, you know, you always imagine yourself being thin and fitting into a size six, whatever. But it's really hard. It just never happens. And obviously, the older you get, the harder it gets. So I'd say, you know, I'd love to lose a bunch of weight and really get healthy. I mean, maybe this is kind of a wake-up call. But I'm concerned with you know, fifty-eight years of eating poorly. It's just kind of hard to imagine it'll actually work.

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Carolyn Dickens, MSN: OK, well, I hear you. I hear you. And I understand that something that hopefully...

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Carolyn Dickens, MSN: ...as you move forward on these goals, maybe you work with the nutritionist, you being active and working on your diet, these are all things that are also important to weight loss. But they are all also going to be helping you with your future health in terms of preventing another heart attack. So as we move forward and we work together over the next several appointments, we're going to set you up in terms of talking to you about your activity level. We'll talk to the cardiac rehab people.

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Carolyn Dickens, MSN: You're going to increase your activity in terms of walking. What feels comfortable to you. And then we're also going to set you up with a nutritionist. And when you go to that, you're going to hopefully bring out like I said, I recommend you bring another family member to see the more engagement there is. And that actually also ties into your activity level. When you're talking about going on these walks, you can bring one of your kids or your spouse. You know, this can be a whole family activity. And then also in terms of your medications, again, you cannot miss any of your medications.

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Carolyn Dickens, MSN: It's also a cornerstone of the future you have with ASCVD and preventing it from getting worse and hopefully improving your further health outcomes. You know, the final thing I want to touch on is you and I are going to be working together in the future. And how are you going to contact me? I don't know if you have access to an electronic medical record, but there are several ways you can reach me. You can get a hold of me through the clinic. You can get a hold of me, have you used the patient portal for the EMR?

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Ms. Sharma: I haven't, but I think my son may have when I was in the hospital. I'm not sure.

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Carolyn Dickens, MSN: Before you leave today, I will set you up with one of our staff members and they can help you get set up with that. And that is an excellent way for communicating with me. And you can also have access to some of your lab work to your notes. I really encourage patients to use that patient portal. And I think if you can get one of your kids to help you, maybe the next time you come here, if you can't get on, you can bring your child with you and then begin to walk through it. But that's also another way to contact me. So I look forward to working with you over this time.

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Carolyn Dickens, MSN: Events like this, some people see is life changing. But we can work together, and I think that we can see your future together and then over the next several years. So, it was really nice meeting you today.

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Ms. Sharma: Thank you very much. And very nice meeting you, too. I appreciate it.

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Carolyn Dickens, MSN: Thank you.

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