

Good fitness and diet are not a guarantee against heart disease

By Markian Hawryluk / *The Bulletin*
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Dr. Jim Stone, an emergency physician from Sunriver, exercises on an elliptical trainer Monday afternoon at The Body Shop in Bend. The 53-year-old was diagnosed with coronary artery disease despite a healthy lifestyle.

Dr. Jim Stone, a 53-year-old emergency physician from Sunriver, is the picture of good health. He eats right. He doesn't smoke. He loves to exercise.

So it came as quite a shock to his colleagues when Stone was diagnosed with coronary artery disease.

"They said, 'You?'" Stone recalls. "They said, 'Then I'm dead meat, because you lead the cleanest lifestyle.'"

Stone is a prime example of one of the most difficult concepts for the general public to understand. Many will look at a sedentary, obese smoker and see a heart attack waiting to happen. But those same people see an active, lean individual with a good diet, and figure he's immune.

The truth, doctors say, is that excess weight increases your risk for a heart attack but it's not the only factor. And each year, plenty of individuals with healthy weights and lifestyles will suffer heart attacks they never saw coming.

Stone says he should have realized he was at higher risk for heart problems earlier and had himself checked out 10 years ago. He inherited some high blood pressure from his father and marginally high cholesterol from his mother. But he kept both under reasonable control with medication and diet. More worrisome was his brother's heart attack at age 42.

Stone went to his doctor colleagues for care as problems arose but never concerned himself too much with preventive measures or screenings. Earlier this year, in the midst of a stressful crisis, he decided he needed to see a primary care doctor. He opted to see Dr. Rich MacDonell, a local internist who has limited his practice to a smaller number of patients so he can spend more time with each of them.

MacDonell ordered the standard blood tests and took the usual measurements. But it was Stone's family history that concerned him most.

"Usually, when you're talking about a relative who's age 50 and younger, that's a red flag," he says. "There are certain individuals who are at risk. They don't have to be obese, and they don't have to be smokers."

He had Stone return two weeks later for a treadmill stress test. Stone, no stranger to running, ran long and hard, showing no sign of any problem.

But when the doctors checked the EKG after the run, they found abnormal readings. Further tests with a cardiologist that same day revealed Stone had significant coronary artery disease.

"I was disappointed. On the other hand, being a physician, I should have known better," Stone says. "But I was also very encouraged because I haven't had the big event."

Stone says roughly half of new coronary disease is found when patients come in complaining of chest pain or other symptoms. The other half experience sudden death.

“I could have been one of those people in a year from now,” Stone says. “I could have been riding my bike and dropped dead.”

Dr. Rick Koch, a cardiologist with Bend Memorial Clinic, says three out of four American men older than 50 and women older than 60 will have some amount of heart disease. Doctors use criteria set out by the Framingham Heart Study to create a risk score for cardiac disease. The score is based upon six factors: age and sex, blood pressure and cholesterol levels, and diabetes and smoking status.

It doesn't take into account exercise patterns, weight or family history.

“We only test for what we know are associated factors with coronary disease,” he says. “The other things we don't know to test for could be found in strong family histories. Your genetic predisposition has a lot to do with whether or not you develop coronary disease.”

All three doctors — Koch, MacDonell and Stone — urge all men older than 40 and women older than 50 to have their cardiac risk factors evaluated, even if they don't fit the stereotype.

“The number that has not changed in cardiology is that 50 percent never get to have a second heart attack. The first one is fatal,” Koch says. “The more people we get on aggressive therapies earlier, the more we can prevent heart attacks.”

Stone is now being treated as if he already had a heart attack. MacDonell has helped him to further improve his diet, shifting to more of a Mediterranean style of eating. He's on a statin and the supplement niacin to keep his cholesterol under control, and he continues his stout exercise regimen. He knows he'll have to monitor his health closely for the rest of his life.

Still, Stone believes he's lucky that his doctor found his coronary disease early.

“I've got a disease that is the number one killer of people in our country,” he says. “My message would be: Don't wait to be checked. You might think you're immune, and you're not.”

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