

Your Questions Answered by Dr. Cynthia Shelby-Lane

If you're not familiar with Dr. Shelby-Lane, here's a little background information. She's known as the "ageless doctor" with a private practice located in Detroit, Michigan – **Elan Anti-Aging & Longevity Center of Michigan**. After 23 years as an emergency room physician, her experience with life and death crises made her realize the limitations of traditional medicine. She became a board certified anti-aging specialist with a holistic approach to medicine, integrating traditional and complimentary strategies to treat and prevent disease. Dr. Shelby-Lane has recently expanded her practice to the internet and answers questions for patients around the world, providing alternative solutions and second opinions.



Dr. Shelby-Lane's knowledge is extensive and has led to positions with numerous state and national medical boards, including two terms as President of the **American Association of Women Emergency Physicians**. Her areas of expertise include cardiovascular disease prevention, bio-identical hormone replacement therapy, detoxification, adrenal and thyroid disorders, weight management, memory and brain health, autoimmune disorders and fibromyalgia.

In a unique twist, Dr. Shelby-Lane not only graduated from the University of Michigan Medical School, but also the Second City Comedy School in Chicago. She's a firm believer that laughter is good medicine and I have to agree. She's produced her own comedy show titled "**Laugh Attack**:"

Stopping the # 1 Killer - Heart Disease” and delivers a powerful lecture called **“Heart Sense & Humor”**.

The list of Dr. Shelby-Lane’s accomplishments is endless. The above is just a quick synopsis of the ones I thought you’d find most interesting related to heart disease.

What’s the effect of temperament and personality on heart disease risk?

Lisa Nelson RD #1: What role does temperament/personality play in a person's heart disease risk? Does it have a direct affect on cholesterol levels or blood pressure?

Dr. Shelby-Lane: Temperament and personality have a definite effect on blood pressure and on heart disease. This is a great question and it has been studied by the experts, as you will note in the following excerpts. Heart disease consists of congenital abnormalities, arrhythmias, lipid abnormalities acquired and congenital, functional and physiologic problems, risk factors such as diabetes and metabolic syndrome, structural disease and valvular problems, heart failure, acquired disease such as coronary artery disuse, and infectious diseases along with diseases related to blood vessel structure. Again, anxiety, stress, and stress related disorders can have an effect on major hormones, heart rate and heart health and heart disease. Nutritional abnormalities can also affect heart performance. New research suggests that people who suffer from panic attacks are at increased risk of developing heart disease.

Dr Kate Walters and colleagues at University College London examined

medical records of more than 400,000 people, including 57,615 who had been diagnosed with panic attacks. Results showed that people who were younger than 50 when they were first diagnosed with panic attack were 38% more likely to have a heart attack and 44% more likely to develop heart disease than those without the condition. Those who were older than 50 at the time of diagnosis did not have an increased risk of heart attack, but were 11% more likely to develop heart disease than those without the condition.

Intriguingly, the results also showed that while panic attack sufferers were at increased risk of developing heart disease, they were seemingly less likely to die from it.

Why people who suffer from panic attacks should be at increased risk of developing heart disease is unclear. According to the study, authors put forward several theories, one being that panic disorders might trigger nervous system changes which could promote the clogging of arteries. Another theory is that people may have been misdiagnosed as having panic attacks when they actually have coronary heart disease. "Clinicians should be vigilant for this possibility when diagnosing and treating people presenting with symptoms of panic," said Dr Walters.

Walters K, Rait G, Petersen I, Williams R, Nazareth I. Panic disorder and risk of new onset coronary heart disease, acute myocardial infarction, and cardiac mortality: cohort study using the general practice research database. *European Heart Journal*. 2008;29:2981-2988.
doi:10.1093/eurheartj/ehn477.

News release: *Panic attacks linked to higher risk of heart attacks and heart disease, especially in younger people*. European Society of Cardiology. December 10th 2008.

Study results have shown that people with depression are at increased risk of heart attack and heart failure because they are less likely to be active.

Scientists have known for some years that people who are depressed are at increased risk of heart attack and other cardiac events, however the reason why this should be has remained unclear. However, according to results of a study by Mary A Wooley and colleagues, the increased risk is due to behavioral factors.

The researchers analyzed data obtained from 1,017 people with heart disease, 199 of which had symptoms of depression. Results showed that 10% of depressed participants had a cardiac event (e.g. heart attack, heart failure, stroke, transient ischemic attack) during the study period, compared to just 6.7% of non-depressed participants, meaning that depressed participants were 50% more likely to have a cardiac event. However, results also showed that depressed participants were more likely to smoke, were less likely to take their medications as prescribed, and were less physically active. After the researchers factored these behaviors into their calculations the risk of a cardiac event in depressed participants was similar to that in non-depressed participants.

The researchers concluded: "These findings raise the hypothesis that the increased risk of cardiovascular events associated with depression could potentially be preventable with behavior modification, especially exercise." Adding: "Exercise training can improve both depressive symptoms and markers for cardiovascular risk."

Whooley MA, de Jonge P, Vittinghoff E, et al. Depressive symptoms, health behaviors, and risk of cardiovascular events in patients with coronary heart disease. *JAMA* 2008;300:2379-2388.

What are the signs of a heart attack for a woman?

Lisa Nelson RD #2: For women the signs of a heart attack are more subtle. What should women watch for? If everyone responded to every arm/jaw/chest/indigestion/feeling “not quite right” symptom, they’d never leave the ER!

Dr. Shelby-Lane: The female heart often is misdiagnosed.

True or false: Every year, more women die of heart disease than men.

The answer is true, but if you didn’t know it, you’re not the only one. In a survey of 500 physicians led by preventative cardiologist Lori Mosca, M.D, Ph.D., less than 20 percent knew the answer.

When it comes to women and heart disease, ignorance can be deadly. The misconception that heart disease is a “man’s disease” is the main reason women are misdiagnosed, or receive delayed treatment, when experiencing symptoms of heart disease and even a heart attack.

Consider these findings:

In a recent study at Weill Medical College of Cornell University/New York-Presbyterian Hospital, 230 physicians were given hypothetical cases of men and women with identical symptoms of heart disease. Half of the case studies included reports that the patient recently had a stressful experience or felt anxious. When this detail was included, doctors diagnosed heart disease in 56 percent of men compared with just 18 percent of women.

They referred men to cardiologists twice as often as women, and prescribed cardiac medications to almost half of the men, versus a paltry 13 percent of the women. Researchers concluded that in the presence of stress or anxiety, symptoms such as chest pain and shortness of breath were more likely to be attributed to anxiety in women but seen as potential signs of heart disease in men.

Another study at Tufts Medical Center in Boston found that among people who called 911 complaining of cardiac symptoms, women were 52 percent more likely than men to experience delays during emergency medical service care, a potentially critical difference because treatments for a heart attack are typically most effective when given within 1 to 2 hours of the start of the attack.

"We often hear women patients say that their complaints were dismissed or that they were 'blown off' by their doctors when they presented with heart disease symptoms," says Lori Mosca, M.D., Ph.D., director of preventive cardiology at New York-Presbyterian Hospital and professor of medicine at Columbia University Medical Center. "Studies show that there is a gender bias out there that women need to be aware of. Our own research has shown that physicians are likely to label a woman at lower risk for heart disease than a man who has the exact same calculated level of heart disease risk."

So how can you protect yourself? Dr. Mosca offers these suggestions:

Know your risks for heart disease, such as your waist size, smoking and exercise habits, blood pressure, and cholesterol levels. If you smoke, quit. Talk to your doctor about diet and exercise changes you can make to lower your risks, and, if appropriate, medications that might help you. Try this quick test at home: Wrap a tape measure around your waist right at the level of your belly button (don't suck in your stomach). If your waistline measures 35 inches or more, you are more likely to have high cholesterol,

high blood pressure, pre-diabetes and an increased risk of dying of heart disease than a woman with a normal waist size.

Knowing your family's history of heart disease is important because if you have a close relative with heart disease or diabetes, you are at higher risk for these conditions, too.

Even if you don't have symptoms of heart disease, having a strong family history – particularly if a parent died at a young age of a heart attack – may be enough reason to be checked early to catch problems that may not yet be causing symptoms. In 40 percent of people that develop heart disease, sudden death is the first symptom.

Learn the unique symptoms of heart disease in women.

Chest pain is the most common symptom of heart problems in both men and women, but women are much more likely to also experience subtle symptoms such as headaches, nausea and upset stomach, jaw or neck pain, shortness of breath and generalized fatigue.

Get help immediately. "Research shows that women tend to call for help later than men do, possibly because they don't recognize these atypical symptoms as signaling heart troubles, or possibly because their tolerance for pain is greater," says Dr. Mosca. If you have symptoms and think you might be having a heart attack or stroke, don't delay; call 911.

Have a checkup annually. Report any suspicious symptoms and don't let your doctor dismiss your concerns. If you have two or more risk factors and you are over the age of 50, a stress test can give more clues to your heart health. If the stress test shows signs of potential heart problems, further tests can be ordered.

Get a second opinion. If you feel your doctor is not taking your concerns seriously don't hesitate to find a new doctor.

Lisa Nelson RD: Okay, this was a fantastic answer and I appreciate the detail, but I want to clarify. Are you saying if a woman experiences chest pain *and* an additional symptom, such as headache, nausea, or shortness of breath they should contact their MD immediately; but if it's just shortness of breath by itself or just neck pain, not such a concern, monitor and watch for any changes. Is that correct?

Dr. Shelby-Lane: If a woman experiences chest pain along with symptoms such as on-going headaches, nausea, fatigue, and shortness of breath, they should contact their doctor immediately and/or go to the emergency room, especially if these symptoms are of sudden onset. Symptoms such as shortness of breath, fatigue and neck pain may also be subtle indicators of heart disease and most women may dismiss these symptoms and never mention them to their doctor, thereby, missing the opportunity to diagnose an underlying heart problem.

Symptoms of Heart Disease, Heart Attack, and Stroke

Lisa Nelson RD: Dr. Shelby-Lane took the time to provide more detail on the symptoms of heart disease related to women, as well as, the signs/symptoms of a heart attack and stroke.

Dr. Shelby-Lane: Symptoms related to heart disease in women are as follows:

Women do need to pay attention to symptoms that may be related to heart disease and they need to be able to discern how it is different from stress related disorders and GI disorders.

What are the signs of a heart attack? Most people think it is the Hollywood version where the person grabs their chest and falls over. The truth of the matter is that many heart attacks start with vague and subtle symptoms that may come and go.

According to the American Heart Association, studies show that treatment gaps exist for women with coronary heart disease. The American Heart Association's Get With The GuidelinesSM initiative is narrowing treatment gaps for women by promoting strategies and tactics to ensure female patients are treated according to the latest guidelines and evidence-based treatments and therapies.

Women with coronary artery disease may not receive the same level of quality care as men, according to research. Hospitals participating in the American Heart Association's Get With The Guidelines program have significantly improved the quality of cardiovascular care for women of all ages within a year of the program's implementation. For more information about Get With The Guidelines, visit www.americanheart.org/getwiththeguidelines.

Symptoms of Heart Disease

It is vital to learn the symptoms of heart disease. These are:

Chest discomfort - Lasting greater than 5 minutes. Can range from severe pain to a squeezing, pressure or heartburn sensation. This discomfort will often spread to one or both arms, the back, jaw and stomach.

Shortness of breath - Can occur at the same time as chest discomfort or by itself.

Palpitations - Awareness of your heart beat. Described as a flip-flopping or skipped heartbeat.

Nausea

Sweating - Cool and clammy skin

Anxiety - A sense of doom or something wrong

Fatigue - A new onset of fatigue not associated with lack of sleep

Women are less likely to recognize they have heart disease and will often present with less typical symptoms. Such as:

New episodes of fatigue

Insomnia - Unable to sleep

Indigestion

An anxious feeling

Listen to your body and be an advocate for yourself. Be aware and discuss changes and new pains with your doctor. Your intuition and feelings can also be a symptom. Be persistent.

Do you often experience leg pain or just feel like you're getting old? You may be one of the nearly 10 million people in the United States affected by peripheral vascular disease (PVD).

Do you have leg pain when you walk?

Does the pain stop when you stand still?

Are you over 50?

Are you a smoker?

Are you overweight?

Are you diabetic?

If you answered yes to 2 or more of these questions, consult your physician.

Signs and Symptoms of a Heart Attack

If you or a loved one experiences any of the following symptoms, get medical attention immediately:

Pain, squeezing, fullness, or pressure in the center of the chest that lasts more than a few minutes or goes away and returns

Pain that moves to the shoulders, neck, or arms

Chest discomfort accompanied by lightheadedness, fainting, sweating, fatigue, nausea, or shortness of breath. (Fatigue, nausea, and shortness of breath are especially common in women.)

Some less common symptoms are:

Unusual chest, stomach, or abdominal pain

Nausea or dizziness (without chest pain)

Shortness of breath and difficulty breathing without chest pain

Anxiety, weakness, or fatigue for no apparent reason

Heart palpitations, breaking out in a cold sweat, or paleness.

Signs and Symptoms of a Stroke

If you or a loved one experience any of the following symptoms, get medical attention immediately:

Sudden weakness or numbness of the face, arms, or legs, especially on one side of the body

Sudden confusion, difficulty speaking, or comprehension problems

Sudden vision problems in one or both eyes

Sudden dizziness, difficulty walking, or loss of balance or coordination

Sudden, severe headache with no known cause.

What is a leaky heart valve?

Lisa Nelson RD #3: Please explain briefly what a leaking valve is and if someone chooses not to correct a “leaky valve” via surgery what’s the long term prognosis?

Dr. Shelby-Lane: A leaky valve is a condition in which the blood flow is altered by a valve that allows blood to flow backwards, otherwise known as “regurgitation”.

Regurgitation can negatively impact the flow of blood across each of your four heart valves - aortic valve, pulmonary valve, mitral valve and tricuspid valve.

Ultimately, leaky heart valves force the heart to "work harder" as it re-pumps blood through a valve. Over time, this can lead to several leaking heart valve symptoms and an enlarged heart.

Some of the most common symptoms of leaky heart valves are:

Shortness of breath, especially with exertion or when you lie down

Fatigue, especially during times of increased activity

Cough, especially at night or when lying down

Heart palpitations — sensations of a rapid, fluttering heartbeat

Swollen feet or ankles

Heart murmur

Excessive urination

Chest pain (angina) or tightness

Feeling faint or fainting with exertion

Dizziness

Leaking heart valve symptoms do not always appear, or manifest, simultaneously for a patient. Many patients can be asymptomatic even though they suffer from mild, moderate, or even severe, heart valve disease.

If you are experiencing symptoms, it's important to know that there are a number of different heart valve diseases and valve defects that could trigger leaky heart valve symptoms.

That said, I highly encourage you to visit your doctor or cardiologist if you are experiencing any of the leaking heart valve symptoms identified above. Some heart valve diseases can be easily identified by listening to your heart valve sounds with a stethoscope. This is usually the first step in diagnosing a heart valve disease or leak in the valve.

Which treatment option is right for you?

Choosing the right treatment option is extremely important and depends on many factors. It's a decision that you should make in close cooperation with your doctor. Some of the factors you will need to consider when choosing a treatment option include:

The benefits and risks of each type of treatment

Your age

Your specific medical condition

Other medications you may be taking

Your lifestyle needs and goals

Surgical Valve Repair

When possible, it is often preferable to surgically repair the patient's valve rather than to replace it with a prosthetic device. Valve repair usually involves the surgeon modifying the tissue or underlying structures of the mitral or tricuspid valve and implanting an annuloplasty ring or band. Aortic valves are rarely repaired.

If the diseased native (original) heart valve cannot be repaired, the surgeon may choose to replace it. The first step is to remove the diseased valve and then implant a prosthetic valve in its place. Prosthetic valves used to replace the heart's natural valves come in different sizes to fit the patient and are made from a variety of materials.

There are two main types of prosthetic heart valves:

Tissue (bioprosthetic) valves - made primarily from animal tissue [i.e., bovine pericardium (the sac surrounding a cow's heart), a pig's aortic (porcine) valve or human valves from cadavers]

Mechanical valves – created from synthetic (man-made) materials

You may want to research more about Edwards aortic valve replacement products and mitral valve replacement products.

If someone has a poor echo test can they still donate blood?

Lisa Nelson RD #4: If you have a poor echo test indicating your heart does not effectively circulate blood, is it safe to donate blood?

Dr. Shelby-Lane: Your entire medical history must be taken into consideration when it comes to donating blood or blood products. A “poor or abnormal” result on an echocardiogram can have multiple implications. A specific diagnosis is needed to make that judgment. If you have an abnormal result it is best to discuss this with your cardiologist. Your cardiologist should be involved in any activity related to your cardiovascular system.

Do you need to treat low HDL levels?

Lisa Nelson RD #5: Should individuals with low HDL levels receive treatment even if all other levels are normal?

Dr. Shelby-Lane: According to ScienceDaily (May 29, 2005) — High circulating levels of the "good cholesterol" HDL are associated with decreased risk of cardiovascular disease. HDL helps the liver excrete extra cholesterol by binding to a receptor in the liver called scavenger receptor-BI (SR-BI). However, the signaling events between HDL and SR-BI that afforded heart healthy benefits were not known.

In a study appearing online on March 24, 2005, in advance of the April 1, 2005 print edition of the Journal of Clinical Investigation, Philip Shaul and colleagues from the University of Texas Southwestern Medical Center examine the following pathway:

The authors show that HDL activates an enzyme called eNOS and sets off a cellular signal that depends on cholesterol efflux and two intact domains of SR-BI -- the transmembrane domain and its cytoplasmic tail. These regions of SR-BI may serve as "cholesterol sensors" which set into motion cellular events to activate eNOS. This may be the mechanism responsible for the ability of HDL to reduce cardiovascular disease risk.

Lisa Nelson RD: Again, let's clarify. If an individual has low HDL levels they should seek treatment even if all other cholesterol levels are normal. Correct?

Dr. Shelby-Lane: Again, a low HDL is an isolated risk factor and should be included in the overall health picture, and can be modified with diet, nutrition, and some newer drugs.

Do you worry about elevated LDL if HDL levels are high?

Lisa Nelson RD #6: If you have a patient with a high HDL level, let's say an HDL greater than 80; are you concerned if their LDL level is elevated?

Dr. Shelby-Lane: New research has revealed that LDL or "bad" cholesterol inhibits the breakdown of fat in adipocytes, or fat cells, thus suggesting that it is a regulator of fat stores.

This new knowledge gives you three important areas to work on to not only boost your HDL number but to also boost your HDL quality. It is interesting indeed that HDL-building nutrients like niacin and pantethine also help lower triglycerides and improve cardiovascular health, giving more proof to this new field of emerging HDL science.

Key nutrients that support HDL are:

- **Niacin:** Niacin has been shown to directly boost your levels of apoA-I while lowering triglycerides. I recommend non-flushing inositol hexanicotinate.
- **Pantethine:** Pantethine provides the energy to help form HDL, while also providing energy to assist triglyceride and LDL cholesterol metabolism.
- **Phosphatidyl Serine:** This nutrient contains a mix of the key phospholipids that are often lacking in the diet and are needed to construct the healthy cell membrane of HDL.

Along with HDL-building nutrients it is vital to take anti-inflammatory nutrients to calm down immune cells that are inducing free radical damage to the apoA-I protein. The basis of this approach is a diet rich in fruits and vegetables. Many nutrients may be of assistance. Some top choices include grape seed extract, resveratrol, tocotrienols (vitamin E), vitamin C, DHA, pomegranate, and blueberries. Stress management and getting adequate sleep are essential.

Ensure your fasting blood sugar never gets above 90. If it is, use "anti-glycating" nutrients that help protect your HDL from sugar-induced damage. Top choices include R-alpha lipoic acid, grape seed extracts, and resveratrol.

HDL cholesterol is a pivotal molecule that protects your circulation and directly manages its health. It is no longer adequate to simply have an HDL score above 40. You need high quality HDL – HDL that is energized and ready for duty.

Lisa Nelson RD: So, if you have an individual with an HDL of 88, do you take action if their LDL level is elevated at 145? Or are you less concerned, due to the protective effects of the high HDL level?

Dr Shelby-Lane: This requires further testing with an expanded lipid profile to determine risk and treatment options. (See my answer to question number 7 to learn more about the expanded lipid profile test.)

Are unusually high HDL levels cause for concern?

Lisa Nelson #7: Are you concerned by unusually high HDL levels, such as greater than 100 mg/dl?

Dr. Shelby-Lane: The main function of HDL is to help soak up excess cholesterol from the walls of blood vessels and carry it to the liver, where it breaks down and is removed from the body in the bile.

Measuring for particle size and particle number is the best way to tell if HDL cholesterol levels are safe/healthy. This involves testing and it is usually measured under the guidelines of an "expanded lipid profile." The usual and optimal range for HDL is (40 for men and 50 for women).

Expanded lipid profiles are necessary to look at particle size.

There are several laboratories (see below) with different lab techniques, who specialize in performing these tests and measurements.

- * Liposcience (NMR in North Carolina)
- * Spectracell Labs Lipoprotein Particle Profile (LPP) (Houston, Texas.....my preferred lab)
- * Berkeley Heart Lab with apoA phenotype (more expensive) in California
- * Quest Labs with the VAP test (nationwide)

The laboratory test for HDL actually measures how much cholesterol is in the HDL, not the actual amount of HDL in the blood.

Normal Results and General Guidelines:

In general, your risk for heart disease, including a heart attack, increases if your HDL cholesterol level is less than 40 mg/dL.

Men are at particular risk if their HDL is below 37 mg/dL.

Women are at particular risk if their HDL is below 47 mg/dL.

An HDL 60 mg/dL or above helps protect against heart disease.
Women tend to have higher HDL cholesterol than men.

Note: Normal value ranges may vary slightly among different laboratories.
Talk to your doctor about the meaning of your specific test results.

What Abnormal Results Mean

Low HDL levels may indicate an increased risk of atherosclerotic heart disease.

Abnormally high tests may be associated with:

Familial combined hyperlipidemia
Noninsulin-dependent diabetes (NIDDM)

According to (Natural News) The new scientific toolbox is being used to poke around in HDL's "house", only to find good news and bad news. HDL has been labeled "good" cholesterol because it helps remove damaged LDL cholesterol from your arteries and has generally been associated with having less cardiovascular disease. It is now coming to light that the quality of the HDL you have is as important, if not more important, than the amount of HDL you have. This means there is both "good HDL" and "bad HDL" and if you have too much of the bad HDL then it no longer protects you and actually helps cause heart disease. How do you know if you have good or bad HDL? You'd get an "expanded lipid profile" to learn the particle size and number of your HDL cholesterol molecules.

HDL is small in comparison to LDL, and it is higher in protein. It functions as a tow truck, latching on to spent or damaged LDL and returning it to your liver for recycling and/or clearance. The two main proteins that make up HDL are called apoA-I (75%) and apoA-II (25%). ApoA-I is the good guy, and its integrity of structure is vital for HDL's ability to clear damaged LDL from your circulation and the walls of your arteries.

New discoveries are showing that apoA-I is also vital for HDL's enzyme functions that give it anti-inflammatory and antioxidant activity. The role of apoA-II is much less understood, other than to say it is implicated as part of problems with fat metabolism and too much of it causes poor HDL function.

One aspect of HDL fitness is that as it does its work its supply of apoA-I is temporarily diminished and replaced by apoA-II. If HDL then fails to replenish apoA-I it loses its ability to function in a helpful cardiovascular way and actually becomes a problem to cardiovascular health. One key sign that a person lacks apoA-I and has too much apoA-II is elevating triglycerides. Other research has more accurately defined the nature of the fatty substances that make up the HDL cell membrane. These are rich in phospholipids (phosphatidylcholine, phosphatidylserine, phosphatidylethanolamine, and phosphatidylinositol). These phospholipids are linked to a unique cell membrane fat called sphingomyelin, which is used to make a major signaling molecule (Sphingosine-1-phosphate).

Triglycerides should never be more than twice your HDL, a relationship that in my opinion is far more important than your LDL/HDL ratio. The new science helps clarify why this is the case, explaining that as triglycerides go up then HDL quality goes down. In this handicapped condition HDL loses its ability to remove LDL, quench inflammation, and perform antioxidant functions.

What really has the science world buzzing is a newly recognized function of HDL as a major signaling molecule in your circulation, one that is acting as a communication platform to help instruct other cells around it what to do. Researchers have proven direct communication from HDL to the endothelial cells that line your arteries, the smooth muscle that comprises your arterial walls, the macrophages that are involved with LDL-related plaque formation, and T cells of your immune system.

Now for the bad news on Cholesterol

HDL can become damaged or "spent" at which point it no longer does any of

these good things and instead actually contributes to cardiovascular disease, even winding up with LDL in plaque. There are three main reasons this happens.

- 1) The failure to provide adequate nutrition to re-energize HDL after it has been out working. This leads to a lack of apoA-I and an HDL cell membrane that has lost functionality.
- 2) Oxidative damage to apoA-I, caused by inflamed and overheated immune cells. This means individuals with inflammatory health issues will have poor quality HDL. The greater the inflammation, the worse the HDL quality.
- 3) Sugar glycation of HDL, rendering it "cemented" so that it can't work. The more uncontrolled the blood sugar, the worse the HDL problem.

Lab tests that help to evaluate your heart are C-reactive protein, homocysteine, lipoprotein/(Lp(a), fibrinogen, ferritin, Total cholesterol (elevated), LDL cholesterol (elevated small –dense ldl particles), HDL cholesterol (reduced), Triglycerides (elevated), LDL and HDL particle size (pattern A and B) –VLDL, LDL particle number (increased number of particles), Apolipoproteins A and B, TG/HDL ratio of > 3.5 simple sign of insulin resistance.

Even if normal, you may still have significant heart disease. Kidney disease must also be ruled out as a cause. The gold standard for the diagnosis of coronary artery disease is a cardiac catheterization, but this is a fairly invasive test, and is not usually done without a history of severe and/or persistent symptoms or an actual heart attack. Other tests may include studies such as an ultrafast CT scan of the heart (if available, lots of radiation and soon to be taken off the market), a CT Angiogram, a nuclear stress test, an echocardiogram, a lipid profile for very low density lipids (with a complete cholesterol panel to look at subparticles), homocysteine level, HS-C-reactive protein, and an ankle-brachial index, just to name a few.

***** Discussing symptoms with your doctor is very important.*****

Please see your doctor for a detailed evaluation and examination, if you have concerns. Tests are ordered by your doctor, only if indicated, and after thorough review and evaluation.

Lisa Nelson RD: Let's make sure everyone understood what you've said. HDL is protective and generally the more the better; however, new research is showing that there is "good" HDL and "bad" HDL. The only way to know the type you have is by completely an "expanded lipid profile" lab test. Correct?

Dr. Shelby-Lane: No, HDL is generally thought to be protective and the levels for routine testing of HDL is as follows: greater than 50 for women and greater than 40 for men. The range for norms depends upon the lab reference ranges which can go from 40 to 90. More specific testing uses the measurements for particle size/number and particle density. Therefore, once you look at particle size for HDL cholesterol, you can determine if you are dealing with an abnormal HDL molecule (particle size, density, and particle numbers) as well. The only way to know the type you have is by completing an "expanded lipid profile" lab test which must be ordered by your doctor. Additional testing is also performed in the expanded lipid profile such as Lp (a), HS - C-reactive protein, homocysteine, VLDL, ferritin, etc.

Is grapefruit safe to eat when taking cholesterol medications?

Lisa Nelson RD #8: Please clear up the confusion about grapefruit and medication! Is it safe for individuals taking medication for heart disease to eat grapefruit or drink grapefruit juice? When is grapefruit not allowed?

Dr. Shelby-Lane: I am including information that may help answer your question about grapefruit and a variety of nutritionals that affect statin drugs for the lowering of cholesterol.

Zocor (Simvastatin), for example, is a Statin drug, used to lower high cholesterol levels, and also known as HMG-CoA reductase inhibitor. Zocor may affect the absorption or utilization of vitamins E and coenzyme Q10. Tests showed the average concentration of coenzyme Q10 in blood plasma decreased by approximately 50% after statins were used for 30 days. Supplementation is considered beneficial.

Grapefruit and grapefruit juice may increase the effects of HMG-CoA reductase inhibitors and should not be consumed at the same time. It is suggested that these medications be taken with water. Grapefruit contains substances that may inhibit the body's ability to break down statin drugs increasing the toxicity of the drug. Muscle pain, tenderness, or muscle weakness may be a result. If you begin to notice these symptoms, contact your doctor.

Niacin is the form of vitamin B3 used to lower cholesterol. Large amounts of niacin taken with a statin drug may cause serious muscle disorders (myopathy). Reasonable levels of niacin combined with statin drugs have been shown to enhance the cholesterol lowering effect. For proper dosage, consult your physician before taking niacin.

Pomegranate juice has been shown to inhibit the same enzyme inhibited by grapefruit juice. This may cause reactions similar to grapefruit juice when it is used with statin drug treatments.

A study of 37 people with high cholesterol treated with diet and statin drugs found vitamin A increased in the blood over two years of therapy. People taking statin drugs and vitamin A supplements should have blood levels of vitamin A monitored.

Magnesium and aluminum containing antacids were reported to interfere with statin drug absorption. To avoid this interaction, take statin drugs two hours before or after any aluminum/magnesium containing antacids. Some magnesium supplements such as magnesium hydroxide are also antacids.

It should be noted that doctors often recommend supplementing with 100 mg of coenzyme Q10 per day for maintaining healthy levels. However, those on statin drugs may have a greater need for a higher dose. It further should be noted that the symptoms associated with the combination of grapefruit juice and statin drugs (muscle weakness and discomfort) are commonly reported as symptoms associated with CoQ10 depletions. Supplementation with coenzyme Q10 is strongly recommended.

The herbs Artichoke plant, Garlic and Plantain may decrease blood cholesterol levels, and therefore enhance the effects of Zocor. Consult with your pharmacist or physician before taking them.

Is there a connection between vitamin D and heart disease?

Lisa Nelson RD #9: Is there a connection between vitamin D and heart disease? What level vitamin D should individuals maintain to prevent heart problems?

Dr. Shelby-Lane: It is a known and documented fact that too little Vitamin D puts the heart at risk. Yet many patients are not routinely tested, and if so, they do not take the proper steps to reach optimal Vitamin D levels between 50 to 100 ng/dL. Most lab tests give 30 as a low normal, yet this is not optimal. This can be done by diet, sun exposure (in most cases) or adequate supplementation. But most of all, people are not tested. Research suggests Vitamin D deficiency may be an unrecognized heart disease risk factor.

Researchers say a growing body of evidence suggests that vitamin D deficiency increases the risk of heart disease and is linked to other, well-known heart disease risk factors such as high blood pressure, obesity, and diabetes.

For example, several large studies have shown that people with low vitamin D levels were twice as likely to have a heart attack, stroke, or other heart-related event during follow-up, compared with those with higher vitamin D levels.

"Vitamin D deficiency is an unrecognized, emerging cardiovascular risk factor, which should be screened for and treated," says researcher James H. O'Keefe, MD, director of preventive cardiology at the Mid America Heart Institute in Kansas City, Mo., in a news release. "Vitamin D is easy to assess and supplementation is simple, safe and inexpensive."

Most of the body's vitamin D requirements are met by the skin in response to sun exposure. Other less potent sources of vitamin D include foods such as salmon, sardines, cod liver oil, and vitamin D-fortified foods like milk and some cereals. Vitamin D can also be obtained through supplements.

Vitamin D deficiency is on the rise. Vitamin D deficiency is traditionally associated with bone and muscle weakness, but in recent years a number of studies have shown that low levels of the vitamin may predispose the body to high blood pressure, congestive heart failure, and chronic blood vessel inflammation (associated with hardening of the arteries). It also alters hormone levels to increase insulin resistance, which raises the risk of diabetes.

In a review article published in the Journal of the American College of Cardiology, researchers surveyed recent studies on the link between vitamin D deficiency and heart disease to come up with practical advice on screening and treatment.

They concluded that vitamin D deficiency is much more common than previously thought, affecting up to half of adults and apparently healthy children in the U.S.

Researchers say higher rates of vitamin D deficiency may be due in part to people spending more time indoors and efforts to minimize sun exposure through the use of sunscreens. Sunscreen with a sun protection factor (SPF) of 15 blocks approximately 99% of vitamin D synthesis by the skin.

"We are outside less than we used to be, and older adults and people who are overweight or obese are less efficient at making vitamin D in response to sunlight," says O'Keefe. "A little bit of sunshine is a good thing, but the use of sunscreen to guard against skin cancer is important if you plan to be outside for more than 15 to 30 minutes of intense sunlight exposure."

Testing for Vitamin D Deficiency

Vitamin D levels can be measured with a blood test for a specific form of vitamin D called 25-hydroxy vitamin D (25(OH)D). Vitamin D deficiency is defined as a blood 25(OH)D level below 20 ng/dL. Normal levels are considered to be above 30 ng/dL.

Again criteria for optimal levels is between 50 to 100 ng/dl.

Is there a link between heart disease and fibromyalgia?

Lisa Nelson RD #10: Do you feel there is a link between heart disease and fibromyalgia? I have noticed many individuals diagnosed with heart disease also diagnosed with fibromyalgia. Could this be due to medications used to treat the heart conditions?

Dr. Shelby-Lane: Fibromyalgia symptoms were akin to the symptoms of several "functional" disorders (i.e., medical conditions that affect bodily function via causes that are poorly understood) including recurrent non-heart-related chest pain, heartburn, heart palpitations and irritable bowel syndrome. However, a number of studies since have detected evidence of abnormalities in the internal organs of many fibromyalgia patients, including heart valve problems, malfunction of the muscles that move food to the stomach, and weakened lung function. These studies suggest that the abnormalities likely are symptoms of a larger disease, not illnesses by themselves.

Because of weakened respiratory muscles an individual finds it hard to breathe and the supply of oxygen to heart is decreased resulting in the above symptoms. Similar is the case with neck pain, due to weakened muscles.

Fibromyalgia (FM) is a recently recognized disorder rheumatologists and practitioners see quite often, especially in women 20 to 50 years old. It is characterized by widespread, chronic musculoskeletal pain, tenderness, fatigue and stiffness affecting muscles, tendons, ligaments and connective tissues with loss of sleep, depression, and shortness of breath. It is a poorly understood condition and there appears to be no universal cause and no single treatment that is effective for every person. Diagnosis of fibromyalgia is based on the tenderness of specific anatomical sites (at least 11 of 18 points) and pain in all four quadrants of the body that has lasted for 3-6 months or longer. It mostly affects the neck, shoulders, lower back, chest

and/or thighs. Fibromyalgia patients meet many of the diagnostic criteria for chronic fatigue syndrome. Three to six million people are affected by fibromyalgia.

Possible Causes or Contributing Factors of Fatigue & Fibromyalgia

The cause of fibromyalgia is not known. Patients experience pain in response to stimuli that are normally not perceived as painful. Researchers have found elevated levels of a nerve chemical signal, called substance P, and nerve growth factor in the spinal fluid of fibromyalgia patients. The brain nerve chemical serotonin is also relatively low in patients with fibromyalgia. Studies of pain in fibromyalgia have suggested that the central nervous system (brain) may be somehow supersensitive. Scientists note that there seems to be a diffuse disturbance of pain perception in patients with fibromyalgia.

Also, patients with fibromyalgia have impaired non-Rapid-Eye-Movement, or non-REM, sleep phase (which likely explains the common feature of waking up fatigued and unrefreshed in these patients). The onset of fibromyalgia has been associated with psychological distress, trauma, and infection.

Fibromyalgia can occur in the presence of other conditions such as rheumatoid arthritis, osteoarthritis and hypothyroidism.

Some report onset of symptoms following viral, bacterial, or parasitic infection.

Cytokine release may be responsible for many symptoms in fibromyalgia. Lyme Disease.

Emotional states: stress, anxiety or depression

Heavy metal toxicity, mainly aluminum.

Food allergy and intolerance

Altered intestinal permeability

Essential fatty acid deficiency.

Magnesium deficiency--may be a factor in the development of fibromyalgia.

Nutritional deficiencies

Altered neurotransmitters. Significant changes occur in brain chemistry, i.e. serotonin and tryptophan.

Jay Goldstein, M.D., author of *Chronic Fatigue Syndrome: The Limbic Hypothesis*, believes that FM/CFS is related to disordered function of the part of the brain known as the limbic system, which is highly interconnected with the immune system, endocrine system, and emotions (Schmidt, M.A., *Tired of Being Tired. Overcoming Chronic Fatigue & Low Energy*, Frog, Ltd. c/o North Atlantic Books, Berkeley, Calif., 1995, p. 136)

Irritable bowel syndrome

Subjective soft tissue swelling

Dysbiosis - yeast or parasitic infection

Adrenal exhaustion

Deposition of immune complexes in and around the joints may be responsible for continued immune responses.

Physical trauma such as an accident

Disruptive sleep patterns

Immune or endocrine abnormalities

Multiple nutritional remedies exist for the management of FM. *Please review your entire health report for more information.*

Recovery from Fibromyalgia

Recovery from FM/CFS requires an integrated approach involving diet and nutritional therapy, stress management, exercise, stretching, meditation, analgesics, therapy and detoxification.

The following functional tests may be helpful in analysis of fibromyalgia and CFS:

- Amino acid analysis
- Heavy metal analysis
- Intestinal permeability
- Vitamin/mineral tests
- Comprehensive parasitology
- IgG tests for food hypersensitivity
- ELISA/ACT for delayed reaction to foods and chemicals

Nutritional therapies that help with fibromyalgia are D-ribose, L carnitine, magnesium, coenzyme Q10, glutamine, fixated nitrogen, SAME (optimal dosages vary for all supplements) and detoxification, but detection and correction of the underlying problem is the first course of action. This should also include hormone evaluation for adrenal and thyroid problems.

How much CoQ10 should heart patients supplement?

Lisa Nelson RD #11: How much coenzyme Q10, if any, should individuals with heart disease supplement to see benefits?

Dr. Shelby-Lane: CoenzymeQ10-H₂, also known as ubiquinol, is the reduced form of coenzymeQ10 (CoQ10) that is over five times more bioavailable than ordinary (standard) CoQ10. CoQ10 plays an essential role in providing energy to the body through the mitochondria, the energy-producing organelles found in all cells. There are between 100 and 300 mitochondria inside every cell, and they are responsible for over 90% of the body's energy production. Mitochondria can truly be described as the cell's 'blast furnaces,' and CoQ10 plays a critical role in the utilization of oxygen inside these mitochondria. CoQ10 also acts as an antioxidant to protect the mitochondria against the massive free radical production that occurs during the cell's energy-producing respiratory cycle.

CoQ10 is produced naturally in all cells, but there is an age-related decline in CoQ10 production that has been linked to a wide variety of disorders in humans. Heart cells were the first cells discovered that suffered major declines in CoQ10 with age, but we now know that CoQ10 levels decline with age in almost all cells. It is vital for our health to supply dietary CoQ10 to offset the inevitable age-related decline in CoQ10 levels that occurs throughout the human body.

CoQ10 supplementation has been strongly linked to improved cardiovascular health in a wide variety of studies. It decreases peripheral blood flow resistance, especially in the microcirculation, which accounts for up to 90% of blood flow resistance. Numerous studies have also shown that CoQ10 can improve cardiac function, support healthy blood pressure, protect brain cells, slow aging markers, **and** shorten recovery times in power lifting and body building.

With CoenzymeQ10-H₂ you can get the therapeutic benefits of higher dose coenzyme Q10 at much lower dosage levels.

Recommended Dosage:

50 mg to 300 mg standard CoQ10 per day with meals. Most manufacturers will not specify, so standard Coenzyme is still the most used. It may be difficult for the consumer to get the more concentrated so, so this value (50 -300 mg) is for standard CoQ10. Testing is the best way to know if you are getting adequate supplementation.

To be effective, you need to take enough CoQ10 to significantly raise its level in the blood to see any beneficial effect. The amount needed to do that varies among individuals, and also depends on the potency or "bioavailability" of the CoQ10 used. Some people get a good rise with 100 milligrams, whereas others need two or three times that much to attain the same blood level. Taking too little of this supplement won't help you.

A typical dose for heart disease is 50 to 150 milligrams a day. However when heart failure is severe, up to 360 milligrams a day taken in doses of no more than 180 milligrams at a time may be needed. Experts say that "the sicker the cardiac patient, the weaker the heart, the higher the CoQ10 dose needs to be."

Some researchers recommend 2 milligrams of CoQ10 for each kilogram of body weight (0.9 milligrams for each pound of bodyweight).

CoQ10 is fat soluble. To be effective, it must be taken with some fat for absorption. Take it with a little peanut butter or olive oil. If possible, take CoQ10 in the form of soft gel capsules. They are better than dry capsules or tablets.

Dosage is determined by measuring blood levels of coenzyme Q10.

Generally, people who have heart failure begin to see an improvement in symptoms in about four weeks, although some people may take as long as three months. Maximum improvement occurs after six months, which is longer than ordinary drugs take to exhibit an effect. Once started, you must take CoQ10 continually to maintain its heart-strengthening benefits.

Safety

CoQ10 is very safe. In a large Italian study, 22 out of 2,664 patients reported mild side effects. This comes out to be less than 1 percent. The typical side effect reported is mild transient nausea. No toxicity has been found, even at high doses, in animals or humans.

Important Caution

CoQ10 is not a substitute for conventional drugs. It is usually used along with conventional therapy for best results. You should do this only under the supervision of your doctor. Heart failure is a serious condition that should not be self-diagnosed or self-medicated. If you have serious heart disease, always consult a doctor for the proper course of treatment.

What is the connection between heart rate and blood pressure?

Lisa Nelson RD #12: Would you please explain if there is a connection between high or low blood pressure and someone's heart rate? For example, if someone lowers their blood pressure, should they see a corresponding decrease in heart rate? Also, should someone be concerned about a consistently high heart rate, such as 100 bpm?

Dr. Shelby-Lane: Blood pressure and heart rate are interrelated components of the cardiovascular system and therefore, not mutually exclusively. One can affect the other.

Persons with well controlled high blood pressure, with or without medication, can also have a cardiac arrhythmia or irregular heart beat. This heart rhythm problem, if poorly controlled can then affect the blood pressure.

Persons with low blood pressure, due to a variety of reasons, can have a normal or abnormal heart rhythm. Person with a disorder called neurocardiogenic syncope can have low blood pressure and a low or normal heart rate, but this is positional in nature and may involve a severe hormone problem related to the adrenal glands.

Lisa Nelson RD: Hmm, not sure you answered the question. Yes, blood pressure and heart rate are connected. If someone lowers there blood pressure via medication or lifestyle changes, should they expect a lower heart rate also?

Dr. Shelby Lane: This is not a straight forward answer. You can have normal blood pressure and an altered heart rate or vice versa. Heart rate and rhythm may be caused by electrical disturbances which may or may not affect blood pressure. Again, there is no one answer and follow up with a specialist is needed since there are multiple causes for high and low blood pressure as well as heart rhythm disturbances. Hope this makes sense.

Lisa Nelson RD: Thanks for the clarification. There is not one set answer for this question.

What is the difference between atrial fibrillation and irregular heart beat?

Lisa Nelson RD #13: What is the difference between atrial fibrillation and an irregular heart beat?

Dr. Shelby-Lane: Atrial fibrillation is a type of irregular heart rhythm. During atrial fibrillation, the heart's two upper chambers (the atria) beat chaotically and irregularly — out of coordination with the two lower chambers (the ventricles) of the heart. Atrial fibrillation is an irregular and often rapid heart rate that commonly causes poor blood flow to the body and symptoms of heart palpitations, shortness of breath and weakness.

Atrial fibrillation can also cause fatigue and stroke. It's often caused by changes in your heart that occur as a result of heart disease or high blood pressure. Episodes of atrial fibrillation can come and go, or you may have chronic atrial fibrillation.

Although atrial fibrillation itself usually isn't life-threatening, it is a medical emergency. It can lead to complications. Treatments for atrial fibrillation may include medications and other interventions to try to alter the heart's electrical system.

How to treat heart palpitations?

Lisa Nelson RD #14: What do you recommend for individuals experiencing heart palpitations and what may be triggering the problem?

Dr. Shelby-Lane: Arrhythmias are any deviations in the normal rhythm of the heart (heartbeat). They usually occur as a result of interference with the electrical pathways that produce the heart's rhythmic muscular contractions. The Parasympathetic Nervous System is responsible for slowing down the heartbeat rate. The Beta-1 Adrenergic Receptors of the Beta-Adrenergic Nervous System are responsible for speeding up the heartbeat rate.

If you experience the following symptoms, you may need to be evaluated for toxicity and consider a stress test, echocardiogram, holter monitor or a tilt table test for further evaluation and diagnosis. A neurologic evaluation may also be indicated.

Fluttering or pounding in the heart

Hemodynamic disturbances are potentially life-threatening such as bradycardia and tachycardia

Dizziness

Syncope (fainting)

Unusual awareness of the heart

Anxiety

Abnormal ECG (provides a "one-shot" picture of the electrical activity of the heart)

Holter 24-hour monitoring results (Holter monitors look at the heart for a longer period of time and are necessary to detect intermittent rhythm problems.

Possible Causes, Contributing or Associated Factors

- 1) Coronary artery disease
- 2) Hypertension
- 3) Adverse drug reactions
- 4) Endocrine imbalances, especially thyroid or adrenal disorders
- 5) Myocardial tissue disease (valvular, atrial and ventricular abnormalities)
- 6) Sequela of rheumatic fever
- 7) Metabolic disorders
- 8) Nutritional deficiencies, especially magnesium
- 9) Caffeine
- 10) Environmental toxins or food allergies
- 11) Damaged conductive tissue (neurocardiogenic syncope)
- 12) toxicities
- 13) anxiety and stress disorders, etc.

Follow up diagnostic testing is recommended to determine if the above conditions are causing the problem.

Heart disturbances can occur as a symptom of magnesium deficiency:
Measuring your red blood cell magnesium can give you a good idea of your actual magnesium level.

How does body position affect heart beat?

Lisa Nelson RD #15: How is heart beat affected by body positioning? For example, several individuals experience an irregular heart beat when laying on their side, but a return to normal when they roll to their back or stomach.

Dr. Shelby-Lane: Irregular heart beat's may be due to anatomic or physiologic problems and an evaluation by a cardiologist or an electrophysiologist (EP expert) is very useful in determining the underlying problem or cause.

Are feelings of vertigo linked to a heart condition?

Lisa Nelson #16: If an individual experiences significant dizziness and/or lightheadedness, that requires grabbing an object to steady themselves, when moving from a squat position to standing followed by feelings of fatigue and weakness, should they consult their MD? What may be a possible problem?

Dr. Shelby-Lane: Vertigo is an ailment that involves a disturbed sense of balance in which the affected individual feels their surroundings are in a state of constant movement, especially through a spinning sensation.

Several causes for syncope include inner ear disturbances, cardiovascular problems, drugs and medication side effects, neurologic disorders, endocrine, infectious diseases, neurocardiogenic syncope, herbs, etc. All of these conditions require further evaluation and re-evaluation or tests such as an MRI, EEG, carotid ultrasound, EKG, Echocardiogram, a TILT test, hormone and blood tests, as indicated after a thorough exam and evaluation. You may need an evaluation by multiple specialists including a cardiologist, neurologist or ENT specialist.

If this process is not successful in defining a diagnosis, I usually recommend that a person find a practitioner who can use The Ondamed to help localize a possible source for the problem.

The following ailments can cause vertigo/syncope:

Cardiovascular System

Vertigo can occur as a result of Cerebral Insufficiency (such as decreased blood supply to the brain causing a lack of oxygen)

Vertigo can be associated with blocked arteries to the brain (carotid/vertebral, etc.)

Concussion can cause vertigo.

Vertigo is a side effect of hypotension (low blood pressure).

Syncope can occur as a result of a heart valve disorder or cardiovascular problem

Digestive System

Chronic constipation can cause vertigo.

Toxicity and toxins can cause vertigo/dizziness

Immune System

Vertigo can occur as a result of otitis interna (inner ear infection).

Serious infections can be associated with dizziness.

Metabolism

Hypoxia (lack of oxygen) is speculated to be an underlying cause of vertigo.

Endocrine disorders can cause vertigo.

Nervous System

Impaired sense of balance can occur as a result of Multiple Sclerosis (MS).

Sexual System

Vertigo can occur as a result of the PMS-C (Cravings) form of Pre-Menstrual Syndrome (PMS).

Musculoskeletal system

Vertigo can be associated with bone and joint disorders and herniated or degenerative disc disorders.

An excellent resource for neurologic disorders is www.brainrecovery.com, which is a website and a book by the same name. The author is Dr. David Perlmutter, a neurologist, who covers disorders such as MS, ALS, Alzheimer's, memory problems, etc.

Lisa Nelson RD

Heart Health Nutrition Specialist



I am passionate about helping you lower cholesterol and blood pressure so you can live the life you want and enjoy your family for years to come. My passion for health comes from my own family history of heart disease, so I don't dispense trendy treatments; I 'practice what I teach' in my own daily life. Because my own health is the foundation of my expertise, you can trust that I will make it truly possible for you to see dramatic changes in your health, without crazy fads or impossibly difficult techniques.

I am Lisa is the founder and owner of HeartHealthMadeEasy.com, which offers support, education, and guidance as you achieve your heart health goals. Receive regular heart health and weight loss tips from dietitian Lisa Nelson when you subscribe to [The Heart of Health](#) ezine and the free special report "How to Make Heart Healthy Changes in to Lifelong Habits".

Working with Lisa is One of the Best Moves I Could Have Made!

"I found Lisa's website on the internet and decided to take a gamble and sign-up for a Mini Diet Makeover. The whole time my wife thought it was a bad idea and I knew she was just waiting to say "I told you so!", but I went ahead and finalized the purchase - one of the best moves I could have made! Lisa has been a GODSEND.

I have to say that I am very impressed with Lisa. She is very knowledgeable and a true professional. Lisa sincerely thinks that she can help me and I believe that also. With my willingness to change and her expertise I think I can lose those thirty pounds and hopefully more before my next trip to the cardiologist office. I'm down 20 pounds and if I continue like this I will be close to my thirty pound goal!" ~ David Craig, Retired, Madison, NC

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