

Here's How You Can REALLY Avoid Heart Disease - Without Drugs



by Jerome Burne

What's the best way of telling if you are at a raised risk of heart disease? Most people would probably say their cholesterol level, because too much can block your arteries.

That's why the NHS spends more than £1/2 billion a year on statins to treat high cholesterol.

Coronary heart disease is the UK's biggest killer, responsible for more than 115,000 deaths every year. Preventing it is clearly a hugely important task.

The heart of the matter: Preventing inflammation could be the key to avoiding heart disease. But this relentless focus on cholesterol could mean that we are missing out on the wider picture - and more effective, cheaper ways of protecting ourselves (without the risk of side-effects from drugs).

We all know that old age, smoking, raised blood pressure, lack of exercise and poor diet are significant - but what's not so familiar is that these factors are linked. And that link is inflammation.

Inflammation in itself is not a bad thing - its associated swelling, redness and pain show that your body is working hard to ward off a threat - inflammation is why you don't die from a cut finger or a bacterial infection. However, chronic inflammation makes heart disease more likely by damaging the lining of blood vessels. This, in turn, lowers production of the nitric oxide that keeps blood vessels flexible; when that happens there is a raised risk of high blood pressure. Damage to the vessel lining also makes it easier for fatty deposits to build up - these can later break away and cause strokes and heart attacks. Smoking, lack of exercise and a poor diet all keep inflammation going.

Scientists have known for years that long-term inflammation is a feature of most chronic diseases, including arthritis, diabetes, irritable bowel syndrome, and Alzheimer's; heart disease is no exception.

There's a simple blood test that tells you if you've got a high level of inflammation - it checks for CRP (c-reactive protein). So could a CRP test help you protect yourself more effectively against heart disease than knowing your cholesterol levels?

'CRP is far from perfect as a biomarker, but I think it is probably a useful warning that you have early signs of disease,' says Dr. Ian Graham, professor of epidemiology and public health at the Royal College of Surgeons, and a cardiologist at Trinity College, Dublin. 'Knowing about it could encourage people to start taking better care of their health earlier. Having your levels tested certainly makes sense.'

This would mean you could treat inflammation before it allowed the furring up of your arteries. Being aware of inflammation also brings the focus of fighting heart disease back to lifestyle measures instead of drugs.

'What worries me about statins is that they make people less likely to take responsibility for their own health,' says Dr Graham. 'They encourage the idea you can sit on the sofa, eating dreadful food but you're safe because your cholesterol is coming down.'

So how do you go about beating inflammation?

Losing weight helps because the extra fat you're carrying around your belly isn't just a storage depot; some of the chemicals it produces cause inflammation. Cutting out sugar and refined carbohydrates from your diet also reduces inflammation because high levels of blood glucose and the extra insulin it triggers can inflame and damage arteries.

Fish oils have been found to reduce the risk of heart failure patients dying or being hospitalised. Making sure you get

a good daily intake of omega 3 fatty acids is a way of damping down the inflammatory response. One trial reported in the summer found that fish oils reduced the risk of patients with heart failure dying or being hospitalised by nine per cent.

And then there are statins - the main drugs being tested as a way of tackling inflammation. That's because as well as lowering cholesterol, statins also target a protein that's involved in immune reactions.

A major trial called Jupiter reported recently that giving a statin to people with high CRP levels but who are otherwise healthy improved their chances of surviving the next four to five years.

But critics have pointed out that the benefits of statins were small - for those on the drug, the chances of surviving was 94.9 per cent and if you weren't on this drug, it was 94.3 per cent.

And then there are the potential side effects- - while doctors usually say that muscle pain (myopathy) from statins is rare, a new Canadian study suggests it can affect 10 per cent to 15 per cent of patients.

Many of the ways inflammation and heart disease tie up are still controversial and more research is certainly needed. 'Inflammation is a key player in events triggering a heart attack and also in setting the conditions that lead up to it,' says Professor Peter Weissberg medical director of the British Heart Foundation. 'When you use a drug such as a statin it is hard to separate out the effect it has on inflammation from its effect on cholesterol.'

But possibly one of the reasons that trials of lowering CRP haven't proved very effective is because they have been targeting the wrong thing. 'CRP just tells you that there is inflammation,' says Dr Kilmer McCully, Chief of Pathology at the Veterans Hospital in Boston.

'There is evidence going back a long way that bacteria and viruses are involved in heart disease. They certainly trigger an immune response that would raise CRP but if you don't get rid of them you are not going to have much of an effect.'

So how do you get rid of these bacteria and viruses? 'The best defense is an effective immune system and the best way to get that is a highly nutritious diet.'

And CRP is not the only sign of inflammation. An amino acid called homocysteine can contribute to inflammation in the blood vessel walls and research has linked high levels of it with an increased risk of heart attacks and strokes.

Homocysteine is produced when we eat meat and dairy products. Normally, the body quickly turns it into other useful

chemicals, but sometimes that process goes wrong and levels start to rise.

'There is no dispute that raised homocysteine is a good predictor of future disease events and death from cardiovascular problems,' says David Smith, professor of pharmacology at Oxford. 'If you are otherwise healthy, high homocysteine is a sign your system isn't working as efficiently as it should be.'

Finally, there is another vitamin that is emerging as a leading player in the fight against inflammation.

'We could all do with more vitamin D,' says Dr Oliver Gillie, one of the leading authorities on it in the UK.

'As many as 90 per cent of us are deficient by the end of winter because we can't make any from exposure to the sun for about six months of the year this far north. We now know it's not just used for building bones.

'It's involved in many processes, including boosting production of chemicals that calm down inflammation and cutting back on the pro-inflammatory ones.'

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