

The Heart Healthy Lifestyle Program -- Dean Ornish, MD. -- 02/19/03

WebMD Live Events Transcript

Our Healthy Heart Cyber Conference would not have been complete without a visit from Dean Ornish, MD, author of five books, including best seller *Dr. Dean Ornish's Program for Reversing Heart Disease*. Ornish's program is the first to offer documented proof that heart disease can be halted, or even reversed, simply by changing your lifestyle.

The opinions expressed herein are the guest's alone and have not been reviewed by a WebMD physician. If you have questions about your health, you should consult your personal physician. This event is meant for informational purposes only.

Moderator: Welcome, Dr. Ornish. Please tell everyone the four main components of your healthy lifestyle plan.

Ornish: Thanks for the opportunity to be here today and to share our findings, which have helped so many people. For the past 25 years I have directed a series of scientific studies proving how powerful changes in diet and lifestyle can be. We were able to show that even severe heart disease often can be reversed when people make bigger changes in diet and lifestyle than have been previously recommended. We focus on heart disease since it's the leading killer of men and women in the U.S., but the benefits of changing diet and lifestyle go far beyond that.

I want to emphasize the diet for reversing heart disease and other illnesses is somewhat restrictive because that's what it takes to reverse it. That's why we were able to show that heart disease was reversible for the first time because before people had not gone far enough in what they recommended. However, the diet for preventing illness, losing weight, and just feeling good is much less restrictive. The old saying about an ounce of prevention and a pound of cure has some truth to it.

For example, if you are trying to lose weight, to the degree you eat less fat and fewer simple carbohydrates, you will lose weight and gain health. If you are trying to get your cholesterol down and you don't have heart disease, you may want to begin by making moderate changes. If you are eating a 50% fat diet, cut back to 35% or 40% fat. Check your cholesterol again in a month or so, and if that's enough to bring it down to the desired goals, that may be all you need to do. If not, then you can progressively reduce your intake of fat and cholesterol until you achieve the desired goals.

Although diet's important, it's only one part of my program. Emotional stress plays an important role in just about all illnesses, both directly and indirectly. For example, emotional stress makes arteries constrict and clot blood faster, which, in turn, may cause a heart attack. Also, people are more likely to smoke, overeat, drink too much, work too hard, and so on when they are feeling stressed. Thus, stress management is an important part of what I recommend. These techniques include:

- Yoga stretching
- Breathing techniques
- Meditation and imagery
- Support groups

Even a few minutes a day can make a big difference. Also, I recommend moderate exercise. The more you exercise, the more fit you become, but not necessarily the healthier you become. Just

walking 20 or 30 minutes a day and not even all that fast can reduce premature death by 50% or more.

Also, of course, I recommend people quit smoking. Paradoxically this is often easier when you change your diet, exercise, and practice stress management techniques, since many smoke when under stress.

The last and perhaps most important part of the program involves love and intimacy. Study after study are showing that people who feel lonely and depressed are more likely to get sick and die prematurely than those who have a strong connection, caring, and community.

These affect quality of life but the studies indicate they also affect quantity of life -- in other words, our survival. Awareness is the first step in healing. Part of the value of science is to raise our value of awareness in as much as diet and lifestyle affects our health -- for better or worse. I hope our chat provides you with information that may be helpful to you.

Member: I have a blocked artery due to attack 8 1/2 years ago, due to homocystine. What can you tell us about homocystine?

Ornish: It has been found to increase the risk of heart disease. It may irritate the lining of arteries so they are more likely to clog up. In a way, the new mechanisms like this provide additional scientific evidence to explain why the diet I recommend is so beneficial. For example, meat contains substances that increase homocystine levels, whereas folate and vitamin B-6 that are found in vegetables and grains, particularly green leafy vegetables, reduce homocystine levels.

Member: Many heart patients suffer from depression because they have faced their own mortality. How do we overcome living in fear?

Ornish: It's a good question. Depression is dangerous. For example, one study in *The Journal of the American Medical Association* in 1993 found that just six months after a heart attack those who were depressed were six times more likely to have died than those who weren't. Unfortunately, when many patients talk to their doctor about depression, the doctor may be uncomfortable and change the subject, because the doctor is depressed as well.

Depression is treatable, whether with psychotherapy, medications, or both. Depression, like any form of suffering, can be a doorway for transforming our lives for the better. I was profoundly depressed in college 30 years ago; having survived it, I became interested in understanding what caused me to feel that way, and found that the different parts of what became my lifestyle program were enormously helpful in my own life. Unfortunately, most physicians are not trained to help people use the experience of suffering as a doorway for change.

Any kind of change can be difficult at first. The status quo is familiar. However, when you are in enough pain, whether physical or emotional or often both, then the idea of change becomes more attractive. It's almost like you say, "Well, it may be hard to change, but I am in so much pain, I am ready to try just about anything. Even Dr. Ornish's program." When people make these changes, most find they feel so much better so quickly it reinforces the change and makes it sustainable. Sometimes patients even say that getting depressed or having a heart attack was a blessing in disguise since it motivated them to make changes in diet and lifestyle as well as getting clear about their own personal values; and they never would have experienced these if they had not gone through pain first. Not that we look for pain but there it is.

How we use those experiences of suffering determine whether they are catalysts for transformation or simply create more suffering. The worst thing about being depressed is you feel you are seeing the world clearly for the first time. You believe the times you were happy you were

mistaken. That distorted view of reality causes feelings of helplessness and hopelessness, which are hallmarks of depression. That's why it's so important to get help from friends, family, and health professionals if necessary in order to help you get past that distorted view of reality.

Member: What about a person that has had two bypass operations. Is your reversal program still OK?

Ornish: It's especially OK. Each time a person has a bypass and needs another one, the risks increase substantially because there is more scar tissue and more adhesion and fewer veins left to be used to do the bypass. The problem with bypass surgery is that it doesn't address the underlying cause of the problem -- it literally bypasses them. It's a little like mopping the floor under a leaky sink without turning off the faucet. Sometimes you have to mop the floor, but if you don't turn off the faucet the problem comes back again. The same is true for angioplasty as well, except even more frequently. Therefore, you might talk with your doctor about trying my lifestyle program before having another bypass. Your doctor can repeat your tests to see how your heart is doing as a way of getting an objective measure of how you are doing.

In our studies we found that even severe heart disease often begins to reverse when people followed the lifestyle and diet recommendations in our program. In fact, 99% of the patients were able to stop or reverse the progression of heart disease by making the diet and lifestyle changes I recommend. We published this in *JAMA* in 1995 and also in 1998.

If you live in a city that has a hospital we have trained, Medicare may cover the cost of the program. For a listing of hospitals we have trained as well as information on one-day, three-day, and week-long Residential Retreats, please go to my site at WebMD. The easiest way to get there is www.pmri.org/?p=mhb#hospitals. This site also has hundreds of free recipes, information on how to meditate, and lots of other useful information at no cost to you.

Member: After a heart attack eight months ago, I started on the reversal diet, and the exercise program outlined in your book. My doctor started me on Lipitor plus a beta-blocker, etc. I just had a blood test yesterday. At the time of my heart attack, my total cholesterol was 189, now it is 89. My HDL is now 49, LDL 20. LDL/HDL is low at 41 and total cholesterol/HDL is low at 1.8. My question is, it possible to lower one's cholesterol too much, and should I be alarmed with my LDL/HDL and total/HDL ratios being so low? Also, my triglycerides came back at 102; should they be lower?

Ornish: Thank you for your question. I am sorry you had a heart attack and am glad you are doing something to prevent another one. You can't get your cholesterol levels too low by diet and lifestyle alone, as your body will make all the cholesterol that you need. Cholesterol is not bad; we just eat too much of it and as well as too much saturated fat that your body converts to cholesterol. However, it may be possible to get your cholesterol level too low by taking medications such as Lipitor.

Although your total cholesterol of 189 was not terribly high, it was clearly too high for you since the heart attack. You are wise to lower it. I generally try to achieve an LDL less than 90. I am not sure if there is additional benefit by going much lower, but there may be problems if you get it as low as what you have.

When people are on the lifestyle and diet program I recommend they usually need to be on a lower dose of Lipitor, and under doctor supervision they may go off of it altogether.

For example, we found a 40% average reduction in LDL cholesterol in the Lifestyle Heart Trial and none of these patients were taking cholesterol-lowering drugs. Thus, the dose of Lipitor that your doctor prescribed may be fine for most, but may be too high for you if you are also following

my program. I suggest you talk with your doctor and see if he or she would be willing to reduce your dose and then check your cholesterol values again to see what they are.

Member: I have heard you talk about fish oil as a first line of defense. Would you discuss the use of statins along with life style changes?

Ornish: Fish oil provides omega-3 fatty acids that are protective to the heart and have other significant benefits as well. You only need about three grams per day to provide these benefits; more than this provides only additional fat you don't need. Fish oil comes in one-gram capsules, so the easiest thing to do is take three capsules per day. Try to find ones that have had mercury and other toxins removed.

Lipitor and other cholesterol-lowering drugs also can be beneficial and work through different mechanisms. They cause your liver to produce less cholesterol, which reduces both the likelihood of blockages building up in arteries as well as inflammation that also plays a role in heart disease. As in the previous example, I usually tell patients they can begin by making changes in diet and lifestyle before trying the medications. The problem is that most doctors and dieticians recommend a 30% fat American Heart Association-type diet. In other words, less red meat, more fish and chicken, etc. This diet may be enough to prevent heart disease in some, but it's not sufficient to reverse it in most people. Also, cholesterol levels generally don't come down much. The patient is then often told, "I'm sorry diet doesn't work. Now you have to take these drugs for the rest of your life," when in fact that's not entirely true.

While moderate changes in diet don't do much, big changes do a lot. As mentioned earlier, we found a 40% reduction in LDL cholesterol without drugs. \$30 billion were spent last year on these drugs so a lot is at stake. Much of this could be avoided if people would make bigger changes in diet and lifestyle than most doctors and drug companies recommend. If a patient is unable or unwilling to make bigger changes in diet and lifestyle for whatever reason, then I prescribe these medications, as they can be helpful. Most people, though, don't know they have an alternative that may be equally beneficial without the cost and side effects of a lifetime of drugs.

Member: My doctor and my cardiologist say that I can't make it on your program. They say that it's too hard for people to do. How long have you known people to last on your reversal program?

Ornish: That attitude is often self-fulfilling. If a doctor says, "I know you can't do this. It's too hard, and why would you want to anyway if I can prescribe Lipitor?" then the patient doesn't try to change and the doctor says, "See? I knew you couldn't do it." We have trained hospitals around the country on our program and find that people can follow it as well in Omaha or South Carolina or West Virginia (where they told me gravy is a beverage) as in San Francisco.

I believe in freedom of choice and giving everyone a full range of options, including drugs, surgery, and comprehensive diet and lifestyle changes. That's why our Medicare demonstration project is so important. It makes it available to those who most need it. If Medicare documents show they save money, then they may make this a defined benefit for all Americans. If so, then other insurance companies will likely cover it as well. And this will change medical practice and medical education. For more information about our Medicare Demonstration Project and determine eligibility go to our site at WebMD, or go to our site at www.ornish.com.

Member: Do you have any practical suggestions for monitoring fat intake without turning eating into a chore?

Ornish: Sure. Reading labels is important since it shows how much fat is in a given serving. Some foods like oils and dressings are almost pure fat. One of the easiest ways to limit fat is to ask for dressing and sauces to be put on the side.

In addition to reducing fat, it's also important to limit intake of simple carbohydrates like sugar, white flour, and white rice. Instead, increase your consumption of complex carbohydrates such as fruits, vegetables, brown rice, and soy products. These foods are rich in fiber, which fills you up before you get too many calories. Also, simple carbohydrates are absorbed quickly causing blood pressure to zoom up, which causes your pancreas to manufacture insulin. Insulin accelerates the conversion of calories into fat; thus an optimal diet is low in fat as well as simple carbohydrates.

Moderator: Thanks to Dean Ornish, MD, for being our guest. For more information, visit the Dean Ornish, MD, Lifestyle Program here at WebMD and his message board, [Dean Ornish: Heart-Healthy Living](#).