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## SUCCESSFUL PREVENTION

# QUESTION & ANSWER

## Q&A

**Julia asks** *“My family has a significant history of cardiac disease. At what point should I begin to get my daughter screened for high cholesterol and triglycerides?”*

This is a timely and important question. There are a number of conditions which would predispose to abnormal cholesterol levels and premature heart disease in children including diabetes, chronic kidney disease, congenital heart disease, childhood cancer treatment, Kawasaki’s disease, obesity, hypertension and a family history of high cholesterol, diabetes, or premature heart disease. A child’s pediatrician would be aware of, or check for, such conditions generally at 2, 4, 6, 8, and 10 years of age and

annually thereafter. As a consequence of this risk assessment, pediatricians may then check a cholesterol blood level with subsequent tests through childhood and early adulthood. The American Heart Association (AHA) and the American Academy of Pediatrics recommend that those who are healthy with no such identifiable conditions which increase risk, should have a fasting cholesterol blood test between the ages of 18 and 21.

**Bill asks** *“I was recently diagnosed with supraventricular tachycardia and my cardiologist inquired if I, or any of my family members, had thyroid problems. What role does the thyroid play in causing/effecting Tachycardia, or other heart conditions?”*

The thyroid gland has major effects on all parts of the body including the heart. In the case of overproduction of thyroid hormone, or hyperthyroidism, the effect is to speed up the heart rate. The increased rate may be mild and regular or it may become accelerated with the rhythm being either regular or irregular. An accelerated regular rhythm may be a supraventricular tachycardia; in this terminology the word supraventricular indicates the origin of the accelerated rate is above the ventricles

or main pumping chambers, and the word tachycardia indicating simply an increased rate. An accelerated, irregular rhythm may be atrial fibrillation in which the word atrial indicates the origin of the abnormal activity is in the upper chambers of the heart, and the word fibrillation indicates the rapid irregular rhythm. Thyroid conditions may have a genetic component, thus the cardiologist’s question about family history.

**Ted asks** *“In your opinion, what are the most effective supplements that can be taken to support healthy cardiac function?”*

The only supplement which has randomized controlled clinical trial data proving its efficacy is omega-3 fish oil. In those without heart disease, the AHA recommends 1000mg of EPA and DHA (the main omega-3 oils in fish oil) twice a week. In those with established heart disease, the AHA recommends 1000mg daily. In clinical trials, fish oil has been shown to decrease ar-

rhythmia related cardiovascular death. In individuals with high triglycerides, fish oil under a physician’s care may reduce the triglyceride level by 45%. Plant sterols have been shown to be effective in decreasing LDL (bad cholesterol) but have not been used in randomized clinical trials measuring heart attack and stroke reduction.