**Joey Wahler (Host):** They're ways of keeping our body's most important organs working properly, so we're discussing heart-healthy tips. Our guest, Matthew Perry. He's a cardiology nurse practitioner with Memorial Health System Ohio. This is Memorial Health Radio with Memorial Health System. Thanks for joining us. I'm Joey Wahler. Hi there, Matthew. Thanks for being with us.

**Matthew Perry:** Hi, thanks for having me.

**Host:** Great to have you aboard. So first, for those that don't know, what does a cardiology nurse practitioner like yourself do?

**Matthew Perry:** So, we typically work in the office and in the hospital seeing patients, closely with our cardiology physicians. We usually will see patients, diagnose, test, and treat various heart conditions, both in and out of the hospital.

**Host:** And what are some of the most common heart conditions?

**Matthew Perry:** In the mid-Ohio Valley, we see a lot of coronary artery disease, which is blockage of the arteries that feed the heart with blood and oxygen. We also see a lot of heart rhythm issues with people who skip beats or have fast heart rates and things to that nature. And the last most common one that we see in practice would be congestive heart failure, which is usually a combination of those other two issues causing the heart to be weak or stiff and just not pump effectively.

**Host:** Gotcha. So, how about some warning signs or symptoms people should watch for when it comes to their heart?

**Matthew Perry:** The more common ones would be your chest pain that goes up into the arm or to the shoulder, usually on the left side. Some more common ones that aren't really talked about would be excessive heartburn that doesn't get better with antacid medications, shortness of breath, or the feeling that the heart is racing or skipping when at rest when it should be beating nice and slow.

**Host:** And so, if you're feeling one of those things, at what point do you reach the line where you should see a doctor?

**Matthew Perry:** If you're having any of those conditions with irregularity happening more than just once, I would contact your family doctor and let them do some basic testing. And if they think it's appropriate to see the Cardiology Department, they will usually send you over to us for further evaluation.

**Host:** Understood. So, which people are considered most at risk for heart issues and how often should they be checked by a doctor compared to other people?

**Matthew Perry:** Your high-risk patients are going to be diabetics. People with diabetes tend to have damage to the arteries of the heart. They also can have neuropathy. Just like they would lose feeling in their feet and in their hands, you can also lose feeling with symptoms to the heart. So, they may not typically present with chest pain or shortness of breath. We usually find those patients on routine labs through their PCP or their family doc. And usually, I would recommend seeing their doctor every six months for routine checks on blood pressure and cholesterol.

**Host:** Because those type checks blood pressure and cholesterol that are considered routine, become much more important for people at risk, right?

**Matthew Perry:** They do. Especially with diabetics and then people that have a history of tobacco use, those are the most common ones that would affect both blood pressure and cholesterol, leading to further heart disease. So, we really recommend they be screened at least once a year, but ideally every six months. We do provide screenings on that at Marietta Health System, usually during Heart Month in February. We do a free EKG event and other cardiovascular testing that's open to the community.

**Host:** And speaking of which, events like that to promote screenings and things that can keep your heart-healthy, do you find doing what you do that many people, especially younger, relatively healthy people, or so they think, tend to underestimate the importance of getting their heart checked regularly?

**Matthew Perry:** Oh, they definitely do. Everyone thinks of heart disease as an older person's problem, but all of these heart blockages that we end up treating in patients in their 60s and 70s, they start to grow as early as your 20s and 30s. So, it's really important to get these heart-healthy tips and have a healthy lifestyle early in life, so you prevent much bigger issues later.

**Host:** You know, when you hear these stories in the news, whether it's a celebrity or whomever, where someone has a major heart issue at a younger age, like 20s, 30s, 40s. Often, I guess you're saying, that could have probably been avoided had they been getting checked on say a yearly basis, yes?

**Matthew Perry:** Absolutely. If they were getting their blood pressure and cholesterol checked and getting rid of some of those habits like smoking, all of those things could prevent a lot of heart disease in the future. It's really important to know your family history when it comes to those screenings. If you have family members that have had heart issues in their thirties or forties or fifties, it's even more important to get those screenings to catch these issues early.

**Host:** And when you mention the genetic factor there, if you've had family history of heart issues, heart disease, et cetera, how much more likely is someone to have a problem if their parents, grandparents, et cetera, had one as well?

**Matthew Perry:** It's much more likely, especially if you have more than one first-degree relative, like a parent or grandparent, brother or sister that's had heart disease, especially related to cholesterol. There's some strong evidence that cholesterol is genetically based, and if we treat that early enough, we can prevent blockages of those arteries around the heart that we discussed earlier.

**Host:** Now, if a heart issue is suspected, how do you and yours typically make a diagnosis?

**Matthew Perry:** We usually start with a few basic tests. If we're looking for heart blockage disease or that heart failure disorder we talked earlier, we usually start with a stress test. That's where we have you run on a treadmill, and sometimes we'll take some images of the heart afterwards if we have a high suspicion. And it looks for areas of the heart that just aren't getting enough blood like they should. It usually indicates that there's some sort of narrowing in an artery that we should do further testing on. We usually pair that with an ultrasound of the heart to make sure that the heart's squeezing like it should and that all the muscle is good and strong and there are no weak areas or leaking valves. That covers most of the coronary artery disease end of things. When it comes to rhythm issues, we'll typically put a heart monitor on that you wear at home for a couple of weeks and watches the electricity and gives us an update at the end.

**Host:** We also sometimes hear about people being put through a stress test. When does that come into play?

**Matthew Perry:** Usually, I'll start with the stress test, which is the exercise test that we just discussed. And that's when people have any sort of chest pain, or shortness of breath, or any symptoms that are in the chest and just don't make sense. So, people that have excessive heartburn that doesn't go away with antacids, especially if they have a strong family history of heart disease or diabetes, where they may not feel the standard symptoms of chest pain. So, we use those fairly regularly to diagnose heart disease and coronary artery disease.

**Host:** Okay. Now in terms of self-care, what are some do's and don'ts? You mentioned cholesterol earlier, for instance, concerning diet to promote a healthy heart.

**Matthew Perry:** So, if we're looking for a specific diet, the one that has research and says it's heart-healthy would be the Mediterranean diet. A lot of omega-3-rich foods like fish. But, in general, I recommend that my patients eat a standard balanced diet, usually higher in protein to keep their weight down. If you have excessive amounts of weight, the heart has to work harder to get that out. So, a good exercise program and a good low-calorie, high-protein diet is always a good option.

**Host:** Okay. And then, we talk about diet. We often talk hand in hand with exercise as well regarding that for a healthy heart. You say there's a minimum amount of activity recommended per day or per week. What are some simple things people can do, even if their time is limited, which is often a reason that people give for not exercising more?

**Matthew Perry:** So, there is a good amount of exercise that's been well studied, and it's around 150 minutes per week, which comes out to about a half an hour every other day on a 7-day week. And sometimes it can be hard to get a half an hour of exercise in, especially the type that we would need for the heart, so anything that gets your heart rate up, you know, biking, walking, running on the treadmill, any of those good aerobic exercises. So if you can't fit that 30 minutes all in one day, it's always good to split that up throughout the day. No one says you have to have that 30-minute workout all at once. If you have 10 minutes before breakfast and 20 minutes after dinner, you can always split that up throughout the day.

**Host:** Good to know. Now, there's that old saying, you're going to give me a heart attack. So, how important would you say is managing stress and can too much of it actually contribute to heart problems?

**Matthew Perry:** So, stress has a big factor in treating heart disease. We see a lot of people come in with electrical issues of the heart. So, fast heart rates, heart skipping beats, and a lot of that can be traced back to too much stress and putting too much strain on the heart or too much worry. And we usually will treat stress and anxiety at the same time we treat these conditions, because that can be the underlying cause. So if we can fix stress and anxiety, we can prevent a lot of heart issues in the future.

**Joey Wahler (Host):** A couple of other things. Many people, as you know, don't get enough sleep. How big a factor is that in keeping our heart healthy?

**Matthew Perry:** Sleep is one of the things that people don't talk about enough with the heart. With the heart, we see a lot of conditions, especially tied to sleep apnea. So if you're not getting enough sleep or you're snoring very loudly or waking up throughout the night, the heart doesn't get enough rest to recover when you're sleeping. So, it tends to aggravate it and cause it to be a little faster, work a little bit harder. And it's actually an independent risk factor for both coronary artery disease, that blockage of the arteries that goes to the heart and can also make things like congestive heart failure and palpitations worse. So, I really think we need to be talking more about sleep and getting people in for sleep evaluations when those sort of symptoms are happening at home.

**Host:** All right. And in summary, it seems one key to heart health here, based on all of the above, is avoiding excess in general and just using good old-fashioned common sense, right?

**Matthew Perry:** I definitely agree with that. Making general healthy choices throughout your day, eating a nice balanced diet, keeping your stress low. Avoiding known things like cigarettes smoke really sets you up for success with the heart in the future.

**Host:** Well, folks, we trust you're now more familiar with heart-healthy tips. Matthew Perry, valuable information indeed. Thanks so much again.

**Matthew Perry:** Thank you for your time.

**Host:** And yours. And for more information or to connect with a provider, please visit mhsystem.org/provider. Please remember to subscribe to, rate, and review this podcast and all the other Memorial Health System podcasts. If you found this podcast helpful, please share it on your social media. I'm Joey Wahler. And thanks again for listening to Memorial Health Radio with Memorial Health System.