

Heart TALK

Heart-healthy and Stroke-free Living with Dr. Amy L. Doneen, DNP, ARNP

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Thoughts
from
Dr. Amy



Low-Dose Colchicine: Another tool in the BDM toolbox

Colchicine is a medication well known to many of us. It has been around for years and is often used in the treatment of inflammatory conditions such as pericarditis, skin conditions and gout. However, recent clinical trials have focused on the use of colchicine as a tool to reduce residual inflammation in patients with chronic coronary artery disease who are already being treated with standard medical therapies such as aspirin, statins, and ACE-inhibitors. This is exciting to us for multiple reasons but primarily in its illumination of the importance of inflammation in the progression of otherwise well-managed disease.

The mechanism of action of colchicine involves mitigating inflammation within the atherosclerotic plaques, stabilizing vulnerable lesions and thus reducing the risk of recurrent cardiovascular events. Colchicine is currently FDA-approved only for the treatment of known disease (secondary or tertiary prevention), not for primary prevention.

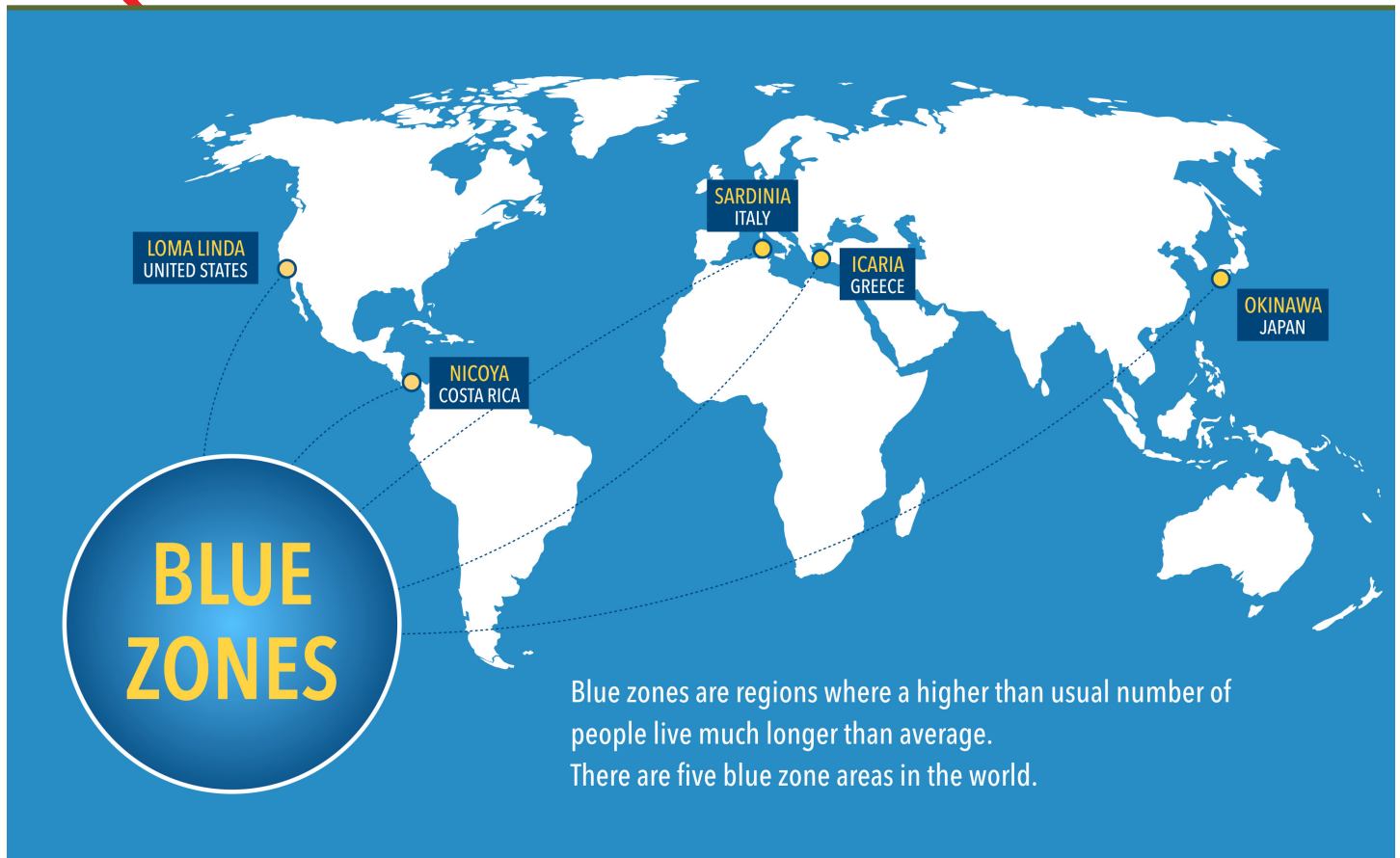
A summary of recent studies:
COLCOT Trial (2019): The Colchicine Cardiovascular Outcomes Trial was the first to show a significant reduction in MACE (major cardiovascular events), including heart attacks and stroke, among patients with known coro-

nary artery disease (CAD). In this trial, patients treated with low-dose colchicine (0.5mg/day) were compared to placebo.

LoDoCo2 Trial (2020): A randomized, controlled double-blind study, comparing colchicine 0.5mg vs. placebo in more than 5,000 patients with documented coronary artery disease on appropriate medical therapy. There was a run-in phase, in which 15% of participants were found to be intolerant to colchicine. Participants were followed for a median of 28.6 months with the primary endpoint of CV death, heart attack, ischemic stroke or need for PCI. Ultimately, participants on Colchicine were found to have fewer

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Lessons from the Blue Zones: The Vital Role of Community

The recent Netflix special *Live to 100: Secrets of the Blue Zones* has once again brought the Blue Zones research into our collective consciousness, and we could not be happier about it! In our never-ending quest for long and healthy lives, the Blue Zones research has provided invaluable insight into the factors that seemingly contribute to longevity.

BLUE ZONE BASICS:

There are five specific geographic regions noted for their residents' consistently living into their 90s and even 100s: Loma Linda, Calif.; Sardinia, Italy; Okinawa, Japan; Ikaria, Greece; and Nicoya Peninsula, Costa Rica). Researchers have identified a few central themes in terms of lifestyle, dietary habits and cultural practices that seem to contribute to the lengthy lives of Blue Zones residents. One central theme that consistently emerges in all 5 regions is the profound importance of belonging to a **community**.

THE POWER OF CONNECTION:

Residents of all five Blue Zone regions live in communities that value social connection. The Blue Zone research has illuminated the truth that individuals living in close communities tend to live longer and healthier lives. We believe this sense of community is something we can all be striving for as an aspect of our overall self-care.

A sense of belonging in a group can significantly impact a person's mental health, reducing anxiety, stress and loneliness (which we know also impact oxidative stress and inflammation!). Humans have traditionally lived communally, looking out for one another, supporting one another and sharing in the joys and challenges of life. It is a beautiful fact that our lives are more fruitful and rewarding when we share them with others.

Individuals living in the blue zones also have more opportunities for social engagement as they age due to more multigenerational families living together. Daily gatherings, family meals and communal tasks continue to bolster cognitive function in the aging population, which likely positively impacts overall well-being and longevity.

In addition to the benefits to the aging population of living in community, the impact on the younger generation also sets them up for a long and healthful life. Having healthy aging role models in their community and in the home truly

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• *October Recipe* • Savory Pumpkin Chili

We all associate pumpkins with October: spooky jack-o'-lanterns, pumpkin spice lattes and beautifully decorated porches — it truly is a magical season! But did you know that pumpkin also packs an impressive punch of vital vitamins and electrolytes needed to keep you healthy during the change in seasons? It's true. Pumpkin is rich in vitamin A, particularly important for vision. Pumpkin is also particularly high in potassium and vitamin C, both of which have well documented benefits for heart and vascular health! So while pumpkin spice lattes may be cozy and delicious, try adding a bit of pumpkin to savory meals as well for an extra boost of health promoting elements. One tried-and-true favorite is pumpkin chili.



INGREDIENTS

- 1½ tbsp. olive oil (divided)
- 1 lb. ground turkey
- 1 yellow onion, chopped
- 1 large or 2 small red or yellow bell peppers, chopped
- 2 cloves garlic, minced or pressed
- 2 tsp. ground cumin
- 2 tbsp. chili powder
- ½-1 tsp. salt (optional)
- ½ tsp. ground cinnamon
- 1 15 oz. can pumpkin puree
- 2 15 oz. cans fire-roasted tomatoes with their juices
- 1 15 oz. can kidney beans, drained
- 1 15 oz. can black beans, drained
- 3 cups vegetable or chicken broth
- Optional (to garnish): avocado slices, plain Greek yogurt or sour cream, pumpkin seeds

DIRECTIONS:

1. In a heavy-bottomed pot or dutch oven, heat 1 tbsp. olive oil over medium heat. Add ground turkey and stir until well cooked (about 7-9 minutes). Set aside.
2. Add another ½ tbsp. olive oil to pot; add onion and bell pepper and cook over medium heat until onion is translucent and softened.
3. Add cumin, garlic, chili powder, salt (optional) and cinnamon. Stir well, until fragrant (about 1 minute).
4. Add tomatoes, beans, pumpkin, broth and ground turkey. Stir well to combine and bring to a boil over medium-high heat. Reduce to medium-low and cover, allowing the soup to cook, stirring occasionally, for 20-30 minutes.
5. Garnish as desired with avocado, yogurt/sour cream or pumpkin seeds.

Enjoy!

*Adapted from a well-loved recipe by **The Pioneer Woman***

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allows young people to learn from their elders. Having positive role models who inspire active lifestyles sets an example for what healthy and active aging can look like.

MANY CULTURES, ONE LESSON:

The Blue Zones research highlights the importance of community in fostering both longevity and well-being. Although blue zones traditions and practices vary greatly by region, the common thread of strong social connections is striking.

As we seek ways to live long and healthy lives, we can turn to Blue Zones research on community for actionable ways to foster healthy relationships. Cultivating or building social connections within communities, prioritizing quality

time with family and friends, finding ways to support those in need and seeking out ways to be positive role models for those around us is key.

The lessons of the Blue Zones teach us that full and healthy lives are not just determined by how effective our medications are, how much money we have or how fancy our medical testing is. We have the power to impact the quality and quantity of our years by investing in those around us and fostering community with the people in our homes, workplaces and cities.

As we enter a season of gatherings, holidays and festivities, we challenge you to cherish the time with your loved ones and community, and to seek ways to bring others into your fold. We have the capacity to impact our own health and longevity, as well as the lives of those around us.



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MI (heart attacks) and fewer PCI, but no statistically significant benefit was found for ischemic stroke or cardiovascular death. In the group that received colchicine, risk for infection, pneumonia and gout was lower, but there was a small increase in non-cardiovascular deaths. There was overall a relative risk reduction of about 30% in the treatment group.

Earlier this year, in response to the new evidence being published regarding low dose Colchicine, *the Journal of the American College of Cardiology (JACC)* published a comprehensive review, "Colchicine in Cardiovascular Disease: A Comprehensive Review and Updated Recommendations." The review emphasizes Colchicine's potential as a tool in secondary prevention when used appropriately, taking individual risk factors such as potential drug interactions and kidney function into account.

So, now that we know Colchicine has sparked the interest of the medical community and is being considered as a new tool for the treatment of inflammation as a root cause of cardiovascular disease, the question remains: how should it be used?

• Should all patients be placed on colchicine as part of a secondary prevention regimen?

No. At this time, Colchicine should be reserved as an adjunct treatment for those patients who are on optimal medical therapy and continue to see progression in disease (for instance, on CIMT) despite addressing all underlying root causes.

• Are there patients for whom Colchicine would not be appropriate?

Yes. There is no benefit to those with baseline reduction in kidney function (GFR < 60). Colchicine is metabolized in the liver and excreted through the kidneys, so liver function must also be monitored.

• Are there significant side effects?

Yes. Up to 15% of participants in the LoDoCo2 trial were found to be intolerant to the medication, mostly due to GI side effects.

• What dosage is appropriate?

The trials studied colchicine at a low dose of 0.5mg daily, which is lower than the standard dose of 0.6mg daily.

The concern with the 0.5mg dose is potentially cost; an individual conversation between provider and patient will determine the risk vs. benefit of utilizing the 0.6mg dose as a potentially lower-cost alternative.

Low-dose colchicine is an exciting "new" (old) kid on the block and has recently emerged as a promising adjunctive therapy for those with known coronary artery disease with continued progression of disease despite standard therapies. Colchicine use is supported by robust clinical trials, when used in the appropriate settings.

The BaleDoneen Method has always approached cardiovascular disease prevention from an inflammatory paradigm, so we are thrilled to see more research focusing on the lowering of inflammation as an avenue to decrease ongoing disease progression in high-risk populations. In our patients with optimally treated root causes on excellent medical therapy, Colchicine may be an extremely useful tool to continue to stop oxidative stress and halt arterial disease progression in appropriate patients.