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American Journal of Cardiology: Emory Researchers Find Life style Changes Can Reduce Serious Heart Disease Risk Factors Within 12 Weeks Without Medication

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ATLANTA – Research published today in the “American Journal of Cardiology” (AJC) concludes that many patients with classic cardiovascular disease risk factors can achieve risk reduction goals without medications within only twelve weeks of initiating therapeutic lifestyle changes (TLC).

“There are three steps to TLC --- knowledge, behavioral change, and maintenance of behavioral change,” points out Emory Heart Center cardiologist Laurence C. Sperling, MD, Director of Preventive Cardiology at Emory and co-author of the paper. In the prospective multi-center study of 2,390 patients, the researchers evaluated the clinical effectiveness of 12 weeks of TLC in helping individuals with hypertension, elevated blood cholesterol levels (hyperlipidemia), and/or impaired fasting glucose or diabetes mellitus achieve goal risk factor levels without the use of drug therapy. TLC included exercise training, nutrition counseling and other appropriate lifestyle interventions based on several well established behavior change models.

The results showed that 64% of patients achieved their systolic blood pressure goal (less than 130 mmHg for patients with diabetes and/or chronic renal disease and less than 140 mmHg for others) and 67% of patients achieved their diastolic blood pressure goal (less than 80 mmHg for patients with diabetes

and/or chronic renal disease and less than 90 mmHg for others). LDL levels (so-called “bad” cholesterol) were lowered with 21% of patients achieving their goal. Fasting glucose also decreased -- 39% of patients achieved the goal of blood sugar levels under 110 mg/dl.

Neil F. Gordon MD, PHD, MPH, lead author of the study and clinical professor of medicine at the Emory School of Medicine, points out that despite the many impressive advances in cardiovascular medicine in recent decades, heart attacks and strokes -- which are largely preventable -- remain the leading cause of death in the U.S. “While patients and their physicians should realize that there is no quick fix for the cardiovascular health of our nation, our study clearly refutes the notion that lifestyle intervention is not worth the effort and emphasizes the need for physicians to intensify their efforts aimed at providing their patients with access to meaningful lifestyle intervention programs. On the basis of our findings, it is no longer acceptable for physicians to simply prescribe a pill without focusing adequate attention on lifestyle intervention,” says Dr. Gordon, who is Chairman of INTERVENT, a state-of-the-art lifestyle management program (available in the Atlanta area through the Emory preventive cardiology program) used by participants in the TLC study. He is also the Medical Director of the Center for Heart Disease Prevention at St. Joseph’s/Candler Health System in Savannah.

“Although statin drugs are extremely beneficial in lowering levels of ‘bad’ cholesterol in many patients, they are not ‘magic bullets’ for heart disease prevention,” Dr. Gordon points out. “In fact, the results of large statin trials clearly show that statins are only successful in preventing up to about 25 percent of coronary events. The bottom line is that many people who take these drugs still experience heart attacks,” he says. “It can be a lethal mistake to believe that if you take a statin -- or for that matter, any medication -- you can afford to lead an unhealthy lifestyle.”

So what is the biggest barrier to across-the-board application of TLC in clinical practice? “Lack of reimbursement for lifestyle management programs,” Dr. Gordon answers. “Healthcare payers often do not offer reimbursement for TLC but do provide coverage for prescription medications. It does not make any sense for health insurers, including Medicare, to pay for medications to treat risk factors and to pay for procedures like angioplasty and bypass surgery but not to provide reimbursement for participation in lifestyle intervention programs which have been shown to dramatically reduce the need for more costly medications and procedures in the first place.”

Dr. Sperling says that although there is awareness that TLC should be an important part of an overall treatment plan, it often takes a lot of time, energy, and application of behavioral principles to succeed long-term. “Adherence beyond 12 weeks would be critical and maintenance of behavioral changes needs to be reinforced for life,” he notes. “However, today’s medical system is not set up for the most part to deliver effective TLC. We hope that will change. Although further research is warranted, we believe our present findings have important implications for physicians and their patients in translating national clinical guidelines on risk factor management into medical practice and personal behavior change. “

In addition to Dr. Gordon and Dr. Sperling, the research team included Dr. William L. Haskell of Stanford University in Palo Alto, California; Dr. Barry A. Franklin of William Beaumont Hospital in Royal Oak, Michigan; Dr. Linda Hall of Forrest General Hospital, Hattiesburg, Mississippi; and Dr. Richard D. Salmon and Dr. Richard F. Leighton of INTERVENT, Savannah, Georgia.