My sibling has heart disease. Does this mean I will get it too?

It is well established that a history of heart disease in a person’s parents indicates that that person has a significantly increased chance of also having heart problems. This is particularly true with disease of the arteries of the heart (coronary artery disease), high blood pressure (hypertension), and stroke.

There is recent evidence to show that if a sibling has cardiovascular disease (CVD), an increased risk for CVD exists in the other siblings. This association was specifically noted when the sibling developed the disease under the age of 60. The risk between siblings is greater than the already known risk demonstrated between parents with CVD and their children.

Everybody should do their best to minimize their risk for CVD by careful lifestyle measures such as a healthful plant-based diet, plenty of exercise, and adequate rest (to name some interventions). If a sibling under the age of 60 has CVD, these lifestyle measures as well as careful screening for personal risk factors become even more important.

What foods can a vegetarian have while on warfarin (Coumadin), the blood thinner? All soy products are no-no’s, as are green vegetables and many fruits and juices. Fish and chicken are recommended. Many elderly people face this dilemma.

You ask a very important and pertinent question related to the use of the blood-thinning medication warfarin (or Coumadin). Although many elderly people face this dilemma, diet may be a problem for all people who take warfarin. It is of paramount importance that you discuss this matter in detail and depth with your physician.

Warfarin is a medication that is used in patients who have had a clot or thrombosis. It is called a blood thinner by the layperson. However, it is an anticoagulant, which means that it prevents the formation of clots. Warfarin has been shown to significantly decrease the problems of abnormal clotting and extend life in patients who have the tendency to form clots (stroke, clots in the lung, heart valve abnormalities, deep-vein thrombosis, and certain clotting problems that are hereditary).

Vitamin K is important in the formation of clots. Warfarin blocks the action of vitamin K in the chemical reactions involved in the clotting process. Vitamin K is obtained from green, leafy vegetables including broccoli, kale, and spinach. Variations in dietary intake, especially of vitamin K-rich foods, may alter the anticoagulant (blood-thinning) effect of warfarin. Other factors that
interfere with the effect of warfarin include interactions with other medications as well as the patient’s genetically determined ability to metabolize (or use) warfarin. In the liver there are chemical systems that process medications, and the system for warfarin varies genetically from patient to patient. For these reasons, warfarin treatment needs to be very carefully controlled with blood tests that measure the ability of the blood to clot. This test is called the INR (international normalized ratio).

There are standard precautions given to all patients on warfarin, and these warnings should be taken seriously. This includes consulting one’s physician before taking any medication, including over-the-counter preparations for pain, flu, and allergies.

To more specifically answer your question on diet: vegetarians can comfortably remain vegetarians while on warfarin. It is not so much that the foods you mentioned are "banned" but that any extreme variations will alter the therapeutic effect of warfarin. In my own practice, I would inform and educate my patients on all the benefits, dangers, and dietary aspects of warfarin therapy. I would encourage them to have a consistent intake of all the healthful foods that vegetarians eat, including soy products. I would then introduce the warfarin therapy and control the anticoagulant effects (INR) with the patient eating their normal diet. We would establish an interval for follow up INR testing as long as the patient remained on warfarin (some remained on it for life). If they were to face dietary changes (travel or seasonal food variations), we would then check the INR more frequently as needed. (Careful control of the INR and cooperation between patient and caregiver are very important. Many laboratories run a consultative service to patients for optimal INR management.)

If the warfarin effect is not carefully managed, patients can have excessive bleeding if the blood becomes too thin. They may experience an increased tendency to form clots if there is too much variance or change in the INR.

In summary, cooperate closely with your physician. Have a consistent and well-balanced diet. It can be vegetarian and include soy products. Any variance in diet (sustained) or medical treatment (i.e., antibiotics, anti-inflammatory medications) will require more frequent INR monitoring over those periods. Be careful and compliant—your life depends on it!

I know that total cholesterol, HDL cholesterol (good cholesterol) and LDL cholesterol (bad cholesterol), levels are important regarding coronary artery disease. My husband has high levels of triglycerides in his blood. Is this as important as an elevated cholesterol?

Triglycerides are a form of fat transported in the bloodstream. They come from food, but are also made in the body when the liver converts excess calories from fats, proteins, and carbohydrates into triglycerides. They are used by the body as a source of energy.

Triglycerides do not get nearly as much attention as cholesterol, but the evidence is increasing that your triglycerides level may be almost as important as your cholesterol as a marker for potential heart disease. This is especially true if you have other risk factors for coronary heart disease (CAD), such as high blood pressure, diabetes, a family history of CAD, or obesity. Not only are high triglycerides a marker for CAD, but recent studies provide convincing evidence that high triglycerides on their own are a risk factor for CAD.

Researchers in Denmark have shown that high triglycerides in women who have reached menopause and have an expanding waistline indicate increased risk for CAD (Circulation, 2005). These women had a five times higher risk of having a fatal heart attack or stroke than women without these factors. The high-risk women had a waist circumference of at least 35 inches (89 cm), and a triglycerides level of 128 mg/dl or more. Another study showed that modestly elevated triglycerides can be harmful to your health if you have a strong family history of CAD (before age 55 in male relatives and age 65 in female relatives).

It is important to know your numbers. The recommended level is less than 150 mg/dl. Between 150 and 199 mg/dl is considered "borderline high"; over 200mg/dl is considered high!

There is some good news. In many cases high triglycerides can be lowered through lifestyle
changes without medications.

- Reduce calorie intake and strive to reach your ideal weight.
- Regular exercise. It is vital to stay active with 30 minutes of physical activity most days of the week.
- Even so-called modest amounts of alcohol can raise the triglyceride level in some people. Avoid alcohol.
- In individuals who have diabetes, it is essential to control the blood sugar levels. This includes lifestyle measures and medications where needed.
- Medications: Some people may require medications as well as the above measures.

The bottom line is that you cannot ignore your triglycerides level and the implications it may hold for your health.