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SUCCESSFUL PREVENTION

QUESTION & ANSWER

Melinda asks: "I am a stroke recovery patient looking for the right exercise program. I am afraid to walk or exercise outside in the heat. What do you suggest?"

All exercise and diet recommendations need to be based on the status of all current medical problems, your physical condition after your stroke, and your level of general fitness. Your primary care physician is the best person to begin to make such recommendations. In addition, you may ask about referrals to a registered dietitian, a physical therapist with stroke patient expertise, and/or a physician called a physiatrist who specializes in rehabilitation.

Joan asks: "I have high blood pressure, diabetes, and I am overweight. My doctor recently recommended that I take a low dose ASA. Why should I add another medication to my therapy?"

The use of any medication must always be subjected to a risk/benefit analysis in which the benefit of taking the drug outweighs the risk. Thus, the only reason to add another medication is if that medication lowers your global risk. Aspirin lowers the risk for heart attack and stroke. It also increases the risk for bleeding from the gastrointestinal tract and rarely into the brain. Your high blood pressure and your diabetes increase your risk of heart attack and stroke. Assuming you have no increased risk of gastrointestinal bleeding or other bleeding and no other reason not to take aspirin, you may benefit from a cardiovascular perspective in taking aspirin. While the question is a good one, it most appropriately should be directed to your physician who knows your risks and can explain the risk/benefit analysis which has been made.

Al asks: "I am tired of taking so many medications. Is there a diet or method to help lower my cholesterol naturally?"

It depends on what your cardiovascular risk is and what your cholesterol levels and diet were before starting medications. Patients with heart disease, diabetes, hypertension, or a strong family history of heart disease require lower levels of blood cholesterol than those with lower risk. The LDL or bad cholesterol target for such individuals may be 70-100 mg/dl. A heart healthy diet may lower the LDL 30-40 mg/dl. If an individual went from a high saturated fat diet to a low fat vegan diet, greater reductions are possible. If one were obese and lost sufficient weight further improvements in cholesterol may be achieved. However, reductions of 80-100mg/dl would be unusual for most natural methods. Some combination of diet, lifestyle, and medication is more likely to reliably get such large reductions in LDL cholesterol when such reductions are needed to lower risk. Moreover, in individuals with heart disease and diabetes, certain cholesterol lowering medications reduce risk even when cholesterol levels are lower. Discontinuation of medication should always be discussed with the prescribing physician or your primary care physician, either of whom could explain the real or potential risk in doing so.