



# Prevention of Cardiovascular Disease

MEMBER SECTION

## Fall 2021 Section Update

### Chair's Corner

Dear ACC Prevention Section Members:

It is a great honor to serve as your chair. I want to thank our immediate past-chair, Dr. Salim Virani, for his tireless efforts and the tremendous progress he made engaging with our membership, in particular, our fellows in training. I recently met with the council to discuss our goals for the next year. Three issues emerged as our top priorities. First, **engagement and collaboration with other prevention-focused societies** was strongly endorsed by the group. I recently met with leadership from the American Society for Preventive Cardiology, Preventive Cardiovascular Nurses Association, National Lipid Association, and the European Association of Preventive Cardiology to discuss opportunities for collaboration, including joint sessions at scientific meetings, webinars/podcasts, and state of the art reviews. Second, the group expressed **interest in supporting advocacy efforts focused on prevention topics**. We recently met with the ACC legislative team to discuss support of a bill to expand Medicare coverage for medical nutrition therapy. We will continue to work with ACC on legislative issues that impact cardiovascular disease prevention. If you identify any prevention-related legislative issues at the state or federal level, please contact me directly to discuss ways to support you. Our final goal was to create a **quarterly update that highlights our prevention section**. We plan to feature individual members and their prevention careers and review important clinical trials and guidelines. Since this is a work in progress, your feedback is always welcome!



Please feel free to reach out to me anytime with any questions or how to be more involved in the section. My email address is: [eyang01@uw.edu](mailto:eyang01@uw.edu)

Sincerely,

**Eugene Yang, MD, MS, FACC**

Chair, ACC Prevention of Cardiovascular Disease Section

Professor of Medicine

University of Washington School of Medicine

## Prevention – The Champions Talk

*In this issue of “Prevention Talks” we get up-close and personal with Dr. Pamela Morris – a fierce leader in the field of cardiovascular disease prevention and a role model for trainees and early career alike! Dr. Morris is a Professor of Medicine, the Director of Preventive Cardiology and the Seinsheimer Cardiovascular Health Program and Co-Director of Women’s Heart Care at the Medical University of South Carolina. She is a Fellow of the National Lipid Association, the American College of Cardiology, the American Heart Association, and the American Society of Preventive Cardiology. She has had career-long interests in cardiovascular disease prevention, clinical lipidology, and sex-specific issues in cardiovascular care.*



**1. Dr. Morris, your expertise and national leadership make you a role model in the field. What are your top 3 pieces of advice for trainees/early career members who are interested in preventive cardiology?**

First, get an early start and identify a mentor in Preventive Cardiology. There are a growing number of prevention enthusiasts and experts who would love to support your career path! Second, make it known to your Program Director that you would like elective time and/or research opportunities to focus on training in Preventive Cardiology. Third, participate in professional societies that offer training, education, resources, and networking in Preventive Cardiology. Don’t forget to be an active member of the ACC Prevention of Cardiovascular Disease section!

**2. There are concerns that preventive cardiology is not a high revenue generating field. This has led many to turn away from the field due to fears of lack of reimbursement. What are the financial challenges and what are potential solutions to overcome them?**

Preventive Cardiology salaries are similar to those of a general cardiology practice for a clinician who does not do procedural work. While higher salaries are available in an interventional/structural or electrophysiology practice, your clinical practice should be one that you find rewarding, stimulating, and impactful. I have found the salary differentials frustrating over the years, but I have never even come close to wishing I had pursued another career field.

**3. Women are underrepresented within the field of cardiology. Many are apprehensive to pursue this as a career choice due to underlying fears of discrimination, harassment, and lack of progression in one’s career at all levels- residents, fellows, and attendings. As someone who has an immensely successful career and likely had to navigate this burden, what advice do you have to empower every woman who is reading your interview today?**

Being a woman and a prevention enthusiast have both presented their challenges over the course of my career, particularly early on when both were unusual in cardiology. I have seen marked improvement in support of women and prevention over recent years, and though barriers continue to exist, I am optimistic that strides will continue to be made.

**4. Dr. Morris, your expertise and national leadership make you a role model in the field. What are your top 3 pieces of advice for trainees/early career members who are interested in preventive cardiology?**

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## ***In-Review: 2021 ACC Expert Consensus Decision Pathway on the Management of ASCVD Risk Reduction in Patients with Persistent Hypertriglyceridemia***

- *By Anandita Agarwala (@AAgarwalaMD)*

The 2021 ACC Expert Consensus Decision Pathway on the Management of ASCVD Risk Reduction in Patients with Persistent Hypertriglyceridemia was recently released (1). This document provides guidance on the management of patients with persistent hypertriglyceridemia and is a supplement to the 2018 ACC/AHA/ Multisociety Guideline on the Management of Blood Cholesterol and reflects new data that has since emerged. Persistently elevated triglycerides (>175 mg/dL) are risk enhancing factor in the 2018 AHA/ACC/Multisociety guideline. Despite the use of statin therapy, patients with hypertriglyceridemia remain at elevated risk of ASCVD and therefore lifestyle and medical interventions are crucial. The recommendations provided by this document will be instrumental in shaping the next cholesterol guideline update.

### ***Definitions of hypertriglyceridemia:***

*Persistent hypertriglyceridemia* is defined as a triglyceride level  $\geq 175$  mg/dl after a minimum of 4-12 weeks of lifestyle intervention on maximally tolerated statin therapy and assessment and treatment for secondary causes of hypertriglyceridemia. Secondary causes of hypertriglyceridemia include: heavy alcohol use, hypothyroidism, chronic kidney disease, diabetes, obesity, metabolic syndrome, medications, and pregnancy.

### ***Management of hypertriglyceridemia***

#### **Lifestyle Interventions**

- Specific dietary recommendations include limiting or eliminating alcohol consumption and limiting the intake of foods that have a high glycemic index.
- Referral to a registered dietitian to educate patients on appropriate dietary patterns is appropriate
- Recommendations also include undertaking regular physical activity at moderate intensity for a minimum of 150 minutes/week or vigorous intensity for a minimum of 75 minutes/week, and weight loss (5-10% of body weight)

#### **Medical Therapy**

- The use of high-dose prescription omega 3 fatty acids such as purified EPA as IPE is recommended for cardiovascular disease risk reduction. (<https://www.jacc.org/doi/10.1016/j.jacc.2021.06.011>)

### **Reference:**

Virani SS, Morris PB, Agarwala A, Ballantyne CM, Birtcher KK, Kris-Etherton PM, Ladden-Stirling AB, Miller M, Orringer CE, Stone NJ. 2021 ACC Expert Consensus Decision Pathway on the Management of ASCVD Risk Reduction in Patients With Persistent Hypertriglyceridemia. *Journal of the American College of Cardiology* 2021;78:960-993

## Prevention Bites

- **The ACC Prevention Leadership Section and CardioNerds Collaboration**

Key ACC 2021 Prevention highlights featuring the [ADAPTABLE](#) and [STRENGTH](#) trials were discussed by members of the [American College of Cardiology Prevention of Cardiovascular Disease Council](#) [Dr. [Eugene Yang](#)] and CardioNerds.

ACC Prevention Council members [Dr. Mahmoud Al Rifai](#) (FIT, Baylor College of Medicine) and [Dr. Anum Saeed](#) (Clinical Instructor/Postdoctoral Associate, [University of Pittsburgh Medical Center](#)) reviewed the results of the ADAPTABLE Trial with [Dr. Gina Lundberg](#) (Emory University School of [Medicine](#)) and STRENGTH trial's secondary analysis with [Dr. Steven Nissen](#) ([Cleveland Clinic](#)), respectively.

*Podcast is available for listening here:*

<https://www.cardionerds.com/136-acc-2021-prevention-highlights-adaptable-and-strength-trials/>  
<https://www.acc.org/Membership/Sections-and-Councils/Prevention-of-Cardiovascular-Disease-Section/Section-Updates/2021/07/27/20/30/ACC21-Prevention-Session-Highlights-With-CardioNerds>

- **Keep up to date with the ACC's comprehensive coverage of the European Society of Cardiology's Congress 2021 at;**

<https://www.acc.org/latest-in-cardiology/features/meeting-coverage/2021/esc-2021-meeting-coverage#sort=%40commonsorddate%20descending>

### **Important Links to ACC Prevention Resources:**

- **ACC Prevention of Cardiovascular Disease Section**

<https://www.acc.org/Membership/Sections-and-Councils/Prevention-of-Cardiovascular-Disease-Section>

- **ACC.Org – Prevention Clinical Topics**

<https://www.acc.org/Clinical-Topics/Prevention#sort=%40commonsorddate%20descending>

### **Feedback:**

Please reach out to Kimberly Kooi, our section liaison ([kkooi@acc.org](mailto:kkooi@acc.org)) for feedback and suggestions for ACC Prevention of Cardiovascular Disease Council's update.