Preventing Heart Disease
Ignoring lifestyle choices is no longer an option

Ravinder Mamtani, MD
Professor of Public Health

When I graduated from medical school about 30 years ago, heart disease was associated with a significant risk of death. The lifestyle of many, who survived the initial episode of the disease, was never the same. They were put on life long medications, and always remained vigilant for symptoms suggestive of complications that might occur. Many were fearful and could not perform day-to-day routine activities satisfactorily.

I know this not only from earlier years of my own professional experience, but also from seeing my own father suffer from this disabling condition. I remember times when I walked with him to a local bazaar, and saw him stop every few minutes. I observed him suffer with chest pains during these brief stops. He would tell me that stopping at periodic intervals gave him the ‘extra energy’ he needed to walk for additional 5 minutes or so. As a 14 year old, I did not fully understand and comprehend what was going on at the time. As a medical doctor now, I do.

My father suffered from chronic heart disease characterized by recurring episodes of angina pain in the chest, which were relieved by periods of rest. And I saw his life was never the same after suffering his first heart attack.

We have come a long way from those days. There have been significant advances in the management of heart disease. New medications have helped many. Procedures such as coronary bypass and angioplasty have also saved innumerable lives. But questions about their long-term effectiveness keep coming up in the scientific community. There is scientific data, for example, that shows “approximately one-third of angioplastied arteries re-stenose (become narrow or constrict again) again after only six months, and one-half of bypass grafts reocclude (clog up) within only a few years” (Testimony of Dean Ornish, MD of Preventive Medicine Research Institute before the Appropriations Committee of the US Senate, July 14, 2004).

The prevalence of heart disease and premature mortality from it are quite high in the US. Similar trends are becoming apparent in various rapidly developing Middle Eastern countries such as Qatar. Heart disease accounts for a significant percentage of total inpatient admissions at Hamad General Hospital in Doha.

The most common form of heart disease, which kills thousands of people worldwide, is called coronary artery disease or ischemic heart disease. The underlying problem in this type of heart disease is the progressive deposition of fatty and fibrous elements in the walls of coronary (heart) arteries resulting in their narrowing. This narrowing in turn reduces the amount of blood flow, oxygen and nutrients to the heart muscle. This impairs the heart function. Risk factors such as exposure to cigarette smoke and stress can also deteriorate and narrow the arteries.

In addition to genetic causes, various life style factors contribute a great deal to heart disease. Proven life style risk factors for heart disease include smoking, obesity, sedentary life style and poor dietary choices. These life style factors also contribute to high cholesterol levels, hypertension and diabetes, which in turn promote progression of heart disease. Diabetes is a major public health problem in Qatar. Recent research has shown that stress can also
contribute to heart disease. These are preventable causes capable of significantly reducing the incidence of heart disease.

I am often asked if life style factors such as vegetarian diets and exercise reverse the narrowing of arteries in patients with established heart disease? Let us examine the evidence. In a landmark study published in Journal of American Medical Association (1998), Dean Ornish and his group demonstrated that patients with severe heart disease experienced some reversal of coronary atherosclerosis after one year of intensive life style changes consisting of 10 % fat whole grain vegetarian diet, moderate aerobic activity, stress management training and psychosocial support. The improvement was even greater after 5 years.

In another study published in the American Journal of Cardiology (2002) heart disease patients on a life style program consisting of low fat, whole grain vegetarian diet, exercise, stress management and social support did significantly better than those in the control group. Improvements were observed in their cholesterol level, body weight, exercise capacity and quality of life.

These research findings are enlightening. They underscore the value of simple self-care approaches related to nutrition and physical activity, and mind-body stress reducing techniques such as relaxation and meditation in the management of patients with heart disease.

If you suffer from heart disease or are at risk of developing one, you and your doctor should discuss benefits, and limitations and risks of each therapy, and then decide on which one, or which combination, to use for your specific situation.

Most experts agree that various medical and surgical approaches used in the treatment of heart disease do not replace the need for life style changes. Healthy life styles are medically and cost effective. They provide long-term health benefits. It is no longer an option to ignore them.

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