

October 10, 2005

Essay

A Race Against My Heart

I am my father's son. But does that mean I have to accept his fate?

By STEVE MCKEE

Staff Reporter of THE WALL STREET JOURNAL
October 10, 2005; Page R8

I am sitting in the doctor's office at the end of an eight-hour day. I have been poked and prodded, examined and scanned, and run through my paces on the treadmill.

On the computer screen are a series of digital slides. It takes a minute to get oriented -- breastbone up, backbone down -- but eventually I get it. Ventricles, aorta, valves, chambers. All in shades of black and gray.

Then suddenly there it is, a blotch of white, stark in its contrast. The doctor says nothing. He doesn't have to. He clicks to another image. The blotch morphs into a milky, bony, old man's finger clutching at my heart.

My doctor tells me about the on-screen findings, but I hardly hear him, catching only a few words here and there. "Severe coronary...heart disease...immediate aggressive treatment."

I hold up my hands, both to surrender to him and ask him to stop, please. My throat tightens, my lower lip trembles. You don't understand, I want to shout. This shouldn't be happening to me. For most of my life, I've done everything I was supposed to do. The right food, the right exercise, the right attitude.

But I am here anyway.

* * *

My father died of a heart attack at the age of 50. I was 16. It was just the two of us at home that Tuesday night in York, Pa., 36 years ago. My sister was away at college, and my mom was at a friend's playing cards.

It wasn't Dad's first coronary. That had come in 1963. While Dad was still in the hospital, the father of a classmate keeled over, dead in his early 40s. The double whammy sent a

shiver through the school. People just seemed to be dropping. It felt like it could happen to anybody, anytime.

Dad spent six weeks in the hospital, then more weeks at home before going back to work. We now know that inactivity makes a weak heart even weaker. But back then, it was all about coddling.

So, the first thing we did when Dad got "back on his feet" was buy him a riding lawn mower. When he finally returned to work, he would come home for lunch and a nap. He still went fishing, but the time spent hunting, traipsing the fields, dwindled. Within a year, he was back to the cigarettes -- two, three packs a day. His stress-laden job as a traffic-management executive locked in nicely with the Type-A drive he brought to his work.

The truth? I think he gave up, or at least acquiesced to it all -- his father had died of heart attack in 1939, when my dad was 21. It was just the way things were: McKee men died young, and there was nothing they could do about it.

So we all existed in a sort of suspended animation through the '60s -- treading carefully around Dad, waiting for the other shoe to drop.

But as Dad retreated into inactivity, I set out on a different path. The U.S. fitness boom wouldn't start for several years, but already there were distant rumblings of a health revolution. Kenneth H. Cooper published "Aerobics," the seminal tract, in 1968. I even remember seeing the book sitting on an end table in our living room; my mom probably bought it in hopes that Dad would read it, but it's unlikely he ever did.

In the fall of 1968, my junior year in high school, I started running in the mornings at the junior-high track. I started seeing some of the other neighborhood dads crunching around the cinders in their worn Chuck Taylors or old brown Florsheims. For me, that's when the fitness craze dawned -- down at the junior high, running with the other dads, but not the only one I wanted at my shoulder.

His death by acquiescence on Sept. 30, 1969, only hardened my resolve: I would always be in shape. Always.

At first it was easy. I played basketball in college. In the few years after, I stayed with the game in serious rec leagues and also played volleyball. I lived in Alaska in the late '70s and early '80s, where I added cross-country skiing, and a bike for summer transportation. As I neared 30, and moved to Brooklyn, N.Y., being in shape required an exercise "routine." I ran until my knees ached too much the next morning; for Father's Day after our son was born in 1990, my wife, Noreen, got me another bicycle. Around 40, I switched to an every-other-day, less-wear-and-tear schedule and also started lifting weights. I spent one summer swimming, a few winters ice skating, went through a video-aerobics phase (that's between you and me), did 50-minute walks to work over the Brooklyn Bridge. When we moved into an apartment building with a fitness room, I sat down on the rowing machine and have been hitting it ever since.

I have never smoked and I drink in moderation almost all the time. In my mid-30s I lashed myself to the Pritikin Diet and whipped my cholesterol level down under 160. Pritikin is a wildly effective but near-impossible long-term regimen, and eventually I backed off, though I have stayed the course with its general tenets. And recently I started using a vegetable spread with plant stanols and a bran cereal with psyllium in another bid to keep my cholesterol low.

I was determined: I wasn't going to die like my father, not without a fight. I was running a race against heart disease, and I was going to win.

Then earlier this year, Noreen suggested we both undergo high-tech physicals. A friend of ours had done it, and discovered health problems that probably saved his life. Noreen wanted us to check things out as well.

I didn't see much need; I knew I was in good shape. But after some cajoling, I joined my wife early one morning at the Princeton Longevity Center in New Jersey, one of several such facilities around the country that offer an exhaustive battery of blood tests, scans, counseling and other medical checks to help patients determine their overall state of health and predict serious problems before they have even developed.

I reach the 86th percentile on the treadmill test -- the "excellent" category. I have the aerobic capacity of an "active" man 10 years younger, the postexercise recovery rate of a 30-year-old. I do 47 sit-ups in a minute -- 70th percentile ("good"). Flexibility: 90th percentile ("excellent"). I crash on the push-up test (5th percentile, "poor"), and my body composition -- I'm 6-foot-8, 225 pounds -- is slightly below average.

My overall fitness score is 81. Quoting the printout: "Excellent!" All those years, all that work. It is all paying off.

By the end of the day, I am fairly giddy with success, ready for my lifetime achievement award. Coming off the treadmill test, I feel dressed for the victory platform: old gray sweatpants, old-school Green Bay Packers hooded sweatshirt.

But when I meet with my doctor, I am stunned by his report. My cholesterol comes in at 266 (at least 60 points too high -- and much higher than when it was last tested a couple of years earlier). Triglycerides are at 315 (more than double a good reading). But for me the killer is the coronary calcium score, the imaging that painted the beckoning finger of the Ghost of Christmas Future across about 20% of my left anterior descending artery (with about the same amount in a blob in my right coronary artery). The presence of calcium indicates the presence of plaque, which can lead to blocked arteries. A reading of 1 to 10 is considered a "minimal" score; 11 to 100, "mild"; 101 to 400, "moderate"; over 400, "severe." I've clocked in at 452. I am in the 98th percentile. My risk of having a heart attack within the next 12 months: 10% or more. If left untreated, the risk will only increase, making a heart attack a near certainty.

The numbers add up to the sum of all fears: I am my father's son.

* * *

The doctor wants me on a cholesterol-lowering statin. He wants to take 60 points or more off my cholesterol count, at least 150 off my triglyceride. (Later, he also orders a prescription-level dose of niacin, a B vitamin, in response to other abnormalities found on a subsequent, more-advanced blood test.)

As for the 452 calcium score, that is what it is and will remain so. The goal won't be to bring that number down, but to keep it from going up. By shutting down the formation of new plaque, the plaque already there will harden over, stabilize, and won't be able to rupture to cause a heart attack.

The doctor fully expects positive, life-altering results. This day's worth of collected knowledge can be put to terrific use. There is no reason to think I can't reduce my heart-attack risk by a full 95%. In three months' time, the doctor says, we will check back in, see where things stand.

The idea of drugs is abhorrent to me (not to mention emblematic of failure), but there is really no choice here. There's little else I can do. I can't quit the cigarettes, can't swear off the Friday night fish-fry, can't lather stanol vegetable spread on more seven-grain bread, can't take more Omega-3s, can't buy a health-club membership.

Indeed, my first reaction is to go in the opposite direction -- to give up. I'll stop exercising. Just not do it. What's the point? It didn't work. For me, my heart has always been a living thing. It has a personality, a life of its own. It doesn't just beat in my chest, it talks to me, constantly reminding me of its presence, asking -- no, demanding -- that I attend to it.

And I did. I have done everything that doctors and scientists and the government have relentlessly told us we should do. But now, sitting in the doctor's office, learning about the plaque that has slowly been accumulating in my arteries for all these years, it feels like so much wasted effort. I spent all those years trying to make peace with my heart, only to discover it had been at war with me all along.

I leave the doctor's office, devastated. I thought I could outrace the past, beat the future. But I couldn't.

* * *

These are the thoughts that overwhelm. They are counterproductive, destructive, and I know that. But they stick to me and won't let go.

Yet in the weeks that follow, I begin to wonder whether I was asking myself the wrong question. Maybe the question isn't: Why bother? Maybe it's: What would have happened if I hadn't done everything I did?

Though my calcium score put me in the severe-risk category, my treadmill test indicated that my heart, so far, is out in front of whatever the level of actual blockage is. I am 52 years old, nine years farther down the track than when my father had his first attack. I am nearly three years past the second one that killed him that Tuesday night in York, when it was just the two of us at home.

And without that exercise, where would I be now? My doctor wouldn't make any statements of scientific certainty. Still, he said, he could make the argument that with a different set of decisions a long time ago, I would be sitting here 20, 30 pounds heavier, out of breath and out of luck. Sitting here with a first attack already etched on my EKG. Sitting here...well, probably not sitting here.

I am here. I kept my promise -- to myself, my father, my son. That must count for something. Probably more than I'm willing right now to admit.

My son is 15. Next year he will be my age when my father died. What happened to me can't happen to him. It can't. If back on that cinder track in 1968 I vowed to stay fit because my father wouldn't, since my son arrived in 1990 I have kept my promise to him instead: Your dad, he'll stay in shape, don't worry.

A few days after the physical, I return to the New York Sports Club. Where else am I to go? I return, too, to a familiar rowing workout, the "power 10." I do it because I can: a 25-minute, nearly 6,000-meter pull. It is punishing, my lungs sucking for air in hungry gasps. It leaves me slumped in the seat, chest heaving, heart talking.

--Mr. McKee is a copy editor for The Wall Street Journal in South Brunswick, N.J. Eight years ago in these pages, he wrote about his father's heart attack⁴ and his own efforts to stay fit.