

AHA Podcast: What It Means to Have ASCVD

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FULL TRANSCRIPT

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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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Dr. Hwang: Hi, I'm Dr. Kevin Hwang. It's great to meet you. **Levi (patient):** I see that, looking at this discharge from the hospital that they sent me, looks like you went to the E.R. with chest pain. They did some EKGs and blood work and diagnosed you with a heart attack. And they did a cardiac catheterization, found a couple of blockages in your arteries, and actually put a stent in one of them. Then later on, they did a stress test afterwards and things looked pretty good. And now you're here, so that's great. So how are you feeling today and what brings you in? How can I help you?

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Levi (patient): Dr. Hwang, thank you for seeing me today. I'm starting to hear things about, I'm doing my research, and I've heard the word or the term ASCVD passed around. I'm not sure if that is part of what's affecting me, but I wanted to know what that was and how does it impact me?

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Dr. Hwang: Yeah, that's a great question. So, I'm sure you heard a lot of terminology thrown around in the hospital, maybe seeing some on the paperwork that you got. So, ASCVD is atherosclerotic cardiovascular disease and that's quite a mouthful. So we can break it down a little bit. Let's focus on the last part. Cardiovascular disease, the disease of the heart and or the blood vessels, like the arteries that carry blood and oxygen from your heart to the rest of the

body. You know, to your arms and legs, the internal organs, and the brain. But your heart is also a muscle itself. It's constantly working. So it also needs blood and oxygen. And the heart itself relies on a large network of very important arteries called the coronary arteries in order to get its own blood supply.

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Dr. Hwang: So that's what happened to you. You had an issue with your coronary arteries, the arteries that carry blood, the heart itself. That's why they put in the stent.

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Dr. Hwang: So, that's what cardiovascular disease is, but most cardiovascular disease is caused by atherosclerosis. That's why they call it atherosclerotic cardiovascular disease and that's simply when you have the steady plaque buildup inside your arteries and the plaque can narrow or completely block the flow of blood through your arteries, sort of like a clot blocking up the pipes.

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Levi (patient): And that sounds really serious. But how long can I live with this cardiovascular disease of this sort?

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Dr. Hwang: Yeah, well, it depends on a lot of factors. So first of all, you made the right decision to go to the E.R. when you had chest pain. That was a major, major event. You got to the E.R. They were able to treat you. They were able to diagnose you quickly and give you the right treatment with medications. They put a stent in one of your coronary arteries. If you hadn't received that treatment, or you got it a little bit later, the heart attack could have affected a much larger part of your muscle, could have actually caused more of your heart muscle to die. Then you could have actually died. In fact, cardiovascular disease is the number one cause of death in the world and in the US. It's actually trending down, but it's still number one.

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Dr. Hwang: So the fact that you got treated early is great. You also had the right tests, and they were able to find the issues. They found the blockages. They were able to identify the critical one and put a stent there to open it up to restore blood flow to your heart. And you've done well so far. And what's going to affect you now is the treatment that you get going forward. And what we're trying to do is prevent a second heart attack or also just prevent a stroke. A stroke is another type of atherosclerotic cardiovascular disease when blood flow is cut off to your brain.

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Dr. Hwang: So, we want to prevent a second heart attack or a stroke. You could do quite well because you went to the hospital early. You're not in heart failure based on the stress test. After all that, your heart was functioning fine. So, the good news is that most people who survived the first heart attack, such as yourself, you can return to a pretty normal life and enjoy many long,

more years of good, healthy life. If we pay attention to the right things, pay attention to risk factors.

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Levi (patient): OK, so there's nothing that I could have really done to have prevented this? Like, maybe...How could I have caught it earlier? I caught it because I was having chest pains. But was there anything I could have done to catch it earlier?

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Dr. Hwang: That's a great question. So, a lot of people actually, they're in a similar situation as you, where their first symptom of ASCVD, or atherosclerotic cardiovascular disease, is a heart attack or stroke. Or their first manifestation, the first symptom, is chest pain. So, they've already developed ASCVD over the course of years, but it didn't cause any symptoms until that first traumatic episode. And that's unfortunate. But there are a lot of risk factors that you know about that can lead to ASCVD.

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Dr. Hwang: And if they're caught and detected early, we can really prevent it, or at least dramatically lower the risk of that happening. So, these risk factors are things you may have heard about, like high blood pressure, diabetes, high cholesterol, smoking, physical inactivity, an unhealthy diet and being overweight or obese. So, if we knew about those things beforehand and really addressed those, it could have prevented this. But we don't ever actually bring the risk down to zero where we could lower it significantly by paying attention to those things early on.

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Levi (patient): So, I'm just looking at my blood work results, and I don't really understand a lot of it. I see this term LDL-C. Does that matter for ASCVD, and does my LDL-C being high put me at risk for my ASCVD to get worse?

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Dr. Hwang: So, on a standard cholesterol panel, when you get your blood drawn, there are a lot of individual results. And one of these is the LDL-C that stands for low density lipoprotein cholesterol. And it's the one that most health care providers, such as myself, we pay the most attention to that one when we're trying to look at someone's risk for ASCVD. It's the one that we call the bad cholesterol. So, the higher the LDL, the higher the risk for ASCVD, because this type of cholesterol contributes to these atherosclerosis plaques that can block up the arteries and cause heart attacks, cause chest pain, cause strokes, even cause circulation problems down to your legs or to your arms.

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Dr. Hwang: So, yeah, if your LDL is high, it does put you at more risk for your ASCVD to get worse. So, there are a number of things we can do to lower that. And also, one of the medications that we would use to lower that, called a statin medication, not sure if you've heard that before,

but that lowers LDL, but also does other things like lower inflammation in the heart. So, it can actually help people, even if the LDL is not too bad, the statins can lower inflammation in the arteries of the heart. So, it's kind of a dual thing. We need to pay attention to the LDL, but also prescribe medications that, not only lower the LDL, but have been shown to lower the risk for heart disease due to other means.

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Levi (patient): OK, so, I'm glad you said heart disease. There's a history of heart disease and stroke in my family. Does that impact my condition at all, or my susceptibility to get worse?

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Dr. Hwang: Yeah, especially if it's affected your close relatives. So, let's say a very close relative had a heart attack at a young age. For example, if your mother or father had a heart attack in their 50s, that definitely raises the concern that genetics may be playing a role in your risk. If we're talking about, let's say, your second cousin had a heart attack when she was 90, then that's not so much of a concern. So that's one of the things why some people may have a heart attack as their first symptom. They have a strong genetic component. Maybe they're not under the care of a health care provider, or they never really knew what their risk factors were, and they have this high risk because of family history or risk factors that they weren't aware of, like high blood pressure. That's why people can have ASCVD develop over time. Then all of a sudden it causes a problem like a heart attack or stroke. But the good news is, even though you have a family history of heart disease, the treatments that we have can still lower your risk. So, it's not like it's an inevitable thing. Just because your father had a heart attack doesn't necessarily mean that you're going to have one, or that you're going to have a second one. We can still do something about it to help lower your risk of it getting worse.

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Levi (patient): OK, so what, going forward, what will my treatment for ASCVD look like, and how long will I have to do that treatment?

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Dr. Hwang: Yeah, so it's probably going to be a lifelong thing and the treatment is going to be paying attention to your risk factors and looking at your labs and monitoring things and making some consistent lifestyle changes. So, you know, the main risk factors that are mentioned are the ones that we want to pay attention to, the ones that we can see if we can help improve those. So for example, that would be high blood pressure. If your blood pressure is consistently over 130 over 80, the top number being 130 and the bottom number being 80, then that's a concern.

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Dr. Hwang: And we definitely want to lower that blood pressure through a combination of good lifestyle changes with diet and exercise, and in most people, some medications. Diabetes: screen for diabetes regularly, and if you do have diabetes, we need to treat that because diabetes is a

major risk factor for heart disease. We've talked about high cholesterol, and again, if your LDL is high, we definitely want to treat you with a statin medication. But even if it's low, even if it's below a hundred, you would want to still be on a statin because you've already had a heart attack.

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Dr. Hwang: You already have ASCVD. What we're trying to do is prevent a second one from occurring. So that really helps out. I mean, that's been shown in research studies to really lower the risk for a subsequent heart attack by being on a statin. Smoking: If you don't smoke, don't start. If you currently smoke, stop, because it's a major risk factor. And then we're talking about afterwards of the kind of boring, but very important, things like being very physically active, being consistently physically active, not being sedentary, eating a healthy diet, losing weight if you're overweight.

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Dr. Hwang: Those are the things that really help lower your risk. And also there's other medications, like a daily aspirin, would be helpful in your case. It's not really helpful in everybody, but someone who's already had ASCVD or a heart attack or stroke should take an aspirin. That reduces the stickiness of certain blood cells in your bloodstream and that reduces the risk for having another heart attack.

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Levi (patient): OK, so if I feel, you know, down the line, or in a month or two, or whenever, if I feel relatively fine, what happens if I ignore this problem and how will I know once I'm better? Are the tests going to show that I'm improving?

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Dr. Hwang: Yeah, I mean, we do want to pay attention to the symptoms, so that's important. Like if you have chest pain or problems breathing, lightheadedness, heart beating too irregularly or too quickly, those things may be hint that the ASCVD is getting worse. But, you know, people can have, as I mentioned before, people can have ASCVD and feel completely fine. Even if you feel fine, we still want to pay attention to those risk factors because things can get worse even if you feel physically fine, but the blood pressure is still very high or you develop diabetes or cholesterol is still high, things like that. So, it's still important, no matter how you're feeling, to get regular checkups and monitor things like blood pressure, cholesterol, blood sugar, what kind of diet and exercise. So, yeah, it's a great question. A lot of people feel fine, but we have to regularly look at the things that can raise your risk and make sure we're addressing those.

13:11

Levi (patient): Yeah. So, a couple more questions for you, Doc. What resources are available to help me understand my diagnosis? I know that, like, when I go home, I might not remember everything you're saying right now. So, how can I study up and learn about this myself?

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Dr. Hwang: Well, the American Heart Association website has a lot of great, easily understood information about heart disease, about lifestyle changes, about risk factors like blood pressure, cholesterol, diabetes and all that. That's a good resource. The CDC or Centers for Disease Control also has some good information there. So, there's a lot of great information out there. I would start with one of those websites, and also talking to your health care providers and things and asking questions like you're doing right now is always a great thing.

14:00

Levi (patient): And, last question for you, Doc. What are some proactive things that I can do on a day-to-day basis to improve my condition?

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Dr. Hwang: All right, so things that we mentioned: It's building daily habits, like staying physically active. So, try to do some exercise every day. You'd want to aim for about one hundred and fifty minutes or two and a half hours per week of moderate exercise like walking. Just walking is great, alright? If you're up to it, you can do jogging. The more intense the exercise, then you don't need to do as many minutes of it. So, you know, the basic recommendations are about a hundred and fifty minutes of moderate exercise like walking or seventy-five minutes of more intense exercise like jogging, every week.

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Dr. Hwang: If you can do more, do more, alright? The more exercise, the better. And also exercise includes strength training, whether it's with body weight or dumbbells or resistance bands. You want to do that about two days a week. And I don't know how active you are right now, but if you're pretty sedentary right now, you don't have to all of a sudden jump up and start working out and running and jogging all at once. You want to build up gradually, so your body gets used to it. Even doing little things like making sure you get up out of your chair, take a quick walk break or stand up and stretch. That's also beneficial.

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Dr. Hwang: We're seeing a lot of research that it's not only about how much exercise we do, but minimizing the time that you're just sitting around. We all sit around in chairs in offices a lot. That's not good for the body or for the heart. Diet: You know, there's a lot of things with diet that you can do to lower your risk for ASCVD getting worse. For example, this is just some information you can find on the American Heart Association website. You want to eat a lot of fruits and vegetables. Instead of eating processed grains, like white bread and white pasta, you want to have more whole grains, whole wheat stuff, whole grains. Avoid the red meat or cut down on the red meat. Instead, get your protein from lean sources like chicken and fish. Beans and nuts are really good sources of protein and also healthy fats. Cutting down on sodium, that can help with your blood pressure as well. High salt foods, processed foods, snack foods all have a lot of salt. Those can raise your blood pressure. Those are some basic things you can work

gradually into your daily habits. You know, things like if you have high blood pressure, you want to measure your blood pressure at home regularly. You don't want to just look at it in the doctor's office. You need to be doing that at home because you spend most of the time at home rather than in the doctor's office. So getting in the habit of measuring at home would be great.

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Levi (patient): Well, Doc, this has been extremely helpful. I think I have a lot more information, and I really understand my diagnosis now. So, that's all I had for you today and I'll be seeing you at my next checkup.

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Dr. Hwang: All right. Hey, it was great to see you. Thanks for coming in. I think that you'll do great as long as we can kind of keep in touch and, together, work on these risk factors. So please don't hesitate to reach out to me or my staff if you have any other questions?

17:05

Levi (patient): All right. Thanks, Doc.

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Dr. Hwang: All right. Thank you.

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