

# Better Lifestyle For Heart Disease Prevention with Nicole Harkin

**Dr. Adrienne Youdim** 00:02

Hi, this is Dr. Adrienne, Welcome to Health Bite the podcast where we explore all things health and wellness. Hi there, welcome back to health bite our podcast where we talk about all things health and wellness. Today, I'm so happy to have with me a preventive cardiologist, Dr. Nicole Harkin. She is the founder of whole heart cardiology, which is a virtual practice that focuses on the preventive care of women in the area of heart health. And so today, I'm excited to be talking to you about prevention, heart disease prevention in men and women. So welcome to the podcast.

**Dr. Nicole Harkin** 00:48

Thank you so much for that warm welcome. I'm so excited to be here.

**Dr. Adrienne Youdim** 00:52

Yeah, this is great and such an important topic. Because as physicians, we always talk about this where, you know, as women, we are concerned primarily with breast cancer, maybe ovarian cancer, these are the things that that we worry about as far as disease states. But it still remains that heart disease is the number one killer in women, not just men, as we all know, most people know that part, but also in women. So it's a very important topic for women.

**Dr. Nicole Harkin** 01:24

Absolutely. It's incredible that it's still an under recognized fact that about one in three women will die from from heart disease, and it's responsible for more more deaths in women than all cancers combined. So it's such an important topic to bring awareness to. And I'm really excited to be here to talk about it.

**Dr. Adrienne Youdim** 01:47

Yeah, so that's really remarkable that it is more deadly or lethal than all cancers combined. But of course, there's a very positive note here, because there's a lot that can be done as far as prevention, this is not one of those diseases that sneaks up on you and that we can't do anything about. But in fact, we can really be empowered as women, because there's a lot that we can do to reduce our risk.

**Dr. Nicole Harkin** 02:17

Absolutely. And that's one of the really exciting things. I think we're in a really interesting time in medicine right now, where there's just so much coming out about not only sort of pharmacologic meaning medicine that we can use to help prevent and reduce our risk of heart disease, but also increasing awareness of different lifestyle measures and things we can do to reduce our risk. I mean, you know, I have patients come in, and so many mistakenly believe that because their father had a heart attack, or you know, someone that they're everyone in their family seems to have heart disease, that it's just, it's just going to be their destiny. And it's really one of my favorite visits to have, because I think we can really be empowered to realize that that genes are important, but they are not destiny, and there's so much we can do to alter our risk.

**Dr. Adrienne Youdim 03:07**

Yeah, I think that's a way in which you and I and Cole are really aligned, because even though we are practicing Western medicine, and are more than happy to prescribe medication, we also prescribe lifestyle measures because those lifestyle measures sometimes even do better than medication in reducing our risk, right. So before we get into the get into that, let's maybe just talk about what those risk factors are. Because you you brought up one of them. So family history is a risk factor. But what are some other risk factors that you, you kind of ascertain in your intake? Yeah, so

**Dr. Nicole Harkin 03:46**

I definitely see a lot of patients with with strong family histories of heart disease. I'm also a clinical epidemiologist, so I tend to, which means I am also awarded in the study of cholesterol, which essentially means I'm just an incredibly dorky doctor, really, but But, yeah,

**Dr. Adrienne Youdim 04:04**

it's also important to note though, that it's not just a risk factor in your parents at any age. So if your dad had a heart attack when he was in his 80s, that doesn't put you at risk.

**Dr. Nicole Harkin 04:16**

Absolutely. So we really look at family history of a heart attack or stroke before the ages of 55 and men and 65 and women. So really, we think that that's more of a genetic component. Whereas if your, you know, grandfather had a heart attack at 80, yes, that's important. But but it doesn't, it's very likely that there was a lot of lifestyle factors at play there and not necessarily genetics, so so we look at those, quote unquote, premature heart disease ages, so that's one big factor. And then other risk factors are I'm sure many of your listeners have heard of them. High blood pressure, high cholesterol, being a above our ideal body weight, which is over the, the BMI or the body mass index over 25 is overweight, and over 30 is considered obese. Smoking is a huge one, particularly for young people. And I include vaping in that as well,

**Dr. Adrienne Youdim 05:17**

yeah, and women are more susceptible to the negative effect of smoking than men are. So if you're a female smoker, you're much you're much greater risk for going on to develop heart disease in men. So that's the disparity to you. Absolutely.

**Dr. Nicole Harkin 05:30**

And then and then diabetes and insulin resistance, which as we know, is is an increasing epidemic. And then lastly, I really wanted to highlight a couple of risk factors that are unique to women. And that includes things like autoimmune diseases, which aren't exclusive to women, but are are predominantly female diseases and what I mean autoimmune diseases, I'm referring to things like lupus, rheumatoid arthritis, arthritis, psoriasis, things like that. And that's really their inflammatory disorders. And we know that heart disease is a combination of cholesterol issues, meats, inflammation, and that's when we get heart disease. So the inflammatory component is really important there for those populations. And that's

**Dr. Adrienne Youdim 06:19**

an important point because I think that is something that despite all the education we try and do around it, it is not well known that inflammatory diseases like autoimmune disease characteristically puts you at risk for heart disease. So it is an area in which people who have autoimmune disease really can impact their their risk with prevention, which we're going to get to

**Dr. Nicole Harkin 06:44**

absolutely, I really strongly feel that anyone with with lupus, rheumatoid arthritis, psoriasis should should be seen by a preventive cardiologist or another doctor who focuses on on cardiovascular prevention, because it's the number one cause of death in in individuals with lupus. And I've seen a lot of really early heart disease in that population. And then there are some also pregnancy related things which I think you're about to get to. Yeah, exactly. So. So one of the completely unique factors to women is, obviously, is obviously pregnancy. And this is a huge one. So we look at different types of complications that affect pregnancy, anything from having small for gestational age babies, to, unfortunately, stillbirth. And then a huge portion of the women that we end up seeing in preventive cardiology are women who have pregnancy related hypertension, meaning high blood pressure that occurs in pregnancy, and didn't exist previously. And that can be anything from something called gestational hypertension, which is just high blood pressure and pregnancy that then goes away to preeclampsia, which is high blood pressure, that can be quite high sometimes, and is also associated with either protein that's in the urine, or, more seriously, damage to the kidneys, the liver, low platelets, things like that. And so so it can be, you know, an immediate term life threatening and a big deal for the baby and mom. And I think most people at this point are aware that that disease entity exists and is serious. But what's less commonly known is that, even after delivery, and after, you know, the immediate threats of preeclampsia and hypertension are, are no longer the case. Women are actually at increased risk of having heart disease, or stroke later in life. And not just later in life. In fact, women have more heart attacks and strokes in the 10 years following that index pregnancy than women that didn't have those complications. So

**Dr. Adrienne Youdim 09:03**

yeah, so it's really bringing home the message that while I mean, I have to admit that even in my own head, when I think heart attack, the first thing that comes to mind is like an old guy who has diabetes. I mean, that's the image that comes to mind. But the fact but the fact remains that young women have risk factors, and we didn't even know this like 1520 years ago. I mean, I never learned about these risk factors and women in medical school and now we know that these are in fact risk factors in women. But again, there's their risk factors that we can act upon, and we can change the trajectory of that risk.

**Dr. Nicole Harkin 09:45**

Absolutely. Yeah. So particularly with with an preeclampsia is a very complicated one. I mean, we it's one of those diseases that is unfortunately fairly common, and yet really poorly understood. There's You know, some of the other things that we've been talking about immune immunologic phenomenon. Women with autoimmune disease, for instance, are more likely to have have preeclampsia. There's genetic components. So if your mom or your sister had preeclampsia, you may be more likely to have it. And then there's, you know, the the cardiometabolic risk factors that we talked about previously, that also can can put you at risk for this. But, you know, it's certainly an entity that we really need to learn

more about. And at this point, that a cog, which is the American Association of gynecology, and obstetrics, they actually recommend that following pregnancy that's complicated by by preeclampsia, that woman should ideally be referred to a preventive cardiologist or an internist for really, you know, thorough cardiovascular cardiometabolic workup. And then and then being able to modify these, these risk factors, because this is such a critical time where we can, you know, and everyone's focused on baby at that point, and that's just our society. Yes,

11:00

that's what I was gonna say.

**Dr. Nicole Harkin 11:02**

We're, we're all worried about baby, which is understandable. But we really have to focus on on mom too. And obviously not not just cardiometabolic risk and things like that. There's so many other things. But But mom, in particularly if she's had a complicated pregnancy really needs to be a major focus for sure.

**Dr. Adrienne Youdim 11:26**

So we have an I don't know what the numbers are myself, but quite a maybe, you know, quite a large number of women who either have preeclampsia during pregnancy, or gestational diabetes, which is also really common, which is, you know, diabetes that comes up only during pregnancy and goes away afterwards. But the fact that the blood, the hypertension, or the diabetes has gone away after the pregnancy, to your point doesn't mean that they aren't at risk. And so they should, even at a young age of being a woman of childbearing age, start to think about preventive measures. So what are the classes or the areas of prevention that you talked about to these women who are at greater risk,

**Dr. Nicole Harkin 12:07**

right, so I think it's just such a unique window of time where we can really, because so most of these women who who've had these pregnancies, complicated by, as you said, just gestational diabetes, or hypertension, or even preeclampsia, they're, they're young, right, and so by most of our standard risk calculators, so when most people go to see their doctor, their doctor will pull up a risk calculator with their different risk factors and say, you know, you're at high risk or low risk or intermediate risk. And so we should prescribe x based on that, what most of these are going to be under the age of 40, or close to it, and so they won't be caught by that standard risk profile. Right. And so we're missing all of these women that really could maybe not medications, but certainly be able to take advantage of different lifestyle modifications. So. So to your point, usually, what I talked to many of these young women about is we just really go through a really thorough history and and comprehensive risk assessment, and just figure out what residual risk factors are at play, whether it's, you know, focusing on the cardio metabolic, is there some pre diabetes or even pre pre diabetes at play? How can we change our diet and our exercise to focus on that? Certainly, if it weren't smoking, that should be a really big trigger to say, Look, you're at much increased risk. It's an easy one, right? low hanging fruit, it's tough to do. Don't get me wrong. It's really difficult to quit. But but but we've all had exactly and women who've had complications of pregnancy like that, that's just got to go. And then looking at cholesterol disorders, certainly have a lower threshold to to really work on on a plant forward or plant based diet and get the cholesterol down as much as possible. And then really focusing on aerobic activity and getting in at

least 150 minutes of moderate intensity exercise a week that that the American Heart Association recommends.

**Dr. Adrienne Youdim** 14:21

Yeah, so we talked about diet, we talked about exercise, and I think in the minds of everybody that falls under the category of weight loss, which is important, but diet and exercise independent of weight loss have positive effects on blood sugar, blood pressure, blood cholesterol, and as obesity medicine specialist and a person who exclusively focuses on weight loss. I also know that while a lot of times women are hoping to lose 30 pounds, 40 pounds, 50 pounds, you know, like get back on to the cover of Sports Illustrated in their bikini from a cardio metabolic standpoint, only 5% of weight loss will start to improve these things. So meaning improves these cardio metabolic factors. So, if somebody had gestational diabetes, or preeclampsia, they're a young mom or a young female, and they are slated to be at higher risk for heart disease. Even if you're overweight, you don't have to lose large amounts of weight in order to improve your risk factors. So 5% means 180 pounds. What does that like nine pounds, you know, you lose nine pounds, and you start to improve all these factors. And then the other point is that a lot of times, people are eating healthier, or they're exercising, and they're not losing weight. And when they don't lose weight, they just throw in the towel. But independent of weight loss, a healthy diet and physical activity will improve cardiometabolic risk factors as well.

**Dr. Nicole Harkin** 15:57

Absolutely. And I see that with my color corollary to that is I see that with my patients who have, say, a cholesterol disorder, that's, that's predominantly genetic. And they're just not seeing that cholesterol drop, despite doing all the things I'm telling them to do, and they get frustrated. And, you know, it's it's just and yes, I get that frustration, but, but independent of weight loss, independent of your cholesterol going down, that aerobic activity that plant based or plant forward diet is, is doing fantastic things for your future cardiovascular health. So those habits matter.

**Dr. Adrienne Youdim** 16:31

I love the you probably know about the Diabetes Prevention Program, or the DPP study, I love this study, which was done in people who were slightly overweight and pre diabetic. And they randomized them into groups, or they put them in groups of medication versus walking 150 minutes a week, and losing really a couple pounds. And the people who were able to walk 150 minutes a week, which is 30 minutes, five times a week, not a huge amount of commitment, for sure, but not a huge amount, did better were were less likely to go on and to develop diabetes and people who've got anti diabetic drugs. So the potency, I guess, of exercise or movement is really high, even if you don't lose any weight.

**Dr. Nicole Harkin** 17:19

Absolutely. These measures are incredibly powerful. And, you know, our medications are important, and they and they do good things. But they're not a cure all, you know, you can out eat the your medications. And, and and we forget about a large percentage of patients that they don't actually end up helping, there are people that don't respond that great to them. But everybody can benefit from from lifestyle changes.

**Dr. Adrienne Youdim** 17:45

So focusing a little bit more on the lipids, since you're a lipidologist, a doctor who specializes on the fats that hang out in the bloodstream. Since you do that work, can you talk a little bit about plant based diet, what you recommend? And then I also I'm interested in your thoughts on phytosterols. So plant cholesterol to help bring down cholesterol in humans.

**Dr. Nicole Harkin 18:13**

Yeah, so for my patients that I see with with cholesterol that's higher than their ideal target, which for most people is is around 100 milligrams per deciliter. I like everybody to be below 70 at least,

**Dr. Adrienne Youdim 18:27**

or LDL specific, correct? Yes.

**Dr. Nicole Harkin 18:29**

So with regards to cholesterol, I focus typically on the LDL, or the low density lipoprotein, which is the bad cholesterol. And I like that everyone to be below 100 milligrams per deciliter. If I if I had, in my ideal world, everyone would be below 70. But we do one of the first things we do is focus on on diet. And the data at this point is pretty clear that as people eat more and more fiber, which is found in plants, we can we can lower cholesterol and quite powerfully. And so typically what I do is I start by working with my patients to increase their fiber intake. We should all be getting around 3030 to 40 grams of fiber a day, which no one is getting, I think 3% of Americans are getting the recommended amount of fiber. And and so that really helps lower cholesterol and powerfully.

**Dr. Adrienne Youdim 19:34**

And I want to just clarify that when we get blood tests, because there's so many different numbers that come on to that cholesterol panel. There's three main ones I think that people should be aware of. There's the total cholesterol, which is TC usually is shown us TC on the on the lab sheet, where we like that usually to be under 200. There's LDL, which is the one that Dr. Harkin just referred to which we will like that to be lower under I for lower right under 100. And then the HDL, which is the good one, we like that to be higher. And what's your recommendation for women you like that to be? You

**Dr. Nicole Harkin 20:11**

know, the HDL one is a tough one. Maybe that's a whole nother podcast for us at some point,

**Dr. Adrienne Youdim 20:16**

some controversy there

**Dr. Nicole Harkin 20:18**

it is. But in general, it's it's associated with a protective effect. We no longer think that, just mostly because all of the studies that we've tried to do where we've introduced medications to raise the HDL, we've never shown any, any benefit. So So, you know, it makes me happy when I see a 50 6070. Because it is probably a marker. But it turns out that HDL much more important than the level is, is the functionality, how well that quote, unquote, good cholesterol is able to get the cholesterol out of the arteries. And so,

**Dr. Adrienne Youdim** 21:00

so it does become a little bit complicated, but those are the three numbers that people maybe want to focus on when they get their lab sheet. And so then back to what you were saying that fiber is a dietary way of bringing down that cholesterol, and you mentioned plants. But I also want to emphasize like beans and legumes because we are such a carb fearing nation, that when we lump, we lump like garbanzo beans with Pop Tarts, they're both carbs, but they're, they're different kinds of carbs, right. And so I think you can get, you can get that 30 grams, or 15 grams of fiber from like half a cup of garbanzo. I mean, garbanzo beans are an excellent source of fiber or other beans for that matter, right. Oh, beans,

**Dr. Nicole Harkin** 21:47

I love them all. So So whole grains, oats, brown rice, any of that stuff, any bread that has whole grain on it. So So whole grains, legumes, as you said, all kinds of beans, lentils are great sources. And then most fruits and vegetables as well. As long as you're not juicing them,

**Dr. Adrienne Youdim** 22:10

don't ya don't know juicing. I don't like juicing either, right? So, so yeah, so keep in mind that these carbohydrates are great for you. And they actually there's mortality data that shows that for every half cup of beans or grains that you consume, you reduce your risk of actually dying per half cup. So it's pretty, it's pretty impressive.

**Dr. Nicole Harkin** 22:32

It's powerful stuff. Absolutely other sort of cholesterol lowering nuts, almonds, and walnuts. And then soy actually, people, that's another thing that everyone's afraid of. But sway can can lower cholesterol as well.

**Dr. Adrienne Youdim** 22:48

Oh, legumes, soy, and nuts are beneficial for the cholesterol. So right, so all that is great. And then also reducing, you know, red meat, of course, and animal protein in general, although I as a weight loss specialist have a little bit of trouble with the proteins, I do recommend lean animal protein, lots of fish, eggs, and some poultry. Because the protein is so important in helping satiate people. So if they're not eating a lot of that protein or not incorporating it, then they tend to get more hungry. And the nuts and the good fats while they're good for your cholesterol. If you're consuming too much, they're caloric. So I always tell people, of course, a bag of almonds is better than a bag of chips. But if we're eating the entire bag of almonds, it's going to have the same effect on our weight. And weight is kind of in my biased way, the umbrella under which I see a lot of these things. So you may be eating a better plant based diet. But if you're not mindful, and you're gaining weight with a plant based diet, and I do have a lot of patients who go vegan slash vegetarian and gain weight, you're not going to see that benefit to the cholesterol. So great. I love that. And then the next thing I want to talk about a little bit is sodium because sodium is so important. And one thing that I have brought up in other podcasts that I found during our time in quarantine, which we are recording in our time in some fashion of quarantine is that when people initially went into quarantine and weren't able to eat out, I found that my patients blood pressures plummeted. Because the average sodium content of a meal This was published in JAMA several years ago, is like over 2000 milligrams of sodium, which is what we should be getting in a day.

So when we cut out sodium or reduce it by eating out or not adding table salt that's really powerful too for our risk factors.

**Dr. Nicole Harkin** 24:56

Absolutely. So the DASH diet The dietary approaches to stop hypertension is focuses on two main components one kind of what we've already talked about sort of the the getting more plants, whole grains, legumes, vegetables, fruits, etc. And then the other component is lowering the salt. And so, so absolutely the the number one recommendation I always give my patients not just for salt, but definitely for salt as well is his home his home cooked meals, packaged and processed foods as well as food that's eaten out in a restaurant are just incredibly high end sodium. And you know, we're looking for for people to have less than 2000 milligrams of sodium a day, ideally, less than 1500 milligrams. And that's really hard to do if you're eating any meals out

**Dr. Adrienne Youdim** 25:49

and that and then milligrams the 2000 there's 2500 milligrams of sodium, isn't it roughly like half a teaspoon of salt? What does it translate into? Right?

**Dr. Nicole Harkin** 25:59

So people aren't traditionally the eating the this, it's like the salt that they're getting isn't traditionally from like when they're cooking, they add a little bit of sugar, right? It's the the packaging processed food that keeps it shelf stable. And so people are shocked when they when they see how much sodium is actually in these, right? It's in

**Dr. Adrienne Youdim** 26:18

bread, it's in canned foods it's in. I mean, like everyone knows it's in cold cuts, but probably they don't think about their bread,

**Dr. Nicole Harkin** 26:25

the frozen entrees, if you look at those frozen entrees, those pre made meals, it's incredible. And so it's like sugar, you know, it hides in everything. And so so the best thing you can do for your health is to is to try to make these products or make your food yourself

**Dr. Adrienne Youdim** 26:42

and these interventions. So you mentioned the DASH diet, which is really very similar to the Mediterranean style diet, which I think people know more about. It really is very impactful. And studies have shown that even in people who have already had a heart attack, if they follow these dietary patterns, they're less likely to go on and have a second heart attack. So it is as powerful as medication. And when we're talking about our young women, maybe postpartum and breastfeeding, you know, we don't want them to be on a satin for the next 40 years of their life. These are interventions that can really make an impacts. Really?

27:24

Absolutely.

**Dr. Adrienne Youdim** 27:24

I want to now just kind of spend a little bit before we end talking about supplements. I mentioned phytosterols for cholesterol, and I'm curious if you can share any other recommendations about supplements that might be helpful or not?

**Dr. Nicole Harkin** 27:40

Yeah, so for cholesterol lowering I do if my patients aren't able to get to their target, LDL cholesterol with just food alone, usually the next step and they're not medication candidates or otherwise want to try sort of more natural things. I do recommend plant sterol supplements two grams a day, that can really help lower cholesterol and some individuals.

**Dr. Adrienne Youdim** 28:07

Can you just tell people what that is? Because we've sold the worse? Yeah,

**Dr. Nicole Harkin** 28:10

yeah, yes. So basically, it's a type of plant cholesterol that binds in the same place in the intestine as a regular cholesterol. And so it sort of blocks the uptake. And so we don't get as much dietary cholesterol. And so for some people, particularly people that absorb cholesterol more than other people, it can be really helpful. So that's one potential option for some people. And then the other option is to just get even more fiber. So there's fiber supplements. There's also a lot of my patients I before I really do fiber supplements, I usually do, just adding ground flax, two tablespoons a day. You can also get that with psyllium husk. And so and so really, that just helps draw the cholesterol out and into the intestine and pooping it out. Instead of getting reabsorbed.

**Dr. Adrienne Youdim** 29:13

How many grams of fiber do you recommend if they're getting it through psyllium or through a supplement? And how many grams of fiber should they be looking for

**Dr. Nicole Harkin** 29:21

in their in their food intake? Or you mean in the supplement?

**Dr. Adrienne Youdim** 29:24

No. And so you said 30 grams in there? Right? It's great for a supplement, what should they look for?

**Dr. Nicole Harkin** 29:30

So the supplements I typically have them also two grams, I'll have them look at four. And the other issue we should touch on is just the supplement in terms of how to find a good quality one looking for like USP verified or any other independent lab verification that shows that the supplement has what it's supposed to have in it and doesn't have what it's not supposed to have in it. So cola stuff is a really popular one that a lot of many patients end up in Choosing, but you know, there's there's other tons of them on the market. So those are great places to for many patients to start, if they're not seeing the amount of cholesterol lowering that they would like with food alone.

**Dr. Adrienne Youdim** 30:13

Great, so much good information. Again, I, I love this area of medicine because even though we pay our bills by writing prescriptions, it's an area, and we're happy to do so. Right. But it's an area where people, young women can really be empowered in the health changes that they can make with just what's at their disposal, diet movement, supplementation, like you discussed. So this is all great information. And you had mentioned that for people who are higher risk, like those who had pregnancy complications, those who have autoimmune disease, that they would probably benefit from seeing a preventive cardiologist. So if people out there wanting to get in touch with you, either see you as a patient or maybe just get some inspo. How can they find you? Yeah,

**Dr. Nicole Harkin** 31:04

my website is [www dot whole heart cardiology, all one word.com](http://www.wholeheartcardiology.com). And that's where they can learn more about my practice. I have a blog, they can sign up for my newsletter, and then I'm most active on Instagram at Nicole Harkin MD.

**Dr. Adrienne Youdim** 31:21

Awesome. Well, thank you, Dr. Nicole. That was so much fun, so much great information. And I think it's a great benefit to the people listening so I look forward to having another conversation soon where we can we can continue the discussion on how to keep people healthy. And well.

**Dr. Nicole Harkin** 31:38

I love it. Thanks so much for having me

**Dr. Adrienne Youdim** 31:40

on. Thanks so much.

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