

A Heart-Felt Challenge to America's Medical Community

By Dr. Morteza Naghavi, president and founder, The Association for Eradication of Heart Attack-AEHA

It was around Father's day in June 2002 that major league baseball pitcher Darryl Kile, a young father of three children, died suddenly of a heart attack. Just 33 years old and apparently in terrific health, it seemed impossible that Mr. Kile could have died from natural causes. But that is exactly what happened. The chief medical examiner found that Kile had severe plaque build up hidden in his coronary arteries.

Darryl Kile was the victim of America's number one killer and on this upcoming Father's Day, his three children - a then 4 year old daughter and two sons 3 and 1- are among millions of American families remembering the dad they lost to a sudden and unexpected heart attack. Perhaps the greatest tragedy is that the vast majority of those deaths could have been prevented if America would have adopted a regular screening program for prevention of heart attack. Sadly, such a program is not in our national agenda.

This is a challenge to America's medical establishment. By Father's Day 2005, make it a priority to agree upon and adopt the first national heart attack screening guidelines.

It is well known that heart disease is the number one cause of death among men. Every day over 900 American men suddenly die of a heart attack. What is less well known is that current guidelines used to detect those vulnerable to heart attacks are flawed. As a result, millions of men believe they have a clean bill of health when, in fact, their heart is in a serious trouble. A recent study published in the Journal of the American College of Cardiology showed more than 80 percent of those who had a heart attack would have been considered as low to moderate risk if they were tested with current national guidelines the day before their heart attack. In the case of Darryl Kile, he would have been considered a low-risk person because of his age and that he had passed an annual physical, including routine EKG and blood tests, during spring training. Obviously it was wrong. The current guideline miserably fails in identifying very-high-risk individuals. More than 50 percent of men who were victims of a sudden heart attack showed no previous symptoms. Their friends, family and physicians didn't see it coming. Just as disturbing is the fact that 50 percent of heart attack victims don't even live long enough to make it to the hospital.

The fact that we are issuing our challenge to the medical community in coordination with Father's Day is not to imply that only men should be concerned about heart attack risk. Indeed, for the past 20 years, overall more women than men have died from heart attacks. However, the risk of a heart attack among women generally comes later in life, while artery blockage in men can be detected when they are in their mid-30s or early 40s. Heart attacks are equal opportunity destroyers.

In this period of rapid progress in medical science and increased understanding of the causes of heart attacks, it is inexplicable that America's medical community has yet to adopt comprehensive risk assessment guidelines that incorporate all of the tools that are available to practicing physicians today. Currently, major heart disease prevention guidelines, such as the National Cholesterol Education Program (NCEP), are limited to assessing patients with conventional risk factors. While these guidelines appropriately emphasize reduction of risk factors such as high cholesterol and blood pressure, their risk factor based risk assessment fail to detect individuals at risk of a near future heart attack.

A simple explanation for this failure is that prevalence of risk factors has grown rapidly, almost 70% of middle age and elderly Americans have one or more cardiovascular risk factors. It is impossible to predict who will have a heart attack in the near future solely based on these growing number of risk factors. Recent discoveries have confirmed that inflammation plays a central role in heart attack. The fat build up or plaques in the walls of coronary arteries that feed the heart muscle, are now viewed as wounds and soft abscesses that rupture quite often. Repeated ruptures and clotting

in these inflamed arteries lead to bleeding in the wall of the artery and subsequently results in calcium deposit in the artery. Over years this leads to creating larger plaques that progressively narrow the arteries. Unfortunately, in some people some of these ruptures are acutely fatal, and those are likely to suddenly die at a younger age (such as Mr. Kile) whereas others may survive quite a few ruptures, nonetheless, given the progressive nature of the disease and their lack of attention to their increasing plaque build up, they are ultimately caught by a fatal rupture, spasm, or complete blockage. Even in this unfortunate population, some are luckier than the others. Those who have some degree of hidden electrical abnormalities in their heart muscles (vulnerable heart) are the ones who die shortly after a heart attack. Every year over 1.4 million Americans have a sudden interruption in blood supply to their heart muscle and about half of them die within an hour. An unaccepted record for our public cardiovascular healthcare.

The presence of plaque build up and its severity are excellent markers of susceptibility and vulnerability to a near future heart attack. The vast majority of those who suffer a heart attack do not know their coronary plaque burden, because their physician is only focused on traditional risk factors such a high cholesterol and are mostly trained to manage patients with symptoms, not pre-symptomatic or healthy-looking vulnerable patients, these patients are totally left out by the current practice of cardiology. This would be like a police officer pulling over a speeder, looking under the hood to inspect his engine, but failing to notice the empty beer cans on the passenger seat. Speeding is dangerous and can cause a crash, but the greater danger of being impaired goes undetected.

If our government wants to stop the rising cost of medical care (with heart attack being the most expensive disease), we need to stop heart attack before it happens. In other words, we need to stop ignoring "the Vulnerable Patients" who are at risk of a near future heart attack yet completely unaware. Now, we have the tool to identify the majority of the vulnerable patient population and to properly treat them. That's why we are calling on America's medical community to take action on a national screening program.

The Association for the Eradication of Heart Attack (AEHA) supported by a leading group of cardiologists and cardiovascular researchers has proposed the National Screening for Heart Attack Prevention and Education (SHAPE) Program as a multi-step comprehensive risk assessment and risk reduction strategy. The SHAPE initiative, if adopted, can save hundreds of thousands of lives lost to unpredicted heart attacks (for more information visit

www.innervisionwellness.com/SHAPE.html.)

Why is this so important today?

Because every day hundreds of children and adults lose a parent to a sudden, shocking heart attack. One example is the young man who established www.imissmydad.com after losing his father to a heart attack in 2001. The Web site features hundreds of letters to dad sent by grieving sons and daughters. His letter is a powerful reminder why we must use all the tools at our disposal to prevent heart attacks through proper screenings.

"Dad, I really miss you. I love you. I know that we had a good relationship, and I know that you knew how I loved you. I just wish that I told you more often."

We cannot continue to ignore the fact that current traditional risk factor-based guidelines allow millions of people to think they are healthy when their heart is actually a ticking time bomb. Don't let another Father's Day go by without addressing the critical need for the adoption of routine heart attack screening guidelines.

Dr. Morteza Naghavi is the founder and president of the Association for Eradication of Heart Attacks, a non-profit organization that promotes education and research related to prevention, detection and treatment of coronary heart disease. More information is available at www.aeha.org.