



# Heart Facts

A Publication of Cardiology Associates

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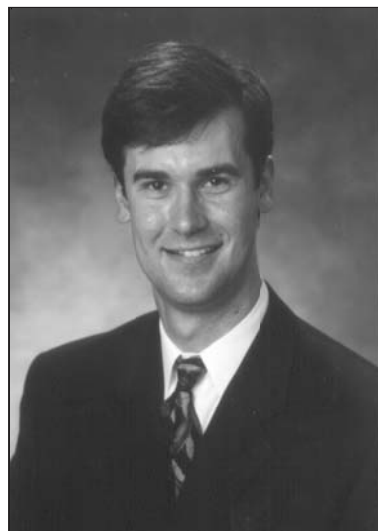


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## Cardiology Associates Welcomes Jason H. Cole, M.D., MSc



The physicians of Cardiology Associates are pleased to welcome Jason H. Cole, M.D., MSc back to his hometown of Mobile to practice cardiology. Dr. Cole will practice clinical, invasive and preventive cardiology in our Mobile County offices.

Dr. Cole has completed additional training in preventive cardiology, recognized by the most recent American College of Cardiology (ACC) training guidelines as a new area of cardiology specialization. According to the ACC, preventive cardiology involves "identifying patients at high risk for cardiovascular disease and recommending specific primary prevention measures."

During the last two years of his research fellowship at Emory, Dr. Cole used some of the newer diagnostic modalities such as cardiac CT, cardiac MR and other vascular imaging techniques to identify heart disease. In this newsletter Dr. Cole explains the potential impact primary prevention can have once heart disease is detected.

A native of the Mobile area, Dr. Cole joins us from his fellowship program at Emory University School of Medicine in Atlanta, GA. Prior to his fellowship, Dr. Cole attended undergraduate school at Emory University and graduated magna cum laude from the University Of Alabama School Of Medicine in Birmingham, AL. He completed his Internship and Residency at Brigham and Women's Hospital at Harvard University School of Medicine in Boston.

Dr. Cole is a self described "sports nut", with an interest in running, weightlifting, baseball and basketball.

## INSIDE . . .

- Dr. Cole Explains Prevention Is More Than Just Diet And Exercise
- Low Carb vs. LowFat?

# "An Ounce of Prevention" . . . It's More Than Diet and Exercise

by Jason H. Cole, M.D., MSc

Over the past decade, "preventive" medicine and "preventive cardiology" have become new buzzwords, but what exactly do these terms mean? On the one hand, prevention is something that every cardiologist (and ideally every general physician) practices on a daily basis. For example, we now know that aggressively treating a patient's cholesterol level after a heart attack may decrease the risk of a second heart attack by twenty to thirty percent. Likewise, we know that there are as many as four other classes of medicines that decrease the risk of a second heart attack. This type of prevention is known in medicine as "secondary prevention," or preventing a second event.

We are only now developing tools for "primary prevention," or the prevention of disease *before* it causes problems. From autopsy studies on military recruits from the Korean War era, we know that the process of coronary atherosclerosis, which ultimately causes heart attacks, begins as early as the teenage years in our society. In the next fifteen to twenty years, we will probably be able

to perform gene testing that identifies who is at high risk for disease and will be able to start treatment as early as childhood. Even though we are not at this stage yet, we are better able to identify and treat specific risks for heart disease—the #1 killer in the United States. Some of the

**"... the most exciting thought is that by the aggressive treatment of risk factors, we might ultimately be able to prolong life without stents or bypass surgery later on."**

Jason Cole, M.D., MSc

suggestions require no special expertise. Everyone should see their physician, watch their weight, not smoke, get adequate exercise, treat high blood pressure and diabetes at early stages. However,

for some individuals a more extensive screening may be indicated. While at Emory, we showed that young people (under 40 years of age) with coronary disease, had a 30% risk of death in the next 15 years. This finding is a wake-up call to everyone with a family history of heart disease, and the treatment of such individuals is exactly what preventive cardiology focuses upon. Some of these patients will need traditional tests like stress tests or echocardiograms to look for early heart damage. For others, however, it has recently been shown that a CT (computed tomography

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# The Skinny On Low Carb vs. Low Fat

Many people these days have replaced their Low Fat Diet with a Low Carb Diet. If you have ever wondered what Cardiology Associates physicians say about which diet is best, the following information may help.

According to Mary Honkanen, M.D., Cholesterol and Lipid Specialist, "When it comes to low fat vs. low carb the choice is not either/or. The perfect solution is to choose the best of both worlds. Eat a balance of *good* fats and *good* carbohydrates."

Eating foods high in saturated fat, hydrogenated oils or partially hydrogenated oils will contribute to your bad cholesterol (which should be kept as low as possible). An elevated cholesterol level is one of the risk factors that can lead to heart disease and a heart attack.

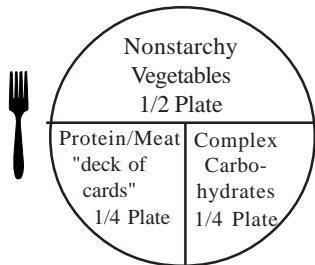
Eating carbohydrates causes your body to make sugar. The body automatically matches sugar with insulin, but the quick rise in blood sugar triggered by carbohydrates can result in production of extra insulin, which signals your body to store excess calories as fat. This fat contributes to elevated cholesterol and triglyceride levels.



The key to healthy eating and a healthy heart is making good food choices. The ideal meal follows this

*Continued next column . . .*

pattern: 50% of the plate should be nonstarchy vegetables (green leafy, green, squash, tomatoes). 25% of the plate should be lean meat, fish or



poultry with no visible fat. The remaining 25% of the plate can be carbs – “the good ones.” Examples of good carbohydrates are brown rice (instead of white), sweet potatoes (instead of white), whole grain breads (instead of wheat or white bread), black beans, lima beans, peas, black eyed peas, carrots and corn.

For those who are looking for an actual diet to follow, Dr. Honkanen

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**Fruits**

- Apples
- Oranges
- Grapes
- Grapefruit
- Kiwi
- Lemons / Limes
- Melons
- Bananas
- Pears
- Blueberries
- Canteloupe
- Strawberries



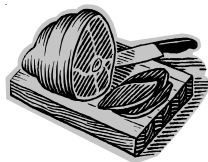
**Vegetables**

- Spinach
- Lettuce
- Peppers (red, yellow, green, hot)
- Artichokes
- Cabbage
- Cauliflower
- Green beans
- Turnip or Collard Greens
- Tomatoes
- Grape Tomatoes
- Mushrooms
- Celery
- Avocado
- Carrots
- Broccoli

**Make copies of this page, use the check off blocks and you will have your own weekly shopping list!**

- Onion (yellow, purple and vidalias)
- Squash (yellow, patty pan, acorn, butternut, zucchini)
- Spaghetti Squash (*Suggestion: Cook, scrape out with tines of a fork. Serve with spaghetti sauce or margarine, salt, pepper*)
- Portobello mushrooms, *Marinated and grilled, these large, flat mushrooms are an excellent substitute for grilled meats*)

*\*\*For beans, peas, cabbage, greens, etc. flavor with peppers, onion, celery, garlic, spices and lemon or lime juice. Bouillon or fat-free chicken broth can be used if patient has no sodium restriction.*

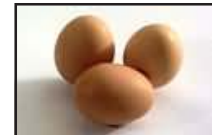


**Deli/Butcher/Seafood**

*Lean beef, lean pork and poultry should have no visible fat.*

- Filet Mignon
- London Broil
- Sirloin steaks or ground sirloin
- Pork tenderloin
- Center cut pork chops
- Ham (remove visible fat)
- Skinless chicken, turkey breast
- Shrimp
- Crabmeat
- Fresh Fish Filets such as flounder, grouper, snapper, bass, salmon

- Eggs (3 – 5 per week. *Suggestion: before cooking eggs, put two eggs in a bowl and remove one of the yolks*)



- Cheese (*Mozzarella is made with part skim milk. Another suggestion is to use small amounts of highly flavored cheeses such as blue, gorgonzola, asiago and fresh parmesan, instead of the kind that shakes out of a can!*)

**Breads**

- Whole or Multi Grain Breads (*Front of package will say 7, 9 or 11 grain bread*)
- Rye bread
- Sourdough bread
- Lowcarb wraps with high fiber content

**Deport to Middle Aisles of Store**

- Frozen Vegetables *have more of their original nutrients than canned versions.*
- Look for Sweet Potato French Fries (*be sure to read the label for info on hydrogenated oils*)
- Nuts, peanuts and sunflower seeds (*the fats found in these snacks are good fats for your heart, but limit quantity. They can still cause you to put on pounds if you overindulge.*)
- Fat or low sodium chicken for cooking vegetables and grilling chicken breasts
- Veggies, a very healthy and tasty way to flavor raw or cooked vegetables, especially greens – (snack foods); for different varieties



**Avoid**

- Solid Shortening
- Coconut Oil
- Partially Hydrogenated Oils
- Trans Fats (snack foods)
- Animal Fat
- Bacon Grease

**Dairy**

- Skim Milk
- Lowfat Yogurt
- Smart Balance margarine (*for most people unless your physician has told you your LDL is exceedingly high and placed you on a diet restricting saturated fat to less than 5% of your total diet.*)

- Brown rice
- Oils (olive or canola oils are best)
- Canned tuna, packed in water
- Whole grain cereals

### Low Fat vs. Low Carb. . ., Cntd. From Page 3

cautions that the Sugar Buster or Atkins Diets are not the best choice for an eating plan for life. Dr. Kenneth Francez, cardiologist, advises that for heart health “decreasing carbohydrates is likely just as important as decreasing fat, hydrogenated oils and transfatty acids. While the Atkins Diet is probably a bit more stringent than what I would advocate, the South Beach Diet does seem to be more balanced, well tolerated and was developed by a cardiologist.”

Cardiology Associates dietitian, Lynn Barnes, R.D., L.D. says that “the key to good grocery shopping is to stay on the outside edges of the supermarket as you shop.” Most grocery stores are set up so that once you enter, fresh fruits and vegetables are to your right. As you continue in a counter clockwise motion you pass the deli/butcher/seafood department, then the dairy section and finally the bakery. Healthy choices are plentiful in each of these departments. There are even good options in the middle aisles of the store, if you avoid the pre-packaged foods, high in saturated fats.

Overall Guideline: On pre-packaged foods, read the labels and avoid those with saturated fat, hydrogenated or partially hydrogenated vegetable or soybean oils or transfatty acids.

The Good News on Low Fat vs. Low Carb? You don't have to choose. If you follow this guide, you can have the best of *both* worlds.



### Prevention..., Cntd. from Page 2

x-ray scan) can identify calcium in heart vessels and may be an even better test than the traditional stress test. For others, specialized lab tests beyond traditional cholesterol panels may indicate a need for different kinds of medications or different doses of medicines. Each patient needs to be evaluated based on his or her individual risk factors. Cardiology is an exciting field because we can treat patients aggressively—a coronary stent or pacemaker may allow a patient to resume normal life activities. To me, however, the most exciting thought is that by the aggressive treatment of risk factors, we might ultimately be able to prolong life without stents or bypass surgery later on.



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