

Holistic Cardiology: From Statins to Hormones

April 5, 2015

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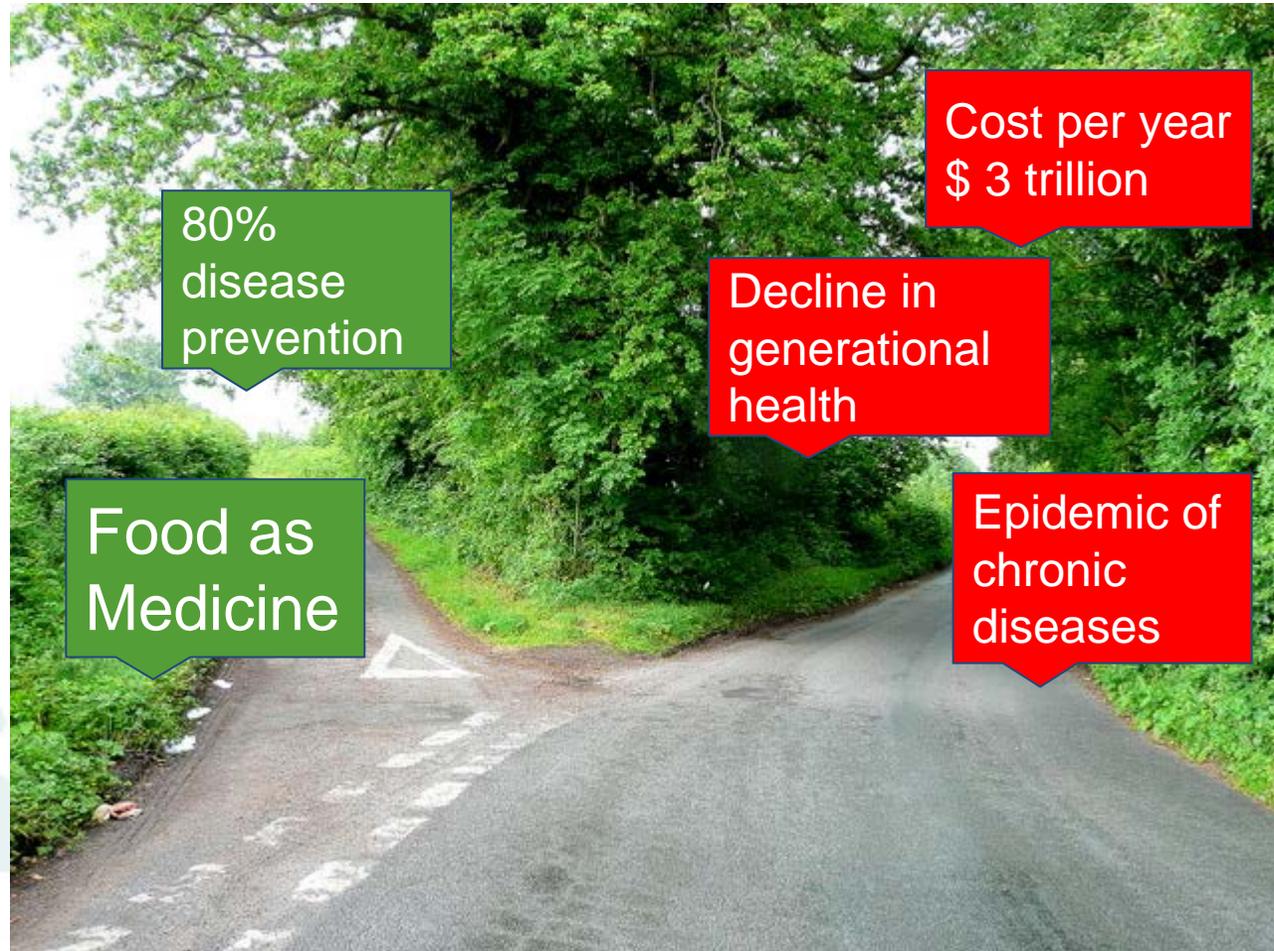
What is Holistic Medicine?

Holistic medicine is a form of healing that considers the whole person -- body, mind, spirit, and emotions -- in the quest for optimal health and wellness. According to the holistic medicine philosophy, one can achieve optimal health -- the primary goal of holistic medicine practice -- by gaining proper balance in life.

Principles of Holistic Medicine

- All people have innate healing powers.
- The patient is a person, not a disease.
- Healing takes a team approach involving the patient and doctor, and addresses all aspects of a person's life using a variety of **health care** practices.
- Treatment involves fixing the cause of the condition, not just alleviating the symptoms.

Destination: HEALTH



80%
disease
prevention

Food as
Medicine

Cost per year
\$ 3 trillion

Decline in
generational
health

Epidemic of
chronic
diseases

In 2008 the US spent 16.2% of its GDP (\$2.3 trillion) on Healthcare.

More than national defense, homeland security,
education, and welfare...combined.

133 million Americans live with at least one
chronic disease...

Heart Disease: 81 million people

Cancer: 11 million people

Depression: 1 in 20 Americans >12 years of age

Diabetes: "One in every 3 children born today will
develop diabetes during his/her lifetime"



IF YOU WANT
TO TRANSFORM
THE WAY YOU
PRACTICE, YOU
NEED A PLAN

FUNCTIONAL MEDICINE

is a personalized, systems-oriented model that empowers patients and practitioners to achieve the highest expression of health by working in collaboration to address the underlying causes of disease.

Holistic or Integrative Cardiology is Based on Functional Medicine

Disease-Oriented Medical Model

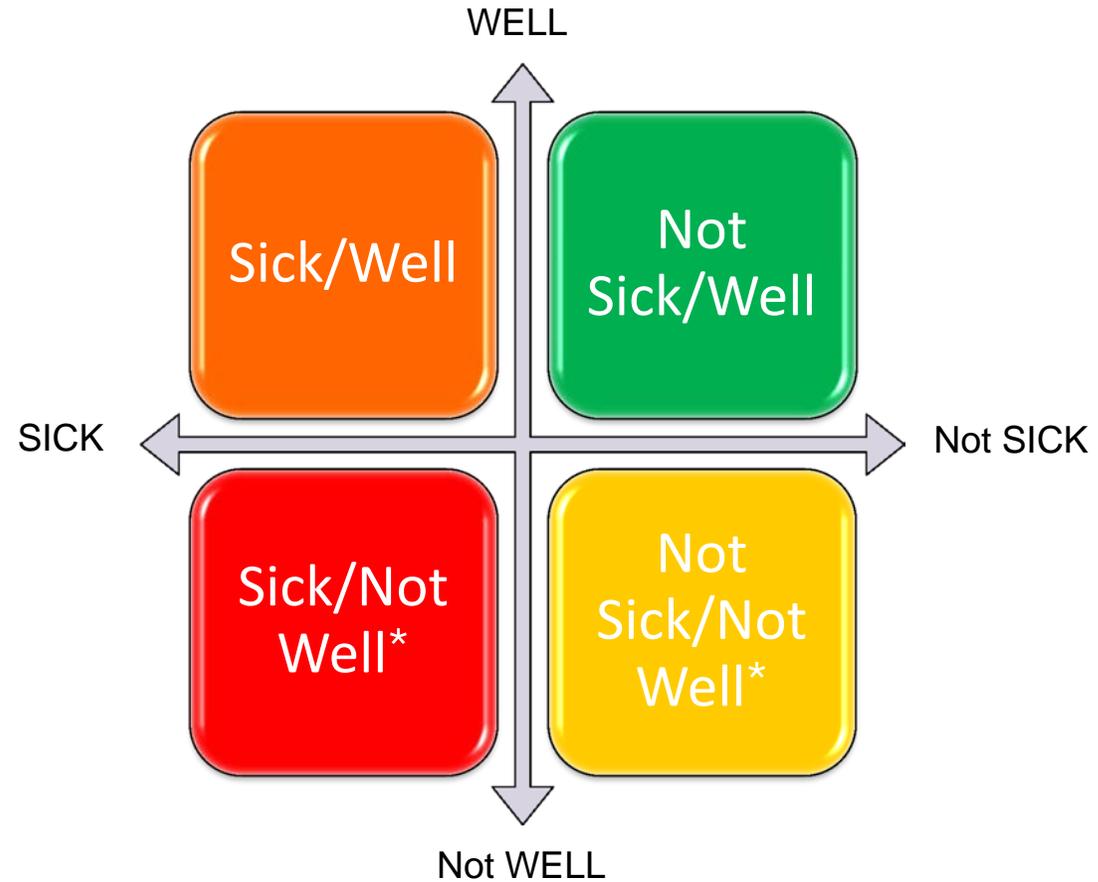
- Disease Model dominates medical thinking
- Defines health as a disease-free state
- Traditional Medicine

Wellness-Focused Medical Model

- Emphasizes prevention and lifestyle intervention
- Defines health as a state of optimal wellness
- Functional Medicine

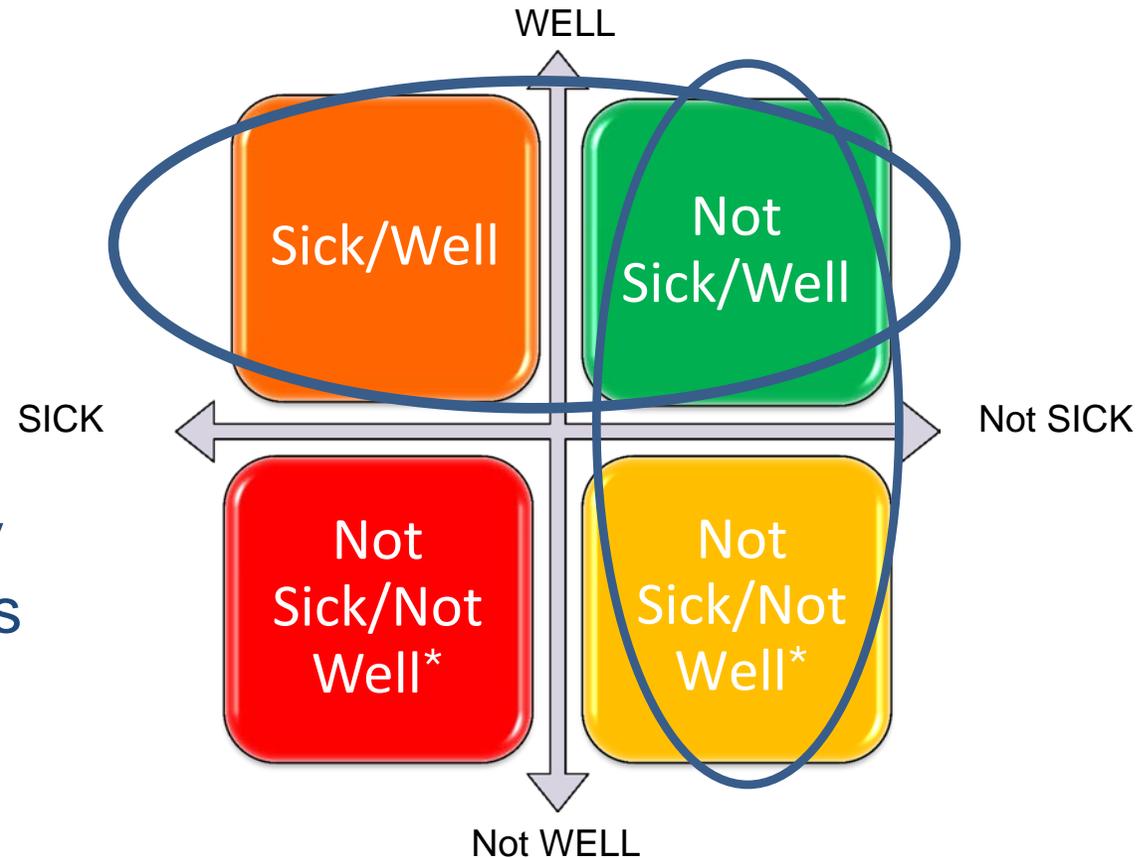
Disease-Free State of Optimal Wellness

- Physical Ability
- Energy
- Resilience
- Mental Focus and Clarity
- Vitality
- Emotional Stability
- Meaningful Relationships



Integrative Medicine View of Health

- Chronic conditions are on the rise
- Obesity is sky rocketing
- Expenses are mounting
- High deductible insurance plans turned patients into consumers
- Business are looking to save by implementing wellness programs



Patients Search for Well, Physicians Focus on Not Sick

77 y/o man with known CAD, has
2 stents

HTN, Hyperlipidemia

Lopressor, ASA, Plavix, Zocor

No acute complaints

Active, works out, independent

**“My doctor tells me “do what
you want” when I ask about
supplements”**

**Cost of supplements:
\$700/month**



Not
Sick/Not
Well*

77 y/o man with known CAD, has
2 stents

HTN, Hyperlipidemia

Lopressor, ASA, Plavix, Zocor

No acute complaints

Active, works out, independent

What about his lifestyle?

He is eating out

He has a girlfriend

**He wants his doctor to look
inside the BAG!**



Not
Sick/Not
Well*

What is Your Attitude Toward Supplements?

My attitude toward supplements is:

- ❖ Neutral
- ❖ Negative
- ❖ Positive

How Many of Your Patients Use Supplements?

- ❖ None
- ❖ Few or Some
- ❖ Many
- ❖ I do not know

54 y/o woman seeks
second opinion
Early menopause
Hyperlipidemia
Osteoarthritis, allergies,
osteoporosis
Weight gain
Dizziness and neuro
symptoms
Not very Active
Healthy diet “on” and “off”

**‘I was diagnosed with elevated
cholesterol 2 and ½ years ago
(total cholesterol 280, LDL
171). I took Crestor but started
getting strange neurological
symptoms, and became
borderline diabetic. Internist
wants me to take Lipitor but I
will not. There simply has to be
a better way’**

Sick/Not
Well*

Why Do We Care if Patients are Not Well?

Not Well patients:

- ❖ use multiple healthcare resources (expensive and redundant care)
- ❖ may require longer hospital stays
- ❖ pose increased risk of readmissions (“poor baseline”), lower medication compliance
- ❖ seek out alternative care practitioners resulting in revenue diversion of their discretionary income
- ❖ unsupervised supplements intake and variable quality alternative interventions are of limited value, pose a safety concern, may be expensive and ineffective

Take control by creating structured and supervised integrative cardiology programs based on evidence and outcomes to increase your value to your patients, and your patients lifetime value (PLV)

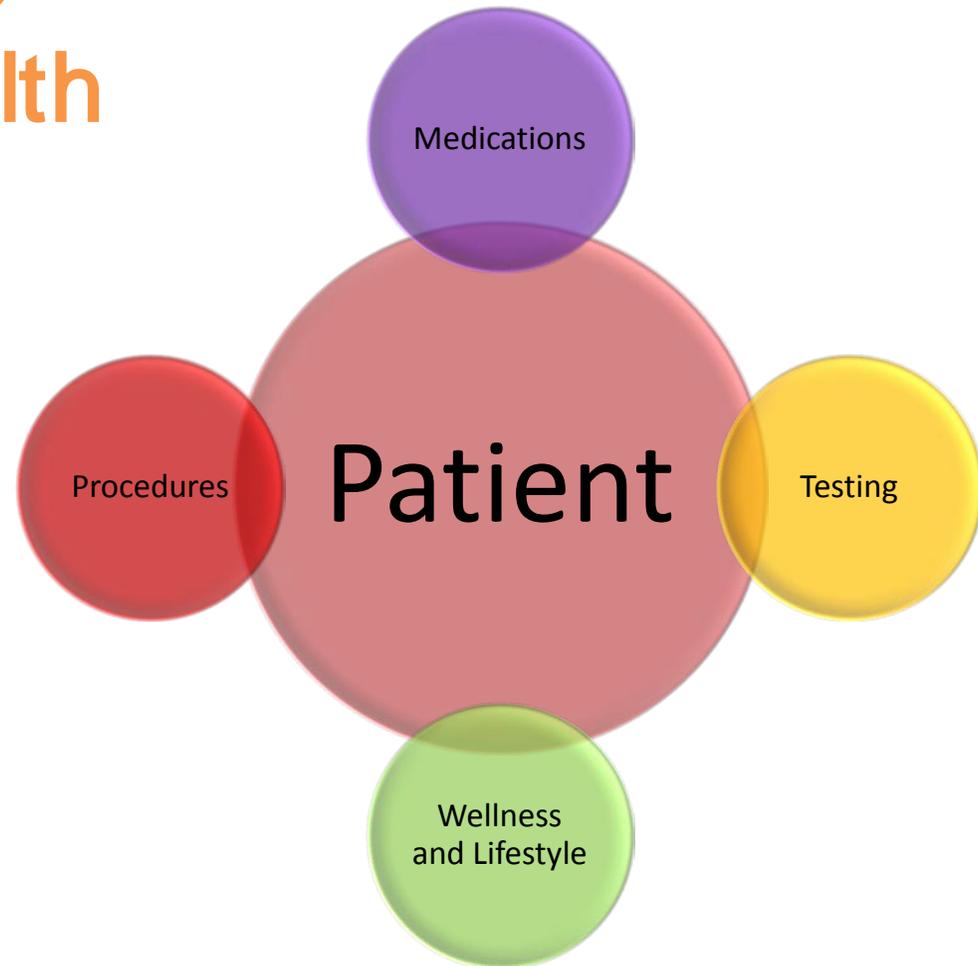
Although the collective health of the nation has improved dramatically in the past 30 years, surveys reveal **declining satisfaction with personal health** during the same period. Increasingly, respondents report **greater numbers of disturbing somatic symptoms, more disability, and more feelings of general illness**. Four factors contribute to the discrepancy between the objective and subjective states of health. First, advances in medical care have lowered the mortality rate of acute infectious diseases, resulting in a comparatively **increased prevalence of chronic and degenerative disorders**. Second, society's heightened consciousness of health has led to **greater self-scrutiny and an amplified awareness of bodily symptoms and feelings of illness**. Third, the widespread **commercialization of health and the increasing focus on health issues** in the media have created a climate of apprehension, insecurity, and alarm about disease. Finally, the **progressive medicalization of daily life** has brought unrealistic expectations of cure that make untreatable infirmities and unavoidable ailments seem even worse. *Physicians should become more aware of these paradoxical consequences of medical progress so that they do not inadvertently contribute to a rising public dissatisfaction with medicine and medical care.*

Arthur J. Barsky, M.D. N Engl J Med 1988; 318:414-418 February 18, 1988 DOI: 10.1056/NEJM198802183180705

The Paradox of Health

Physician Stewardship is Essential for Holistic Health

Stewardship is an ethic that embodies the responsible planning and management of resources. The concepts of *stewardship* can be applied to the environment, economics, health, property, information, theology, etc. (Wikipedia)



Traditional MD Practice

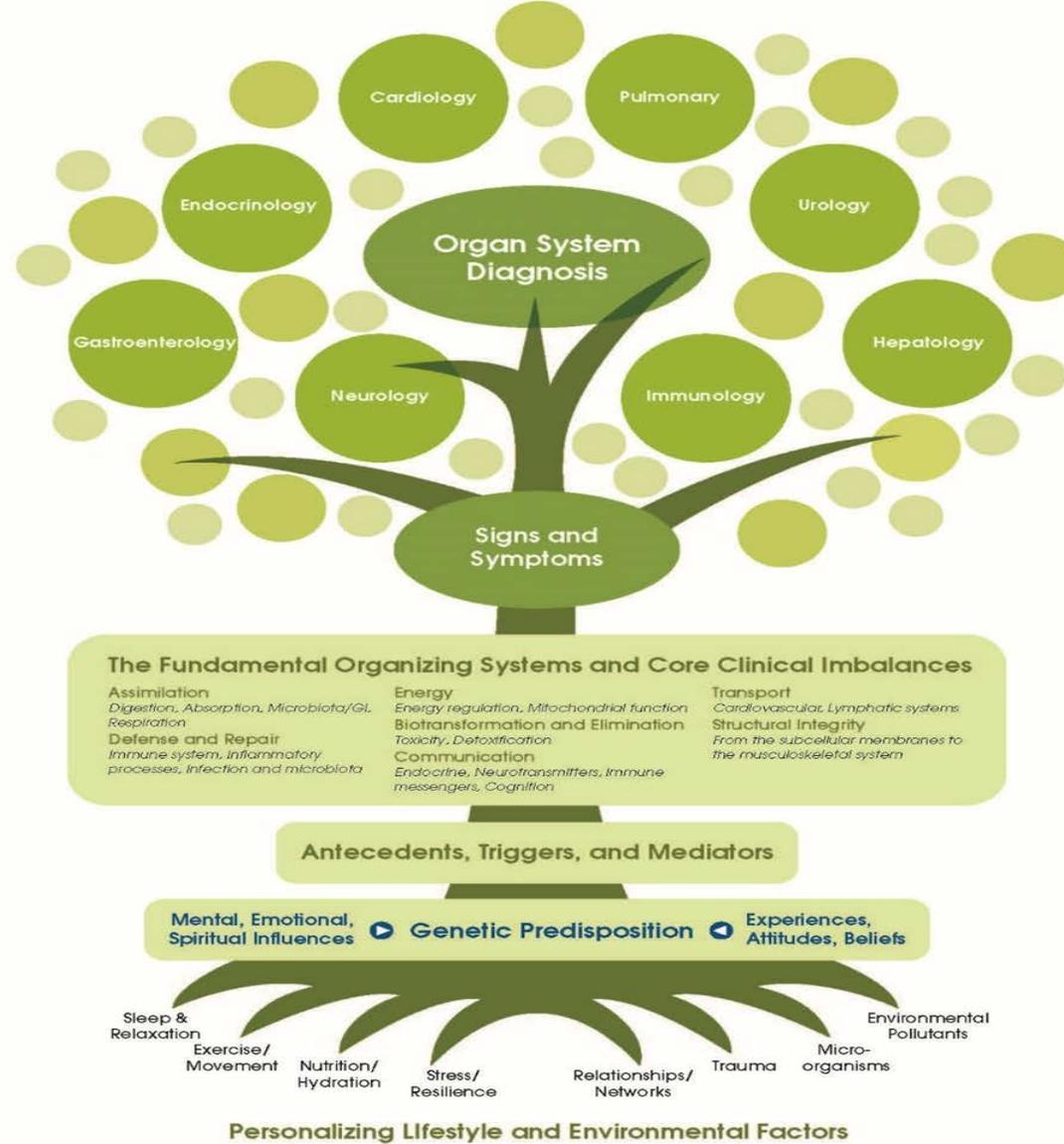
- Volume-driven
- Insurance fee dependent
- Low touch, high tech
- Ancillary staff engaged with business end
- Physician burnout
- Low efficiency
- Limited patient loyalty
- Decreasing revenue



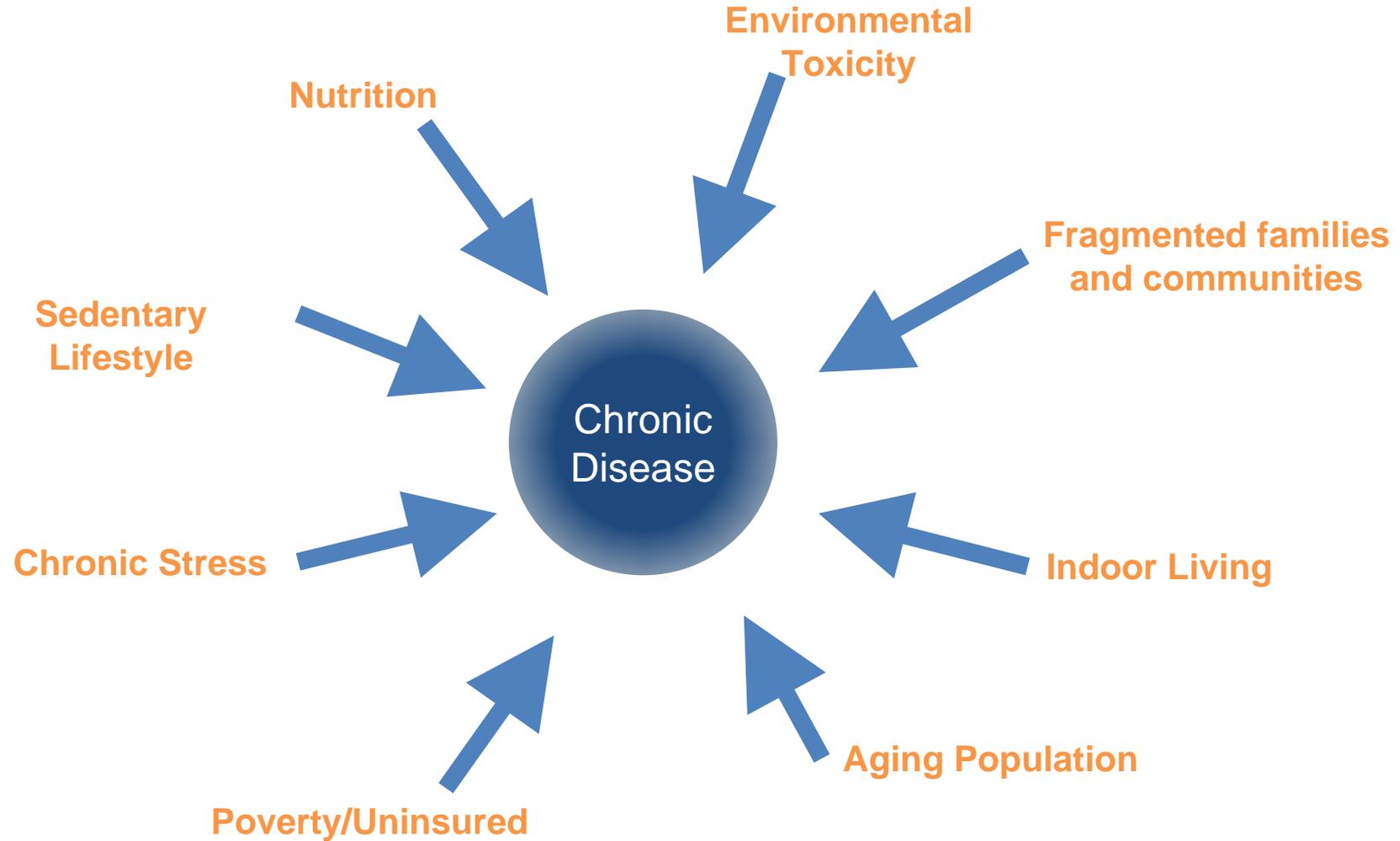
Integrative MD Practice

- Value-driven
- Hybrid/concierge model
- High touch, low tech
- Ancillary staff engaged with patients
- Physician growth
- High efficiency
- Loyal patients
- New revenue streams

How Do We Bridge The Gap?

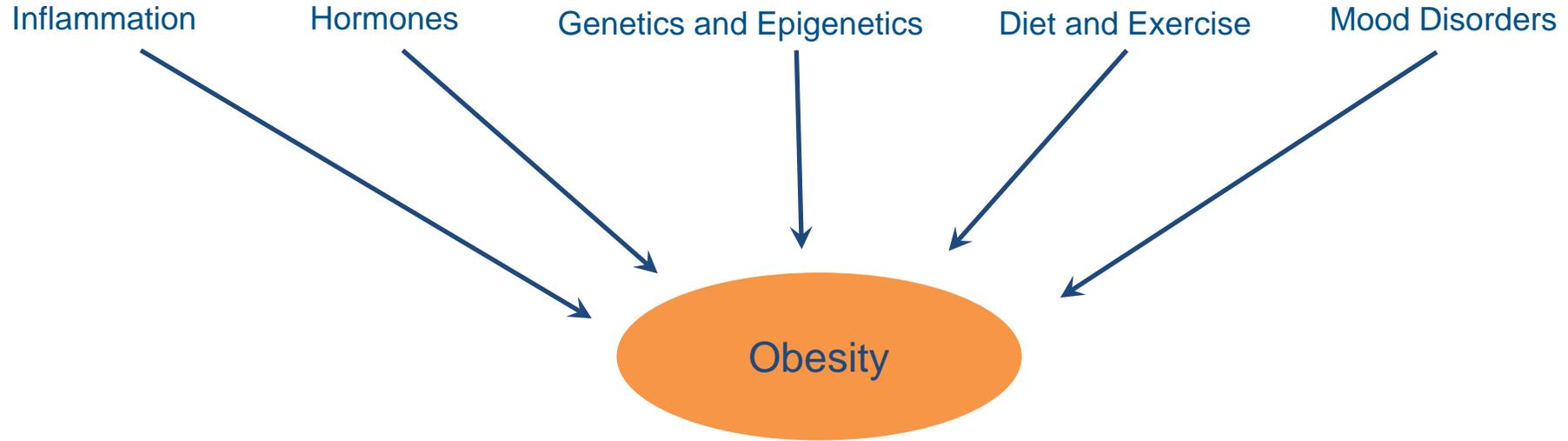


Antecedents, Triggers, and Mediators

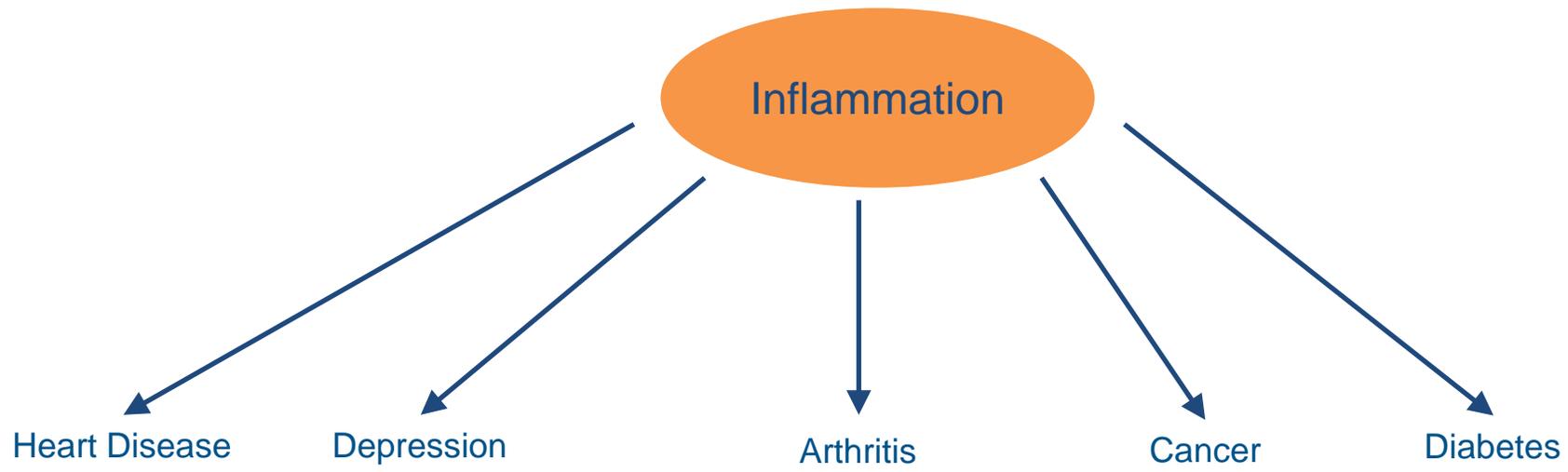




One Condition: Many Imbalances



One Imbalance: Many Conditions



GOTOIT Steps: Practicing Functional Medicine

Gather
Organize
Tell
Order
Initiate
Track

 GO TO IT Steps: Practicing Functional Medicine		
	Purpose	IFM Tools (examples)
GATHER	<p>GATHER ONESELF: Mindfulness optimizing the therapeutic relationship.</p> <p>GATHER INFORMATION through the intake forms, questionnaires, the social consultation, physical exam, and objective data. A detailed functional medicine history taken appropriate to age, gender, and nature of presenting problems.</p>	<ul style="list-style-type: none"> • Medical History • Health History and Issue Form • Medical Symptom Questionnaire • Timeline: <ul style="list-style-type: none"> • Chronologies Story • APMs and the Patient's Story • APMs of Narrative of Evolution • Request and Report • Nutrition Physical Exam Forms
ORGANIZE	<p>ORGANIZE the subjective and objective details from the patient's story within the functional medicine paradigm. Prioritize the patient's presenting signs and symptoms, along with the details of the case history on the timeline and functional medicine matrix.</p>	<ul style="list-style-type: none"> • Functional Medicine Matrix • Antecedent, Triggers, Modifiers • Modifiable Lifestyle Factors • Clinical Indicators
TELL	<p>TELL the story back to the patient in your own words to ensure accuracy and understanding. The retelling of the patient's story is a dialogue about the case, highlighting analyzing the antecedents, triggers, and modifiers identified in the history, converting them to the timeline and matrix.</p> <ul style="list-style-type: none"> • Acknowledge patient's goals • Identify the predisposing factors (contextual) • Identify the triggers or triggering events • Identify the perpetuating factors (mediators) • Explore the effects of lifestyle factors • Identify clinical indicators or discrepancies in the organizing physiological systems of the case. <p>Ask the patient to join in co-creating and articulating the story, co-developing a course of true partnership.</p>	<ul style="list-style-type: none"> • The Patient's Story Reviewed & Shared with integration of the Functional Medicine perspective (i.e. ATMs, Timeline, and Matrix) • Personal Development Exercises to Create and Strengthen the Therapeutic Relationship <ul style="list-style-type: none"> • Reflective Listening • Motivational Interviewing • Coaching & Behavioral Modification
ORDER	<p>ORDER and prioritization emerges from the dialogue of professional and patient. The patient's mental, emotional, and spiritual perspective is of primary importance for prioritizing the "next steps."</p>	<ul style="list-style-type: none"> • Matrix
INITIATE	<p>INITIATE further functional assessment and interventions based upon the above work:</p> <ul style="list-style-type: none"> • Perform further assessment • Initiate patient education and therapeutic intervention • Referral to adjunctive care if needed <ul style="list-style-type: none"> • Nutrition Professional • T-Nutrition Educator • Healthcare Provider • Specialist 	<ul style="list-style-type: none"> • Prescription for Lifestyle Medicine • Referral to Functional Nutritionist for <ul style="list-style-type: none"> • Additional Nutrition Evaluation • Biomarkers, Laboratory Form • Dietary Interventions • Patient Education Handouts (examples) <ul style="list-style-type: none"> • Mindful Eating • Behavioral Response • Functional Nutrition Fundamentals • Care Plan and Therapeutic Suite
TRACK	<p>TRACK gather outcomes, note the effectiveness of the therapeutic approach, and identify clinical outcomes at each visit in partnership with the patient.</p>	<ul style="list-style-type: none"> • Medical Symptom Questionnaire • Body Composition Tracking

FUNCTIONAL MEDICINE MATRIX

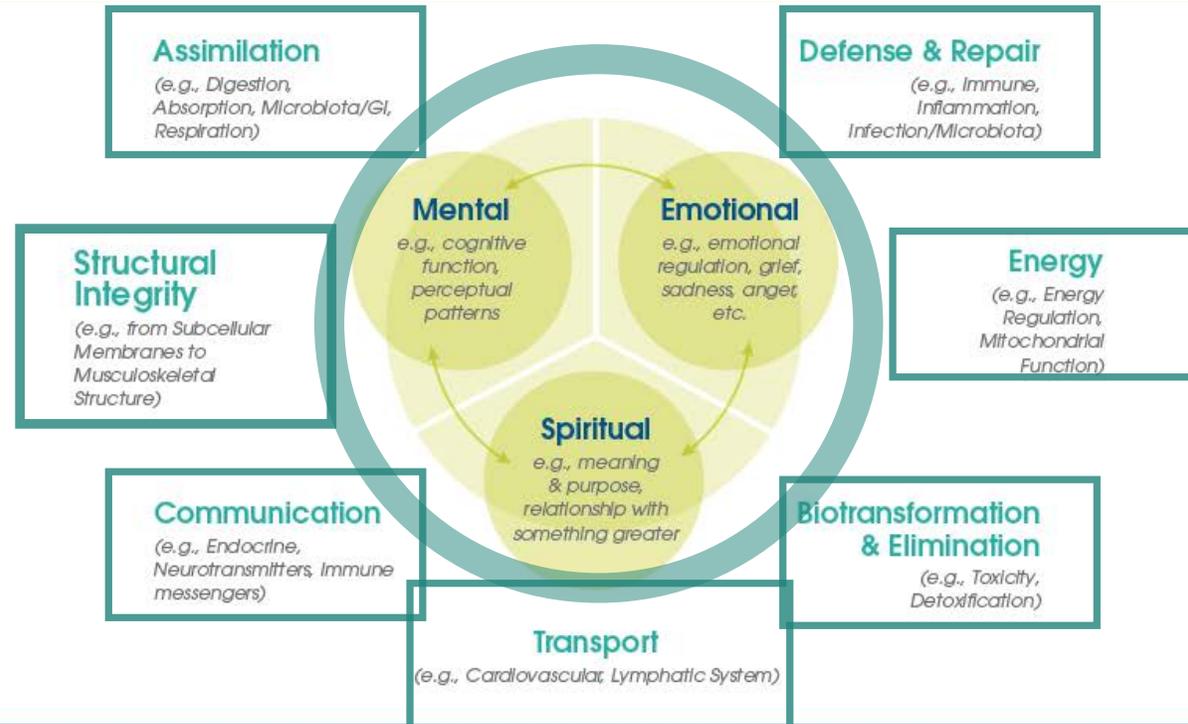
Retelling the Patient's Story

Antecedents
(Predisposing Factors—
Genetic/Environmental)

Triggering Events
(Activators)

Mediators/Perpetuators
(Contributors)

Physiology and Function: Organizing the Patient's Clinical Imbalances



Modifiable Personal Lifestyle Factors

Sleep & Relaxation

Exercise & Movement

Nutrition

Stress

Relationships

The Science of Individuality

- **Emergence:** How genes are translated into patterns of health and disease
- **Exposome:** How internal metabolic factors and the environment influence gene expression
- **Epigenetics:** The study of heritable changes in gene expression or cellular phenotype caused by mechanisms other than change in the underlying DNA sequence
- **Nutritional Genomics or Nutrigenomics:** How different foods may interact with specific genes to increase the risk of common chronic diseases such as type 2 Diabetes, obesity, heart disease, and certain cancers
- **Pharmacogenomics:** Prediction of drug response and clinical outcomes, reduction in adverse events, and selection and dosing of drugs based on genotype

Two Simple Questions:

Causes and Function

- Does this person need to be rid of something (toxic, allergic, infectious, poor diet, stress)?
- Does this person have some unmet individual need required for optimal function?

Old Paradigm

- A team of health care professionals
 - Psychiatrist, pulmonologist, allergist, neurologist, and gastroenterologist
- No one asked: How is everything connected?
- Their job: match the pill to the ill!
- We are asking the wrong questions

The New Paradigm

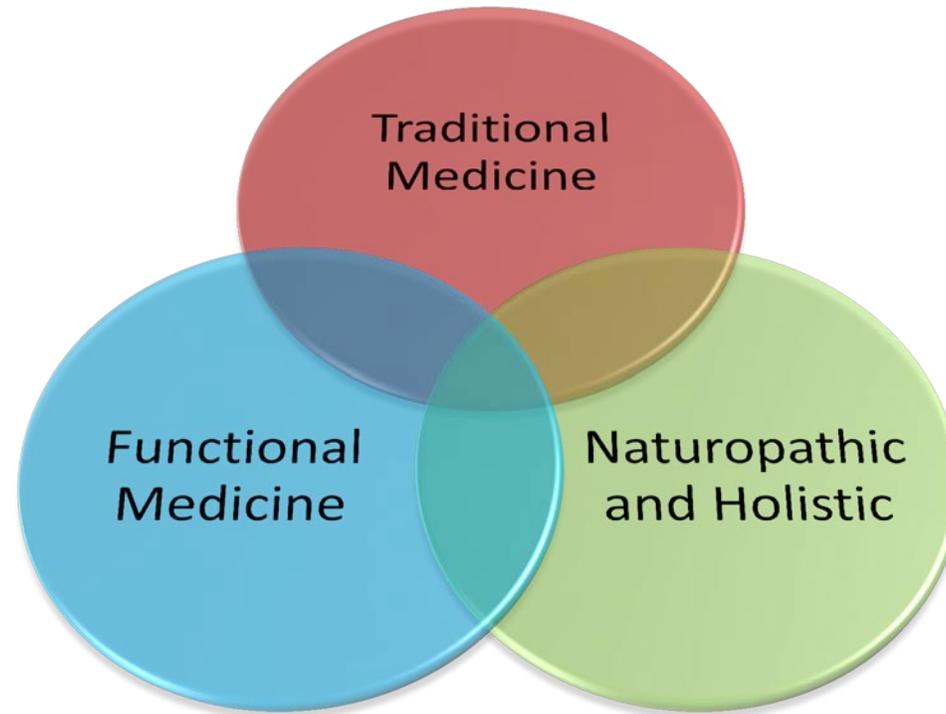
- Always seek the cause FIRST – again and again
- Focus on 5: Learn how to diagnose and treat the 5 causes of illness
 - Become an expert in toxins, allergens, infections, nutrition, and stress
- Ingredients for optimal function
 - Food, nutrients, hormones, environment (air, light, water), movement, rhythm, love, meaning



THE FUTURE OF HEALTH



To Solve the Gap Problem Develop an Integrative Cardiology Program



Fit in Your GENES™

Genome

Environment

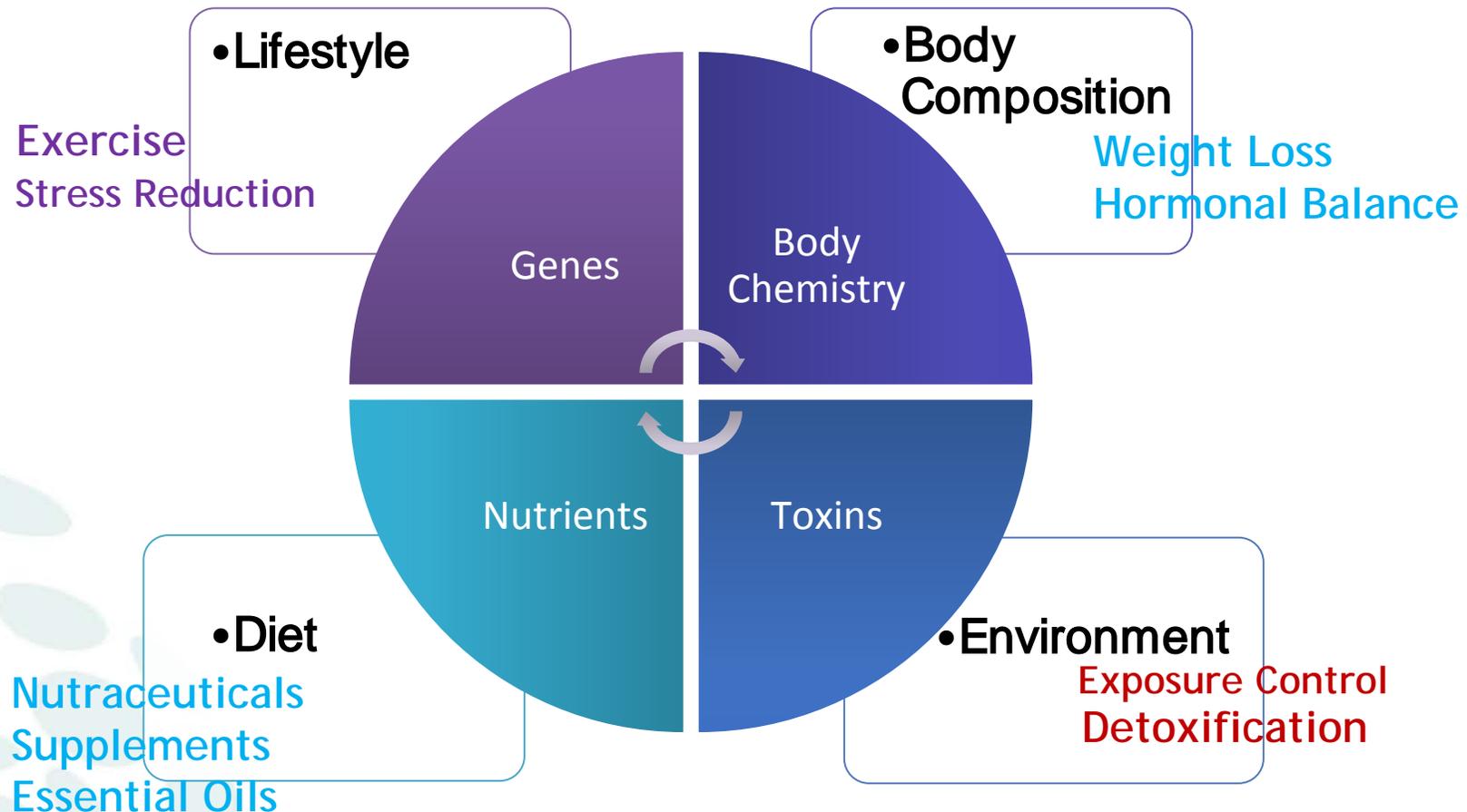
Nutrition

Exercise

Supplements

Fit in Your GENES

Integrative Heart Health Solution

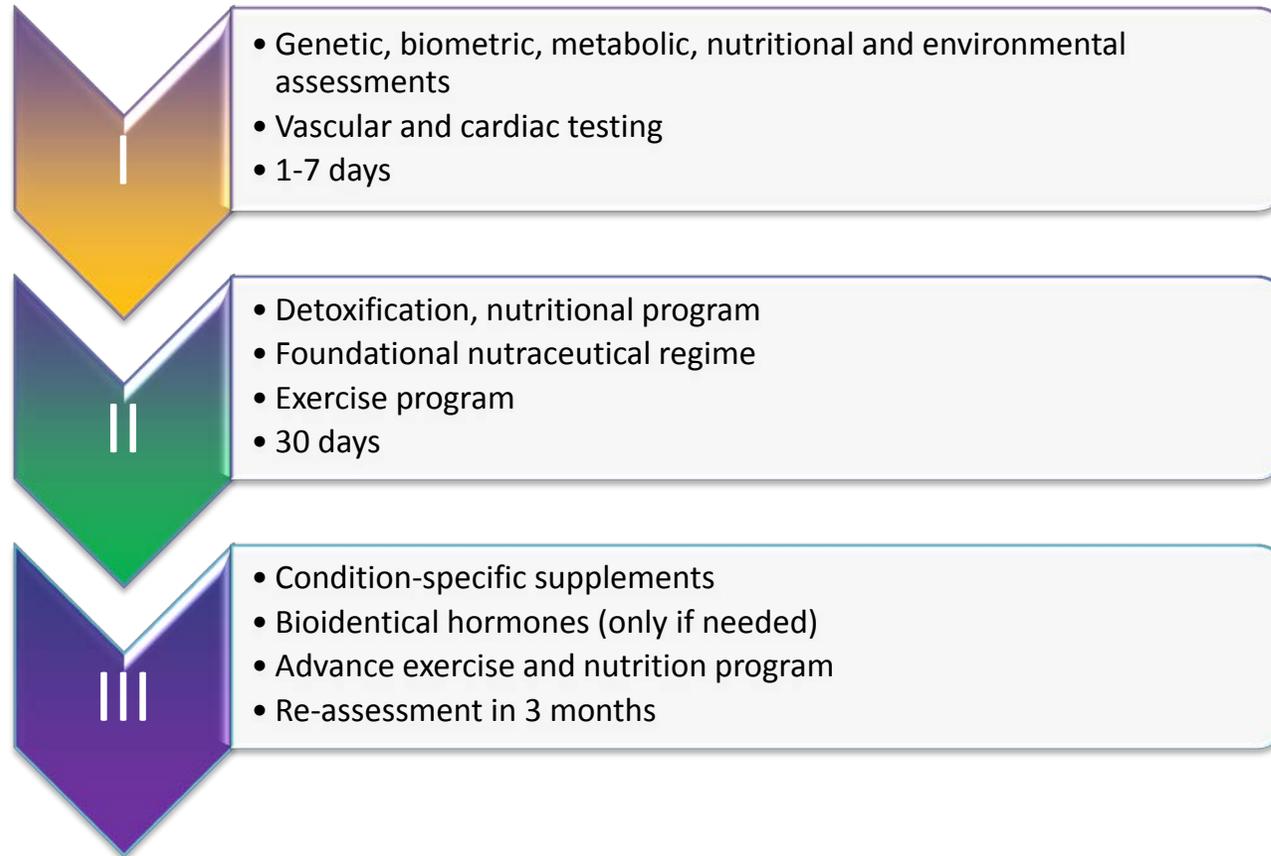


A Patient-Centered Approach

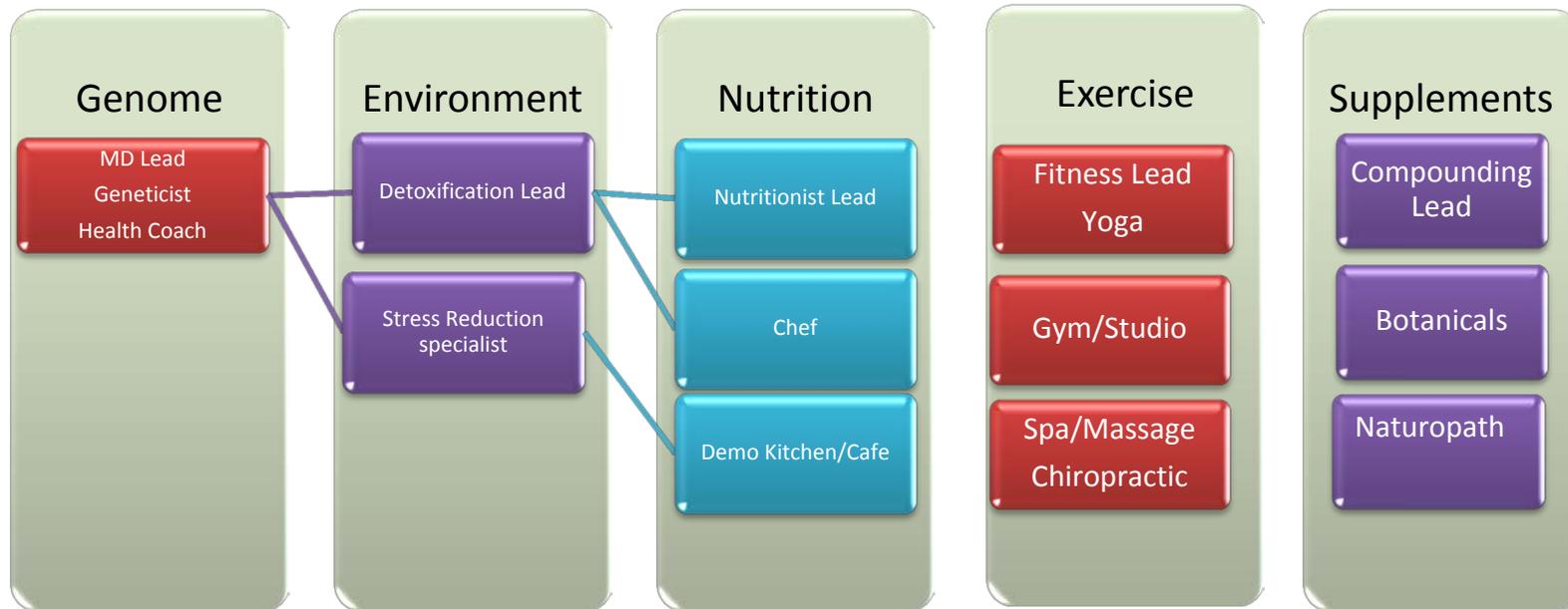
- Evaluate events sequentially (ATMs)
- Determine imbalances
- Focus on the matrix
- Reverse root causes (inflammation, oxidation)
- Treat with nutritional, lifestyle, and supplement approaches



3 Phases of FIYG Program



Practice Models Building Blocks



CASE STUDY

METABOLIC REMODELING

56 y/o woman with exertional dyspnea for several years

Overweight, hypertension, dyslipidemia, chronic chest pain, depression, arthritis, fatty liver (abnl LFTs, sono), metabolic syndrome, elevated hsCRP and pro-insulin

Multiple cardiac and pulmonary tests over several years, no structural or ischemic heart disease, no pulmonary diagnosis (\$\$\$)

Several ER visits (\$\$\$)

Poor exercise tolerance and poor diet

Good medication compliance (Metoprolol, Diovan HCT, Celexa, Alprazolam, Seroquel, NSAIDs)



BIOMETRICS	JANUARY 2015	MARCH 10th	MARCH 25th	MAY 2015	Percent Change
WEIGHT (lbs)	257	260	248	242	-5.6%
BMI	45.5	46.1	43.9	42.9	-5.7%
HEIGHT (in)	63	-	-	-	

LAB MARKERS (fasting)	JANUARY 2015	MARCH 2015	MAY 2015	Percent Change
GLUCOSE (mg/dL)	131 H	129 H	123 H	-6.1%
HDL(mg/dL)	55	57	61	+1.8%
CHOLESTEROL (mg/dL)	226 H	213 H		-5.7%
LDL (mg/dL)	141 H	105	102 H	-27.6%
HBA1C (%)	7.1 H	NA	6.3 H	-0.8%
TRIGLYCERIDES (mg/dL)	100	70	78	-22%

Baseline and On FIYG Program

Case Discussion



Symptom Improvement:

- Dyspnea resolved
- Chest pain resolved
- Exercise tolerance improved to 1 mile per day

Weight Loss:

- Modest, comparable to pharmacological weight loss drugs
- Unlike drugs, no side-effects, part of sustainable lifestyle modification

Reversal of Diabetes and Dyslipidemia:

- Metabolic remodeling (inflammation and oxidative stress reduction) produced significant decreases in fasting glucose, HgA1C, and drastically improved cholesterol profile AND THIS IS JUST A BEGINNING!

ASCVD Risk Modification

10 year ASCVD risk:

Baseline 6.6%-moderate intensity statin recommended

FIYG program at 4 months 3.0%-ASCVD risk <5%, not in statin-benefit group

<http://tools.cardiosource.org/ASCVD-Risk-Estimator/>: SBP 130 mmHg, non-smoker, white, woman

Metabolic Remodeling Case Conclusion

FIYG Program resulted in sustained lifestyle modification through application of genomic, environmental, nutritional, exercise and supplements approaches. As a result, patient experienced weight loss, and reversal of metabolic cardiac disease risk factors, such as diabetes and dyslipidemia. Her ASCVD short-term risk was decreased in half in 4 months on the program. She experienced dramatic improvement in symptoms, and regained wellness and vitality.

**How Many Patients Like
HER Do You See in Your
Practice?**

Conclusion

- Functional Medicine provides a powerful framework to address root causes of chronic diseases
 - Cardiac patients or those with risk factors benefit from functional medicine
 - Your practice needs proven and evidence-based protocols and strategic and cohesive team to deliver the new practice paradigm to patients
- 

Destination: HEALTH



Food as
Medicine

80%
disease
prevention

