

YOUR HEALTH UNLOCKED Episode 39

Women's Heart Health with Dr. Gulati

Hi there. I'm Adele Scheiber, the host of the Your Health Unlocked podcast and the Director of Communications here at the National Women's Health Network.

In honor of American Heart Month, the Network is proud to shed light on the number one killer of women – heart disease. That's right. Not breast cancer, or childbirth, or domestic violence – heart disease. And it has been the number one killer for decades. And yet so many women remain in the dark about this silent threat. In our latest podcast episode, Dr. Martha Gulati sheds light on the overlooked and underdiagnosed dangers related to women's heart health. including symptoms more commonly experienced by women.

Dr. Gulati is the President of the American Society for Preventive Cardiology. She is a professor of cardiology at the Smidt Heart Institute at Cedars Sinai in Los Angeles where she is the associate director of the Barbra Streisand Women's Heart Center and holds the Anita Dann Friedman Endowed Chair in Women's Cardiovascular Medicine and Research. She is the author of the best-seller, "Saving Women's Hearts" and served as the chair of the national chest pain guidelines from the American Heart Association and the American College of Cardiology, that were released in 2021.

0:00:03 - Adele Scheiber

Welcome Dr Gulati to the Your Health Unlocked Podcast.

0:00:06 Martha Gulati, MD

Thanks for having me.

0:00:07 – Adele Scheiber

So why don't you tell our listeners a little bit about yourself?

0:00:12 - Martha Gulati, MD

Well, I'm a cardiologist at Cedars-Sinai in Los Angeles, California. I'm the director of prevention and the associate director of the Barbara Streisand Women's Heart Center. I'm also currently the president of the American Society for Preventive Cardiology.

0:00:29 - Adele Scheiber

Wow. So just a few small jobs there, clearly [laughs]. So, cardiologist, heart health that's why we had you on today. I think women's heart health is very under discussed, at least in comparison to men's heart health, and so I want to start us out here by asking if you had to give women's heart health in the United States a letter grade overall, what would that grade be and why?

0:00:56 - Martha Gulati, MD

I'd probably give them. Well, you know, I'm Canadian so I don't know if the letter grades are the same. I would probably give them a D on a five-point scale.

0:01:08 - Adele Scheiber

Yeah, we have an A, B, C, D and F, that's what we have in the US.

0:01:12 - Martha Gulati, MD

Okay, so I would give them a grade of a D.

0:01:17 - Adele Scheiber

Wow, a D. Really. Tell us why.

0:01:19 - Martha Gulati, MD

Well, you know, we've spent the last two decades talking about women's heart health, so prior to that I'd give us an E because it wasn't even on the radar

Adele -

Fair.

0:01:33 Martha Gulati, MD

We spent the last two decades making some improvements, but I still think we have a whole lot more work to do. To be honest, we're at the infancy of really even caring about women's hearts or understanding women's hearts. I think we've done a lot. I'm not trying to belittle it, but you know we kind of went backwards during the pandemic.

0:01:57 Marth Gulati, MD

So one of the easiest things that you know to assess about what our population knows is we simply ask them do you know what the leading killer of women is? And most women will answer, sure, breast cancer.

Yet it is not breast cancer, it's heart disease, and so we've been assessing that intermittently, asking the population you know what is the leading killer of women? And when we ask women, we were making some headway, but the last time we assessed it, it actually fell. Wow. So that's really why my grading, and maybe before that I would have given it a C, but then when we're going backwards, that's concerning. The other reason that I think the grade is low, in my opinion, is the fact that really we're seeing more and more heart disease, especially in younger people. So we aren't making the connection in younger people that they're at risk for heart disease and if it continues, our mortality rates are just going to rise, for both men and women. To be honest with you, that's what we've seen in this last 10 years heart disease is rising, not falling.

0:03:14 - Adele Scheiber

Yeah, yeah. No, that's a really unfortunate reality and it's something that surprised me too. I actually just learned that the leading cause of heart disease I mean the leading cause of death in women, was heart disease. I couldn't. That floored me. I didn't know what. I thought it was domestic violence. Maybe you know just something else, but it's heart disease. And you talked a little bit about how younger people are. You're seeing worse heart health. So let's talk about the symptoms of heart disease, specifically in women. How is it different for men? That kind of thing.

0:03:49 - Martha Gulati, MD

Well, I mean, there's so many different forms of heart disease. So, I am going to try to be a little more specific, because, heart disease, you can have blockages in your heart arteries, and that's what we tend to be talking about and that's what I'm going to probably focus a bit more on. But there's diseases like heart failure, there's diseases like congenital heart disease, the type that people are born with. There's peripheral arterial disease, there's stroke. I mean there's so many different things.

I'll say. The commonest thing, though, that we are dealing with is coronary artery disease, or disease, you know, that is causing blockages in the heart arteries, and sometimes, to be honest, it's not even blockages. It can be small vessel disease as well, particularly for women.

0:04:38 - Adele Scheiber

Really, really quick, before you go on, just for the 101, maybe the 16-year-old listening to this out there the heart pumps blood through arteries, right, and that's what we're talking about, and blockages are caused by what is it buildup of? Can you tell us what they're caused by?

0:04:58 - Martha Gulati, MD

Well, the heart pumps blood yes, to the entire body, and it's fed by coronary arteries. So the arteries that come off the heart and feed the heart eat the heart muscle. Those are the arteries specifically that we're

talking about when we think about somebody having a heart attack or somebody experiencing angina. The other arteries matter too, and they're affected by the same risk factors. But, just to be clear, when we're worried about somebody having a heart attack, we're specifically worried about those arteries that feed the heart.

0:05:38 - Adele Scheiber

Got it Okay. Thank you for that remedial lesson and a hard anatomy for me and my listeners. So you just mentioned that these small vessels are a bigger risk to women. Can you talk more about that?

0:05:52 - Martha Gulati, MD

Yeah, well, I mean, the big arteries are at risk too.

It's just that in women. Often the disease might even start in the smaller vessels, the vessels we can't see. One say, we do an angiogram, also known as a cardiac catheterization. So, for example, if somebody was having a heart attack or suspected to be having a heart attack, then we'll take them right from the emergency room to our cath labs where we can do an angiogram, and if there is a blockage, we can open up the blood vessel. And this is commonly what happens when somebody's having a heart attack.

0:06:30 - Martha Gulati, MD

But what we found is that in women, even if they've had a heart attack, it's less likely to find an obstructive blockage of an artery. And we're doing a lot of work at the Barbra Streisand Women's Heart Center, in addition to other places, but we're probably, this is probably one of the things we lead in, we're really researching, you know, why do women have smaller vessel disease? We don't really know even how to treat it best. We're still figuring that out. But in the past, I'll be honest with you, I remember very distinctly when I was a medical resident and then a fellow. I remember many women having no blockages and the patient was just told oh, it was a false positive and they would not get follow-up, they would get discharged. Nobody really knew what to do with them.

We're still sort of in that same you know entirely, know what to do with them, but we certainly don't say it's a false positive anymore and we start, you know, start taking, at least treating them the way we would, a traditional heart attack.

0:07:47 - Adele Scheiber

Yeah, so let's talk about that. That's fascinating to me. So, somebody comes into the ER with symptoms of a heart attack, or what they think are symptoms of a heart attack. You send them in for these tests. You're looking for the most common root cause, which are these blockages, and they're not there sometimes. Can we talk about what are those symptoms for women that they're coming in with and what are some other causes that are potentially causing those symptoms like, or the heart attack itself?

0:08:13 - Martha Gulati, MD

Well, this is not, you know, men and women. And actually I'm sorry I didn't answer your question before because you asked me about symptoms and then we kind of got distracted with something I said. But symptoms of a heart attack, actually there's a spectrum and there's no one perfect word a man or a woman uses that says clearly okay, you said the magic word. Now I know you're having a heart attack.

0:08:38 - Adele Scheiber

Really. So it's not like on TV, where they go, oh, and then they keel over, or is that? Does that happen?

0:08:46 - Martha Gulati, MD

Sometimes it happens, sometimes I mean, and so what I was going to say is that, you know, when we look at symptoms that are common, the most common symptom that both men and women will experience is chest pain or chest discomfort, and that's quite common in both men and women and in fact, in the past, well often we have said well, you know, women have different symptoms.

And then the problem with that is that, when women were having crushing chest pain or an elephant sitting on their chest, they're like, yeah, but women have different symptoms, so this cannot be a heart attack. [Adele -Oh no] there's a spectrum. There's a spectrum of symptoms. Some symptoms have a lower probability of being associated with a blockage in the arteries or having a heart attack, and some are more common. What we know, though, we've got a couple of contemporary studies that have showed that 90% of men and 90% of women actually do experience chest pain and chest pressure.

0:09:49 - Adele Scheiber

Okay, that's good. Well, not good, but it's a common denominator.

0:09:53 - Martha Gulati, MD

Yeah, but what's different between men and women is this: Women tend to have three or more additional symptoms or accompanying symptoms, and chest discomfort or chest pain or chest pressure may only be one of their symptoms and maybe not even the most important symptom that they experience.

0:10:14 - Adele Scheiber

Really.

0:10:15 - Martha Gulati, MD

I like to point out the fact that women are very much in touch with their bodies. You know, every month we know something's going to happen [Adele –Right] and we usually can predict it. We're like, oh, like, you know, I'm not feeling well, or I'm tired, more tired, or people have breast sensitivity or they have cravings for different foods at a certain time of the month.

We are definitely in tune, we know what happens and it makes sense to me that women report different symptoms and are more in touch with their bodies than experiencing some shortness of breath, some jaw pain and some fatigue and back pain and yeah, I also have some chest pressure, but it might not even be their most important symptom, whereas men do not tend to give us a lot more information, and so that's the difference that we've seen. In fact, there was one really interesting study. It's called the Arme study.

Arme study used artificial intelligence, so they basically eliminated the bias of us physicians in the room in the sense that what it did it was a cardiolinguistic technology and it listened into the conversation between the doctor and the patient without bias. It recorded if it heard the words chest pain or chest pressure or chest discomfort. It also recorded other symptoms that they reported and in that study they did show that 90% of women and 90% of men actually did have chest symptoms. So, when you remove the bias of us as humans, you know there is a common theme. I do think women often will have other symptoms and they may be more important than chest pain or chest discomfort. But I do think that one of the biggest problems in our society is how we address pain in women and also what we hear. It's not what the patient's saying, it's how we hear it, and for many of my women patients who got misdiagnosed or you know just, it took a while to make a diagnosis what they will?

The recurring theme often is that they were first told well, are you anxious? Are you, are you under a lot of stress? We're all under a lot of stress male or female. Our world is just making us all stressed out. So why do we like? Of course, and stress is a risk factor for heart disease. So, unless you're trying to identify their risk factors. I don't know why you're focused about stress when you should be focused on the heart.

0:12:59 - Adele Scheiber

Well, I mean, that's a great insight and we talk about this over and over again, about the, this bias to dismiss, you know, women's symptoms in general, across all spectrums of care.

0:13:09 - Martha Gulati, MD

Absolutely.

0:13:11 - Adele Scheiber

But usually I'm like well, I try, I always try to like look into the provider side right, and I was like, well, you know, if it's a decision tree and we're looking at incidence rates and what's more common in this case,

though, it's the number one killer of women You'd think it would be the first thing on your tree right Like. This is all bias, it seems like.

0:13:32 - Martha Gulati, MD

A big portion of it is. You know, we I was the chair of the National Chest Pain Guidelines through the American College of Cardiology and the American Heart Association and one of our recommendations that we put into the guidelines, which you know may seem so ridiculously obvious, but because we continue to see where women's symptoms aren't taken seriously, we put in a class one recommendation that when women present with these symptoms, cardiac disease should be considered because it is the leading killer and women are at risk as men are, and it seemed like something like we're stating the obvious. But you know, I think we continue to ask why women's symptoms are discounted, why women, once they have a heart attack, do less. Well, we have a lot of evidence.

0:14:23 - Adele Scheiber

Interesting really.

0:14:25 - Martha Gulati, MD

Women are treated less aggressively, even once you've made the diagnosis. Okay, a woman's having a heart attack. Guess what? Women are less likely to be taken to the cath lab to get their arteries opened if that's what's needed. They are less likely to receive platelet clot busters that some places that don't have cath labs need to use these medications that they inject when they don't have a cath lab. They're less likely to get those medications. They are less likely to get the guideline directed medical therapy that saves lives within 24 hours of their heart attack. But even upon discharge from the hospital, [Adele - that's wild]. Women are more likely to be readmitted after they have a heart attack and, probably because they're less aggressively treated, women are less likely to be referred for cardiac rehab, which is a lifesaving therapy that everyone after a heart attack should be referred for. And we know this is not just an American issue, this is a global issue. So my group, we recently wrote a paper looking, pulling all the data that we've have across the world. There's only one continent where we don't have a lot of data based on sex.

And that's the African continent, because I think right now they're at the earliest stages of gathering such data. But anywhere that has collected sex-based data shows these same differences, so it should not be more surprising to us that when a woman has a heart attack, they're more likely to die because of all these things I've just told you. [Adele – Sure] But these are not necessarily because there's some different disease there is, there is that issue as well, but this is also just due to the bias and delays and the inadequate treatment that we provide women.

0:16:26 - Adele Scheiber

That is a real epiphany because, like, let me tell you, people who are, like you know, casual, like they just think the heart attacks and women are different, right, so to hear you say that this that they get less aggressive and less good care across the heart before, during and after I think is really insightful and it's going to be really helpful to our listeners who are maybe worried about their heart health, right, can you maybe speak to and this wasn't on the script so we can cut it out if you want to but can you maybe speak to like what some of those under, like you say it's bias, but like, what are some of the rationalizations for not treating women as aggressively if they surface, like, as a provider? You hear from other providers, so why do we think that is?

0:17:08 - Martha Gulati, MD

I wish I had the answer. Yeah, this is the question is “why do we under treat women?” Why do we think women are at somehow a lower risk? Are we, are we excusing? Are we, like, still not believing they had a heart attack after we found a blockage? I mean, I'm not...I don't know the difference. I, now admittedly women tend to have lower blood pressure. Sometimes we can't give certain medications because their blood pressure will not tolerate it. We simply know women have more bleeding issues than men.

That's been a well-established difference. But even when you account for those things, even when you allow people to say, well, this person we couldn't give, you know, for different reasons, why there's a difference. This is, this is what I ask every day. Like, what is it that we need to do, beyond screaming this from the rooftops and reasons that I know it's biased, because [Adele- yeah] look at other disease states. I gave you about having a heart attack, but let's talk about heart failure.

We have lots of data about heart failure, and heart failure occurs as commonly in women as in men. There's actually no difference, and yet again we have data supporting that women are less likely to get guideline directed therapies compared with men. And yes, I'm sure some educated listeners will say well, there's two different types of heart failure, and the one that we know less about, called heart failure with preserved ejection fraction, occurs more in women. But even if you take the people with the heart failure with reduced ejection fraction, which is the one that we have more guideline directed therapy, we see differences in how we treat women compared to how we treat men. The good news about heart failure is actually, women are less likely to die than men, but imagine how much better we could do so if there's a survival advantage, let us keep winning Like. I'm okay with that. But quality of life for women with heart failure is worse than men. So we're letting... women are living longer, but if they're not feeling good and if their quality of life is poor, I certainly don't want that. There's other examples too. By standards, you know, CPR that you know we can't predict. It may happen on the street, it may happen in your gym, it may happen in the airport. And what women are less likely to have, bystanders begin CPR on them. And really there's a reasons. I get it. People are, you know, worried about exposing a woman, touching a woman's breast.

[Adele - That makes sense] Everybody's permission, touch my breast, expose me if I'm having a cardiac arrest, but that you know, that's the only way we're going to save lives. There's other examples. You know we do these fancy devices called TAVR. That's an aortic valve replacement, where we don't have to open up the chest but we can do it through catheters, by going through the arteries. It's fantastic. The

early studies that looked at this actually showed women did better than men. And yet now we are less likely to give TAVRs to women, to do this aortic valve replacement in women, than in men. And there's other biases: heart transplants. Only 25% of heart transplants go to women. Again, there's bias in our care.

Atrial fibrillation, something that's quite common, and especially for women. As we age, atrial fibrillation is a very common disorder. But women, the biggest risk of atrial fibrillation is the risk of stroke. So, we need to give people blood thinners or anticoagulants, and yet we give those anticoagulants less frequently to women. We also have devices... procedures that we can do to try to restore the rhythm and get rid of atrial fibrillation, and again, we do them less frequently in women, which is surprising because women tend to be more symptomatic when they're in that rhythm of atrial fibrillation. So, these are just like I could keep going

0:21:39 - Adele Scheiber

This is great. No, you're not boring us. I will say send me or let me know. You keep mentioning guideline approved treatments. Is there a place where these guidelines live that people could look at?

0:21:50 - Martha Gulati, MD

Yeah, I mean, you know they're written for medical professionals but they're there for everybody the American Heart Association, the American College of Cardiology for our country, and then their countries have different guidelines, but for ours they're written, they're publicly accessible. Usually when we release guidelines we don't just release them to the medical community, we release them to the public and there's sort of public summaries as well.

But really, if you really want to dive into our guidelines, they're there for everyone to see on both of those websites and every time we make guidelines you know they apply to the population and unless there's a known difference between men and women, generally the guidelines are saying do this for everybody.

0:22:43 - Adele Scheiber

Honestly. That is... we at the network are very big on self-advocacy and you're being the expert in your own body, and I just said yesterday on one of our TikToks that, like you know, Dr. Google is a double edge sword. Like we believe that you should do your research and advocate for yourself. But having this is like that happy medium, like if you really want to know more about heart health, at least go to these websites with the reliable guidelines, right, this again, you know we're going a little off script. I promise I'll return, but considering all that you just told us about I don't know the glass ceiling of medical care for women in heart health. What advice do you have for women who are going through heart disease or experiencing heart disease, who maybe suspect they're feeling dismissed or maybe they suspect they're not being treated at the standard of care?

0:23:33 - Martha Gulati, MD

Yeah, I think that if you ever have that feeling [of not being treated at the standard of care], it's always worthwhile getting a second opinion or getting a new doctor, and you shouldn't be scared to do that. I think that you need to have a physician who listens to you, who respects you and hears you, because I think that that is often the problem in medicine and I think you know I hate the fact that I have to tell women to be empowered, because I wish they were just getting the care that they need, without taking it on, but until we get to that stage you know, take your symptoms seriously, get the care that you want. If somebody isn't addressing it, you know, move on, find somebody that will. I think again for the... you know anything you can do to screen and prevent disease is the way that I, you know I am preventive cardiologist, but also, wouldn't it be better if we don't get disease, so that at least then we don't have to deal with all these barriers to care? So, be proactive, be preventative.

Ask at your... you know if, whenever I ask women, did you get your pap smear If you needed it, they know, yeah, I did. Did you get a mammogram If you're at the age that you need it? Yeah, I did. Did you get your heart checked? And they just look at me and go "what does that mean?" Get your heart checked because you should know your numbers. You should know what your blood pressure is, not just its normal. Know the numbers, know what your cholesterol is. You know because then you're empowered if things start changing. I mean, you know, even noticing a trend of things going in the wrong direction can give you some hint. Well, I better get that checked again next year, because this, this keeps going up and there is a lot of our risk factors that go up with age meaning, for example, like blood pressure. Blood pressure does increase as we age. Cholesterol LDL goes up as we age.

0:25:34 - Adele Scheiber

I have to tell you. I'm glad to hear that, because I've had normal those things. I'm 34 and I've had normal those things up until 18 months ago. My weight hasn't changed significantly and I was like what the heck?

0:25:48 - Martha Gulati, MD

And then, of course, if things change in our life, they [heart numbers] can even change as well. So it is important to not take reassurance. Say, you get assessed for heart disease and they tell you your short term risk for heart disease is low, your lifetime risk is low, and 10 years later, guess what? Just by age alone, your risk changes. But also, you know, things happen in our lives. We do gain weight and we do lose weight, and we do, you know, we sometimes eat good and sometimes we don't, and sometimes we're getting enough sleep and other times we're not. And all of these what we call "the essential eight" effect our cardiovascular health.

Yeah, and so these conversations need to happen and, to be honest, they need to be happening on an annual basis. They can happen with your primary care physician. But, also if you know you're already at higher risk, meaning maybe you have a strong family history of heart disease or had some genetics checked and through different ways.

I know people are getting a lot of different testing done. You know you might benefit from a preventive cardiologist. Like myself and some of my colleagues and everybody, you might already have some risk

factors that make you already need a cardiologist. So you know, I do want women to be proactive because I think right now as a greater medical community we are still not there.

If you already know you have heart disease: simple question to ask your cardiologist if you're seeing them, "Am I on all the guideline directed medical therapies, like everything that's proven to save my life?" And then that starts the conversation, if it hasn't been had already.

0:27:33 - Adele Scheiber

Right.

0:27:34 - Martha Gulati, MD

Similarly, when you're maybe you don't already have heart disease, but you know, do you have risk factors, do you know? And for women there's actually unique risk factors. So the risk factors that are common to men and women are, of course, age, but also high blood pressure, cholesterol, diabetes, if you smoke or not. Other risk factors that are sex specific are some of them, I'm not going to be able to say them all, but some of them are just the fact that we, as women, can get pregnant. So, during pregnancy, if you have something that we call an adverse pregnancy outcome and what that means is things like preeclampsia, eclampsia, or any type of hypertension during pregnancy, guess what? That puts you at a higher risk of heart disease, gestational diabetes getting more and more common, especially as women are delaying childbirth and that that's okay, but that just puts you at a greater risk of heart disease.

0:28:39 - Adele Scheiber

Right.

0:28:40 - Martha Gulati, MD

Having a preterm birth before 37 weeks of gestation that puts a woman at risk. Having a small, for gestational age baby that puts you at risk.

0:28:51 - Adele Scheiber

Basically, any body stress seems to put you at increased risk for heart disease. It sounds like.

0:28:56 - Martha Gulati, MD

Well, these are the these are at least the ones that are associated with it. But then there's also diseases of inflammation, things like lupus, rheumatoid arthritis, that occur much more frequently in women than

in men. They also increase the risk of heart disease. Breast cancer, obviously, a disease that mostly affects women, and yet women now are more likely to be saved. I mean breast cancer. Our treatments have been revolutionized and most live despite the, the, despite having breast cancer. The thing that they're more likely to die from is heart disease, and so we don't always tell women after they've gone through their therapy for breast cancer.

Hey, you need to get your heart checked out so that you know if you're at risk. Early menopause puts women at a greater risk of heart disease. So there's all these things that are sex specific that need to have more conversations about and for women. If they're being screened, these sex specific risk factors should be asked about.

0:30:01 - Adele Scheiber

Right, right. Well, I mean you've talked about some of the things you know, the risk factors. Did you think you covered the essential eight, the big risk factors in that?

0:30:13 - Martha Gulati, MD

Yeah.

0:30:14 - Adele Scheiber

Okay, amazing. So what are some things other than obviously getting checked, getting screened, just general lifestyle things that women of all ages can do to protect their heart, to prevent or delay this kind of cardiological journey that we really don't want them to go on?

0:30:32 - Martha Gulati, MD

Well, I think one of the things that you know women, I think, don't get enough of and need is, first of all, sleep. That's one of the essential eights and that you know we say seven to eight hours of sleep is essential to your overall cardiovascular health. And so, to be thinking about the importance of sleep and trying I know it's easy for me to say and harder for people to fit in but to prioritize it, I am definitely a big believer of sleep because I love getting up early and I think that you know I just go to bed early and it's just like a habit and it is a habit forming thing, like if you start doing it, it happens.

I think one of the things in the US that we are not doing so great about as well is our diet. Less than 1% of people follow the recommended heart healthy diet, which is really the Mediterranean like diet more plant based. It doesn't have to be completely plant based, though. If you are plant based, good on you, but I know that's not for everybody. But more plants in your diet. If that's the only thing that you take away is to eat more vegetables and fruits, that can be one change that you do that can be beneficial. I think also, exercise is so essential.

I know a lot of women might be shaking their head and like I hate exercise. Well, don't think of it as exercise then. If you don't like to go to the gym, don't go to the gym. The biggest thing is it's not just about exercise, where we go and raise our heart rate, but even how much sedentary time we have. We do have now a lot of our work. We're sitting more, you know the pandemic, we sat so much now, but we really do sit a lot in a lot of jobs.

I think that that is not good for us, but to think of ways to incorporate movement into our everyday, simple things that you can do at your office is walking up and downstairs instead of using elevators, parking further in the parking lot, just to give you those few extra steps. It may be only 10 extra steps, but do it. If you're in the grocery store. Again, your car is less likely to be harmed at the same time. So added benefit. But you walk a little further into the grocery store, gardening things around the house that you like to do. Those are activities and they don't have to be thought of as exercise, but keeping our bodies moving.

I know people are like, okay, good talk, but what do you do? I will tell you, I'm a very active person. I really do practice what I preach. I am up at 430 every morning. I'm out in my gym working out at least for half an hour, both with weights and sometimes cardio. But then I have to run these. You can't see them, the dogs around me, but my dogs, I have to run them before.

0:33:43 - Adele Scheiber

Oh boy.

0:33:44 - Martha Gulati, MD

So I run them, then I walk to work. I got rid of our car. We're a zero car family in Los Angeles, which I know is unheard of everybody. [Adele - That's cool, Good for you.] I walk three miles to work and I walk uphill home three miles, so I get in so many steps. Now and this has been a really the walking almost more than my exercise has become such an essential part to me.

I don't think I ever want a car, I just don't think I ever want a car again and I never want to live that close to work because then I won't get the steps in. But, you know, we can be creative in these ways to find ways to move our bodies. You know, you can... I listen to books when I'm walking, I make phone calls I just sometimes just stare at the greater Los Angeles community. That is interesting to look at and I, you know, I think sometimes you don't even think of that. I don't really think of my walking necessarily as exercise. It's just something I do to get home. And if we start viewing it more like that. Don't feel bad if you don't love going to the gym, yeah, just find a way to move more. I think that that, to me, is what we need to do and those are the lifestyle things that I would recommend, in addition to maybe watching the salt in our diet, especially if you have high blood pressure or at risk for high blood pressure.

Just you know being, you know. Just one simple thing you can do is just remove the salt shaker from your dining table. You'll probably use it less if you have to walk and go get it. That could be... if you smoke, one of the best things you can do for your health is quit smoking, of course, [Adele - that goes for vapes too, right?]

Yeah, I again. The data we have about specific relation to your heart is a little less strong. But just for overall health, I don't think vaping is good for you. The chemicals half of them we don't even know what they are and likely they are harmful in many different ways.

0:36:01 - Adele Scheiber

You heard it here first kids, I don't care how good they taste.

0:36:06 - Martha Gulati, MD

Yeah, it's a big concern and I think also, finding joy is as important to your heart as all these other things that seem like more regulation, like do this, do that, you know. Find joy every day, because the joy, whether it's meditating, whether it's watching the sunrise, whether it's spending time with your loved ones, that's just as important to your heart and your well-being. And we should pause every day, in my opinion, to find the joy in our day or to reflect on what are the good things that happened, because I think that also the positive part counters some of the stress that we all feel in our day-to-day work.

0:36:58 - Adele Scheiber

So true. I just want to validate, first of all, everything you said, and so rare, I have a story, but I'm going to tell you my listener's a story that relates and validates this. You don't have a car and you probably walk like 30,000 steps a day. Good on you. I do have a car. I'm a larger lady.

I hate going to the gym, but I realized you know, especially in my 30s that I had to do something to like move more. I sit all day at this desk. Oh my God, it's ridiculous and I don't know if you know this, but a lot of smartphones they come with the step counter, right, they come with like a basic one. And I was looking and I was getting like a truly atrocious amount of steps, like we're talking like one to 2,000 a day, and I was like, okay, I am not disabled, there is no reason for this, right. But at the same time, I was super daunted by the 10,000 a day like recommended. So I was like I'm never going to do that and I'm going to fail every day, and then I'm going to be demotivated. So I was like what if I were to just set my own goal, which you can do. I have a Fitbit now, but I did it in my phone.

What if I were to just set a goal of 5,000 every single day, no matter what, even if I'm sick, whatever, like? I'm going to figure this out and I did that last May and I stuck with it, except for two days when I was on an airplane, and that's all I did. That's the only exercise I did was 5,000 steps every single day, and I tried to get into that like heart rate zone, like the like 110 to 130, like you know and I too listen to audiobooks, it's the best way to get some reading in when you're doing it and my resting heart rate went down like six. And like when I did finally get on a bike again and play tennis and, like you know, do all the stuff I like to do, my cardiovascular endurance was way better just from that one thing. So isn't it crazy?

0:38:45 - Martha Gulati, MD

You know, and I know, when we say 10,000 steps, I never like. I ask where did you start? Where are you right now If they have a smartwatch or a device that gives us their steps? And you know, even if the only thing you do is start by increasing your steps by 100. If you're like okay, on average I do about 1000 steps a day. Let's do 100 for a couple months, See if you can just do that, because you can see how quickly you can get 100 steps in. Then you're like okay, well, maybe I can increase it now by 1000 or whatever the personal goal is. But baby steps to just get active can be the way. And then you start, like you know it's human nature to be like well, I can do a little bit more, I can do a little bit more.

And then, before you even know what you're doing 10,000 steps a day and you don't know how it happened.

0:39:40 - Adele Scheiber

Yeah, my average now is 7000, 7000 a day. And I don't even. That's a 20 minute walk in between meetings too. It's not like I even have a lot of time. I'm busy, but like I get it done.

0:39:52 - Martha Gulati, MD

Yeah, and I think that that's the way to think about, like, where can you fit it in where it's not feeling like exercise? Is it walking to the grocery store? Because maybe that's convenient. Maybe you can't walk to work, like me, but maybe you can walk to the grocery store instead of taking the car. And you know, before you know it, if you start doing things like that, you realize, like you just acquire steps. Everything is... I'll tell you why grocery shopping is a good place to walk to as well because you have to carry everything home. [Adele - So you get that. You get the weights too. Yeah.] Well, you get the weights. But you also start thinking do I really need that? Like you're like, because if you're like me, I have to carry it. That's so true.

0:40:35 - Adele Scheiber

You sound like me and my husband. We have two bags, yeah.

0:40:38 - Martha Gulati, MD

Then you're like, okay, no, I can't have that. And then you really do ultimately choose the essentials, not maybe the things that shouldn't go home with you, and that is actually, our grocery bill is significantly reduced by the fact that we don't have a car, but we are definitely people that don't bring a lot home as a result of it.

0:41:02 - Adele Scheiber

Sure, no, that's fascinating. Thank you for that, and I think we don't hear that enough. I mean, personally, as a person who's big all my life you hear a lot of judgment from doctors and what I'm hearing from you is very much like meet people where they're at and like very little judgment, very conscious about that. So I just want to applaud you for that. I'm sure your patients appreciate it. Dr. Gulati, is there anything else you want our listeners to know about heart health that you want to scream from the rooftops today?

0:41:30 - Martha Gulati, MD

Yeah, I think that you know, I, as you already heard here today, heart disease is the leading killer of women, but lack of awareness is a close second. So if you don't know if you're at risk, please get checked out. It's easy, it's nothing, nothing crazy, but it's the starting point to keep your health.

0:41:53 - Adele Scheiber

And what would you say to women, I just want to follow that up, who may have what we call white coat syndrome or like shame surrounding this? Like I know countless women who are like, "I don't want to be told that I got lose weight. Do you know how hard it is to lose 60 pounds? Or like I don't want to be told this is my fault," like what do you? What would you say to those women who are afraid of that?

0:42:11 - Martha Gulati, MD

Yeah, I mean you've been going to the wrong doctors, is what I'd say to that. And I would say that, first of all, you know you can be at risk for heart disease without there's there's no blame game here. Heart disease often has a genetic premises as well and, yes, there's lifestyle things we can do to make it better, but it's not necessarily always lifestyle that caused your heart disease. We're only trying to push you to be healthier because, of course, we were all right and it originated from cavemen who had to run around all day but we would have times that they didn't eat.

You know we're very different humans and this is our world, if you don't want... I have patients that don't want to talk about their weight at all, and that's okay. There's no blame about weight either, but I know that's the common reason that women don't go to the doctor.

0:43:03 - Adele Scheiber

Correct, I'm telling you.

0:43:05 - Martha Gulati, MD

They don't want to go on the scale and if you don't want to go on the scale. You tell them you know what? I don't want to go on your scale. That's not essential that you go on the scale. And for some of my patients who I'm following their weight but they don't want to know the number, I have them turn around while we do the measure.

0:43:22 - Adele Scheiber

I love that Because like yeah, because then you know and you can use that information, but like we don't have to like feel bad about ourselves for 10 days after.

0:43:30 - Martha Gulati, MD

Exactly, I think weight is. Weight should not be the barrier, though, to getting you in, and if you never want to talk about weight, just tell them I don't want to talk about weight, but I want to talk about my overall health from a different perspective. Hopefully, they will respect that. The other thing to know about weight we didn't really, I know it wasn't really here to talk about weight, but just so people know. You know we have a lot of great medications now to help people with weight, as well as all the things we can count.

You know counts on and it's a different day.

0:44:03 - Adele Scheiber

Yeah.

0:44:04 - Martha Gulati, MD

And people shouldn't be scared to talk about this and find the help they need. We know obesity is a chronic disease and we are finally bringing the whole medical community with us to understand how. You know everybody who is overweight or obese. They already know that, that they should eat better, or that they and they probably are eating better. They're exercising as well.

The reason they aren't losing weight is a really different reason and I think that more appreciation there's no, you don't need to tell somebody who has excess weight about how to eat, because they've already followed every diet or paid for every type of way to get to their weight.

Nobody wants to be heavy, but you know, there's so many great medications out there that we can help you with something that we often could not, and I think maybe the reason that physicians were not as good as with dealing with obesity is because they were at a loss of what to say. Yeah, telling people to eat less and move more didn't work. If it were, it would be so successful. So so, if you want to talk about your weight and need some help, don't be scared these days to ask what can be done, because there is a lot we can do now that can really cure the under, hopefully cure the underlying problem that's related to obesity. Again, often it's genetics, as well as the social stressors in our life, that bring on weight gain, but now we can finally do something about it, which makes it something I kind of like talking about it now, because I can help people.

0:45:50 - Adele Scheiber

Oh, Doctor, this has been a healing moment, let me just tell you, is somebody who really identifies with the no, really I should eat, really I should eat less. Well, so thank you.

0:46:00 - Martha Gulati, MD

Thank you.

0:46:04 - Adele Scheiber

Thank you. Thank you so much for your time today and I can't wait for this to air, which is going to air, I think, in March.

0:46:10 - Martha Gulati, MD

Awesome, well thank you for having me.