a holistic 10-step approach to preventing and healing heart disease for women

smart at HEART

malissa wood, MD
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CELESTIAL ARTS
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To the Corrigan-Minehan family, whose generosity and vision led to the founding of HAPPY Heart. Thank you also to the participants and staff of HAPPY Heart for your unending cooperation, assistance, and enthusiasm.
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INTRODUCTION

The year 2006 wasn’t a great one for me. In June, I lost my nephew in a tragic accident. In October, my mother died of complications from a stroke. In addition, my eleven-year-old son, one of my four children, was diagnosed with autism spectrum disorder. I also made the tough decision to finalize my divorce. My ex-husband and I realized that despite our friendship and mutual commitment to raising our children, we could not bridge the gap in our friendship that had formed over time. All that tough news was on top of the whopper I received in December 2006: I had breast cancer. I almost couldn’t believe it; I was a healthy forty-three-year-old woman who had run four marathons and adhered to a primarily vegetarian diet for most of my adult life. And now I had a potentially fatal disease.

While I was recovering from surgery and waiting to find out whether or not the cancer had spread to my lymph nodes, Kelly, a twenty-year survivor of ovarian cancer and a friend of a friend, came to see me. The morning of her visit, she brought me coffee and muffins. More importantly, she brought me hope. She told me that a cancer diagnosis was in fact an opportunity. With a fresh, invigorated perspective, her cancer gave her the chance to appreciate the beauty around her, reassess how she spent her time, and focus on being healthy for the rest of her life. “Crisis can equal opportunity,” she told me as we sat on the sofa drinking coffee, me cozily wrapped in my favorite pink fluffy robe. She reached out and held my hand as tears rolled down both our cheeks. She told me I would emerge from this experience transformed, stronger, and more resilient than ever.

Fortunately, the cancer hadn’t spread, but I realized I needed to pay attention to her important message. Earlier in 2006, I had also laid the foundation for a study I called HAPPY Heart. Medical studies are often known by an acronym, a word that describes what the study does using most or all of the first letters of the study’s title; I wanted to come up with something that would reflect healthy habits and healthy, happy hearts. HAPPY stands for Heart Awareness and Primary Prevention in Your neighborhood. As I was washing dishes one night, the expanded title just popped into my head, and so I had the first, and perhaps hardest, step completed: getting started.

In many ways, HAPPY Heart was the natural progression for my somewhat untraditional career path as an academic cardiologist. A little history: because my then-husband had a military payback obligation in San Antonio, my first job as a physician was in Texas, which was far away, both physically and culturally, from Boston, where I had completed my internship, residency, and fellowship. In my practice in Texas, I took care of many young women who already had two strikes against them when it came to cardiovascular disease: a genetic history of heart disease and unhealthy lifestyles. Plus they had very little access to resources to help change their lives. I did my best to provide the clinical care, access to information, and support necessary to get the women motivated. I spent time with each patient, describing the steps they needed to take to
improve their health. I referred them to a dietitian and got them started in safe, practical exercise programs. I knew that the women had the power within themselves to make huge life changes; they just needed a gentle push and the right kind of information.

As I saw patient after patient with very similar profiles, I realized that simple education could touch many lives. I joined a small group of committed individuals who collectively worked with the South Texas Chapter of the American Heart Association (AHA), and we laid the groundwork for an annual educational luncheon on the topic of heart disease in women; the luncheon was open to the public, and many of my patients attended. This was in 1996, way before Diet Coke cans started carrying the swishy “Go Red” logo and heart disease, the number one killer of women, got any play in the media. Heart disease just lurked as a silent threat, and I worked tirelessly to bring the disease the focus it deserved. I went out into the Texas community to churches, women’s groups, and public forums to educate and empower women with ideas—everything from hosting healthy cooking parties to setting up neighborhood walking groups—to foster a healthier lifestyle.

Our family, including three kids under the age of five, then headed to Halifax, Nova Scotia, in 1998, where my husband had a two-year fellowship. Again, I found extreme cardiac cases; in Nova Scotia, like the rest of Canada, 31 percent of all deaths are due to heart disease, and every seven minutes somebody dies from heart disease or a stroke, according to the Heart and Stroke Foundation of Nova Scotia. The women I saw were referred to me by their primary care doctors and had basically given up on their health. They felt that their family history of heart disease was a death sentence and they couldn’t do anything about it. So they made unhealthy choices like smoking, consuming foods high in saturated fats, and not making an effort to exercise. Depression was also prevalent among these patients, and I knew firsthand that getting these people motivated to exercise was about as close to a magic bullet as I would ever have. I organized a three-mile Mother-Daughter Walk for Heart Disease that raised awareness about the disease in Nova Scotia. As I stood on the podium with Caitlin, my then three-year-old daughter, and addressed the crowd before the walk, I realized that working to help women improve their lives and their health was going to be an important part of my life, wherever I happened to be living and working.

During my time in Nova Scotia, I was frequently invited to speak to women’s groups about heart health. Through my public speaking to women’s groups, I got the community of women moving and directed them to resources already existing within their communities that would help them tackle their inactivity and poor nutrition as well as the stressful situations many of them lived in day to day.

While in Nova Scotia, I had the opportunity to reach out to aboriginal Canadians (a group known to be commonly affected by diabetes, high blood pressure, obesity, and heart disease) through a series of educational seminars at a tribal meeting. Dressed in a suit and heels, I walked into the smoke-filled room (the smoking ban was nonexistent then) and felt totally out of place. At first, the crowd, most of whom were wearing
faded jeans and sweatshirts, didn’t listen; they assumed they would have no connection to me. Then I shared my history with them: my maternal grandmother was born on a reservation in Oklahoma to a Pawnee Indian mother and white father. She spent her early life in poverty but grew to be a nurturing woman who was one of the major influences on my life. Once I had the group’s attention, I shared with them the knowledge that there were resources in Halifax that could help with the burden of health and social problems that plagued their community, which included diabetes, alcoholism, depression, and heart disease. Historically, this aboriginal community was untrusting of the traditional medical system and was prone to neglect, if not outright ignore, their health problems.

My message to the crowd that day was that they, in fact, had control over their lives—which was easy to say but harder for them to do. I told them that to take the reins, they had to make a few tough choices like tossing out the cigarettes and choosing a walk over a six-pack of beer. I received a highly emotional and powerful letter after my presentation, relating the overwhelmingly positive response of the audience to my comments. Two years in Nova Scotia wasn’t long enough to truly become entrenched with those lovely people, but I certainly hope that a few lives were changed for the better.

My deep South and true North experiences allowed me to find my calling as a doctor: through communication, or more specifically, by listening and relating to people, I could transform lives. Although my training had prepared me to spend my time doing surgical heart procedures like injecting dye to look at heart arteries and opening blocked arteries with stents, I realized that I would have a much better chance at changing my patients’ lives by focusing on preventing disease before it happened. I shifted my focus from interventional cardiology, where most of my time was spent in the laboratory, to noninvasive cardiology, including patient care, reading heart ultrasounds, and doing research.

Back to 2006: My cancer turned out to be treatable, so now it was time to take care of the rest of my life. Taking Kelly’s message to heart, I started living the way I had always wanted to—meaning I wouldn’t sweat the small stuff anymore, I’d build a life that was consistent with my priorities, and I would live actively, not passively. Not everything was perfect (as if it ever is for anyone!), but I analyzed my priorities and targeted which areas needed work. I had to learn how to set limits, say no, and spend my time and effort working toward things that were important to me and to my family. I found my voice and learned that my skills of effective communication, honed during public-speaking classes in high school, could allow me to educate other women and their care providers on a much larger scale. I sought to rid myself of the anxiety that had plagued me since separating from my husband. When I became newly single, worry was my closest friend. I worried about money, my kids, my parents, my job, and balancing all of my personal and professional commitments. I met with a mental health counselor and learned to face my fears directly and create solutions to the problems in front of me.

I traveled to Tibet in the fall of 2006, just before my diagnosis, and observed how
happy and peaceful the nomads were despite the fact that each person carried everything that they owned in one small bag. I tried to incorporate their spirit of family, generosity, and belief in a higher power to help me out of my rut. I reached out to the love and friendship around me by reconnecting with friends from my past and appreciating the friends and loved ones who were part of my daily life. I basked in the knowledge that I did have the power to make things better in my life. I started practicing yoga regularly, streamlined my diet, and spent time outdoors with my children hiking, swimming, and kayaking. Within months I really started to feel better inside and out. I was beginning to recover from the sad events that had touched my life and was ready to take on challenges to nurture my soul.

I had already planted the seeds of the HAPPY Heart study earlier that year, and firmly believed it would create great things. Ironically, I spent the weekend after learning I had breast cancer writing a grant to obtain funding for the project. When I originally conceived of the idea, funding for this kind of project on the scale that we would need to start was nearly impossible to find. A friend once told me, “After you commit, the Universe conspires to make things happen.” Happen they did. I received word that a benefactor had come forth who wanted to make a large grant to fund this project in memory of a loved one who had died in her fifties from undiagnosed heart disease. Talk about turning tragedy into triumph: the money donated by this family has touched hundreds of lives already by allowing almost seventy women to enroll in the program. Each of these women has a child, spouse, sibling, parent, or friend who also benefits from the improved health and happiness gained from participating in the trial.

The generosity of the Universe didn’t stop there. Through a contact at my hospital, I was introduced to the director of the community health center in Revere, Massachusetts, which coincidentally was opening the first wellness center for low-income families in our network. This center was to become the home to HAPPY Heart. A unique group of inspiring and passionate nurses, nutritionists, and physical therapists—professionals who knew the community and the challenges faced by its residents—quickly agreed to work with the study. Together we designed an innovative study that would do what no research had done before: take a group of women with enormous health challenges in their lives and through a variety of methods—group education, support from a peer group, a team of health coaches, and participation in mind-body therapies—improve both their emotional and physical health and, in doing so, significantly reduce their risk for cardiovascular disease.

I sat among a group of low-income, stress-laden, weary women at our first HAPPY Heart meeting and definitely looked out of place. I am sure they thought we had little in common, just as the Latinas in Texas and the Aborigines in Canada had. But as I related the challenges I had faced, both in 2006 and beyond, the women started to realize that we were more alike than different. I shared my philosophy both as a survivor and as a physician: we all face challenges large and small, but there is no challenge we cannot handle with a supportive network of friends and family, and the right attitude.
I explained to the women in the study that while we cannot change many of the circumstances in our lives, we can create a life that brings us emotional clarity and improved health. We worked with the women to help them recognize that they deserved time to focus on themselves—no cell phones, spouses, or children—during which they could concentrate on healing their hearts and dipping their toes into the pool of peace and tranquility. We reminded them that the house wouldn’t fall down if they took a few extra hours a week to attend a tai chi class, laughter yoga, or educational session. The women slowly started warming up to their health coaches and peers and began implementing the health, behavior, and lifestyle strategies that we share in this book. Ever so gradually, the pounds started to come off, the attitudes improved, and smiles crept onto everyone’s faces. The women still have obstacles, of course, but now they laugh and live life with joy … as, thankfully, do I.
It’s a Monday night, a few weeks before Christmas. Around 5:30, thirteen women file into a conference room at the Massachusetts General Hospital (MGH) Revere Health Center in Revere, Massachusetts. Some grab a clementine from a table of healthy snacks, while others peel off the layers they’d been wearing to protect themselves from the bitter wind coming off the Atlantic Ocean one hundred yards away. Of the thirteen, nine are participants in HAPPY Heart, a two-year-old program that integrates all the facets of a woman’s life (including, among other things, physical health, emotional well-being, stress levels, and relationships) to minimize her cardiac-related issues. Three of the women are nurses (or health coaches, in HAPPY-Heart speak) and one is a daughter of a participant. As the group begins to settle into seats around the table, Isabel, one HAPPY Hearter, announces that she’s going to gather clothes for the homeless in the next week and pass them out and is looking for donations of any size. Another participant, Jenny, mentions that her daughter is taking finals, and that those tests have the whole house stressed out. A third subject, Kim, has an ankle that’s hurting, and Donna Peltier-Saxe, one of the health coaches, promises to take a look at it later.

Donna Slicis, another health coach, sets up her computer, and the first PowerPoint slide shows on a screen. “Family: The Good, The Bad, and The Ugly,” it reads, “Holiday survival!” After a few introductory remarks, Slicis, who has a great sense of humor and an even bigger sense of compassion, shows a YouTube video, which is called “Family Survival Kit.” The infomercial parody “sells” such helpful items as criticism-canceling headphones and Dr. Phil in a can. (“You can’t change what you don’t acknowledge,” the bald doc preaches from within the aluminum walls.) Laughter and nods of, “So true, so true” fill the room. The mood is light as Slicis focuses on the bulk of her presentation: creating a holiday experience that is low on conflict and bad health habits, and high on self-care.

Self-care is a relatively new topic for the women here tonight. “I’ve never taken care of my health,” says Lucy, echoing the sentiments of many in the group. “I just hoped for the best.” Revere is a blue-collar town, and for most of these women’s lives, the natural order of basic human needs—food and water, a safe place to live and sleep, a steady income—dictated that their energy and effort be put toward simply surviving as opposed to thriving. One woman is dealing with a foreclosure on her house; another, at age forty-nine, has had to move back in with her mother because she lost her job and can’t afford her own place. One was shot by a former boyfriend and still has three bullets in her body, while another woman has a son who is a heroin addict. Understandably, self-care hasn’t been a priority for these women; they’ve been too busy
figuring out how to pay the bills, put food on their tables, deal with abusive relationships, and just generally navigate the messy details of life. “My life has never been about me,” says Heather, mother of the addicted son. “I’ve spent it taking care of my mother, my siblings, my children, my husband. I never thought to put myself first.”

Those life circumstances, combined with their family health histories, put most of them at risk for cardiovascular disease. To be a participant in the HAPPY Heart study, candidates have to have at least two major risk factors for cardiovascular disease: high blood pressure, abnormal cholesterol levels, diabetes, obesity, cigarette smoking, sedentary lifestyle, and genetic history of cardiac issues in the family. Over 80 percent of the sixty-five women in the program have at least three risk factors; the most common are obesity, low levels of HDL (the good kind of cholesterol), and a sedentary lifestyle.

Unfortunately, the women are in good company. The American Heart Association (AHA) issued new guidelines for the prevention of cardiovascular disease in women in early 2011, and the statistics cited in the introduction are troubling—to say the least. Two in three women over the age of thirty are either overweight or obese. More than twelve million American women have diabetes, a disease that is so tightly linked to cardiovascular disease that doctors often treat the two conditions simultaneously. Many physicians now refer to diabetes and obesity as “diabesity,” because of their frequent coexistence. High blood pressure is on the rise, especially among African-American women; an overwhelming 44 percent of that population has high blood pressure.

Although two of the most popular American pastimes—eating fast food and spending extended periods of time in front of a screen—might lead you to think otherwise, the epidemic of cardiovascular disease is not limited to the United States. “Heart disease is the leading cause of death in women in every major developed country and most emerging economies,” the 2011 AHA report proclaims.

Given that heart disease is the number one killer of women—in the United States in 2006, over 430,000 women died from cardiovascular disease while about 270,000 died from various forms of cancer—the public awareness is still disturbingly low. In the AHA guidelines, researchers found that only 53 percent of women polled said that the first thing they would do if they suspected they were having a heart attack would be to call 911. That lack of awareness, combined with the rise of obesity, is contributing to a trend that shouldn’t be happening in the twenty-first century: death rates from cardiovascular disease for women under the age of fifty-four are, amazingly, rising. For the first time in forty years, the number of U.S. women between ages thirty-five and fifty-four who die from heart-related issues is actually increasing.

As is true for many women across the world, the threat of a cardiac event stares down the HAPPY Heart participants daily. “My father died of arterial sclerosis at sixty-two,” says Christie, sixty years old, one of the participants who heard about the program from me when she came to my office with heart palpitations. “And my mother was a diabetic who had a triple bypass and a pacemaker. Seven of her siblings died of heart problems before [heart disease] took her at age eighty. Those thoughts just live in the back of my
Daily challenges don’t loom so large tonight, though. Tonight, these women—like most of America—are preparing for two weeks of holiday excess: large, rich meals; champagne, eggnog, and plenty of other drinks; intense family time; additional cooking and cleaning; and unspoken, and often huge, expectations. The situation is a recipe for total meltdown for anybody, so Slicis encourages people to forget about perfection. “Be realistic about your expectations,” she says. “If the potatoes don’t come out perfectly, nobody will notice but you.” Then she moves on to talk about more important matters, which include how to protect yourself and your feelings around a group of people who might not always be the most supportive and loving. “You get to be happy even if everybody else around you isn’t,” she says, adding that it’s important to walk away from negative conversations and take a time-out if need be. “The bathroom is a great place to hide,” she says with a laugh. After touching on some budget-minded gifts (a family cookbook, certificates for closet organizing), Slicis reminds everyone to go for walks, get enough sleep, and to remember [End of Sample]
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