

Other News

AHA President Encourages Cardiologists to Help Patients Change Lifestyle Habits

Physicians are aware of the effects of diet, exercise and weight on cardiovascular risk factors, yet they may be reluctant to address nutrition and physical activity with their patients. Lack of time, a belief that lifestyle changes don't work, and not knowing how to counsel patients all contribute to a doctor-patient silence around this important topic.

Dr. Robert Eckel, MD, President of the AHA, suggested that devoting three minutes of an office visit to a discussion about lifestyle habits can help patients increase their physical activity and choose healthier diets.

"We live in a toxic metabolic environment that sabotages our patients' health," Dr. Eckel said. "We cannot simply rely on technological advances and medications to defeat cardiovascular disease."

He emphasized that patients are more likely to implement important lifestyle changes if they receive advice from their physician.

"In just three minutes - the time it takes to order and receive a hamburger, soda and french fries at a McDonald's restaurant, we can do something to help our patients make healthier choices," Dr. Eckel said.

Just 3 Minutes to Point Patients Towards Healthier Living

Physical Activity

How many steps do you take each day?
Do you have a regular exercise program?
Do you typically take elevators or escalators, or climb the stairs?
Do you park as close as you can to your destination?
What limits your level of physical activity?
Have you been evaluated for this?
Would you like to become more active?

Nutrition

How many servings of fruits and vegetables do you eat a day?
How many servings of whole grains do you eat a day?
How many servings of fish do you eat a week?
Do you eat desserts (how often)?
What are your favorite snack foods?
Do you eat because you're hungry or because there is food around?
Do you weigh the most now that you've ever weighed?
Are you interested in losing weight?

Varenicline Aids Smoking Cessation

A series of studies from Norway using the experimental drug varenicline showed promise for smoking cessation. This partial agonist of the alpha-4-beta-2 nicotinic receptor aided smokers in quitting the habit by the end of 12 weeks of treatment. Importantly, it also aided in maintaining abstinence through one year.

Two nearly identical varenicline studies with more than 1,000 patients each showed those taking the drug were approximately twice as likely to quit smoking after 12 weeks compared with those taking bupropion. Those taking varenicline were also approximately four times as likely to quit smoking as those on placebo.

All study subjects smoked at least 10 cigarettes per day, with most being pack-a-day

users, said lead author Serena Torstad, M.D., Ph.D., University of Oslo, Norway. Carbon monoxide measured in breath tests confirmed the quit rates.

A third, open-label maintenance study randomized 1,206 patients who had quit at the end of 12 weeks on varenicline to an additional 12 weeks. The continuous abstinence rate for one year for patients taking 24 weeks of varenicline was 70.6 percent, compared with 49.8 percent who had received only six weeks of treatment ($p < 0.0001$).

Rates of continuous smoking abstinence, weeks 9 to 12 (primary end point) and weeks 9 to 52 (secondary end point) in studies 1 and 2

Parameter	Varenicline	Bupropion	Placebo
Study 1	n=349	n=329	n=344
Weeks 9-12: Rate (%), odds ratio, p*	44.4	29.5, 1.96, <0.0001	17.7, 3.91, <0.0001
Weeks 9-52: Rate (%), odds ratio, p*	22.1	16.4, 1.45, 0.064	8.4, 3.13, <0.0001
Study 2	n=343	n=340	n=340
Weeks 9-12: Rate (%), odds ratio, p*	44.0	30.0, 1.89, <0.0001	17.7, 3.85, <0.0001
Weeks 9-52: Rate (%), odds ratio, p*	23.0	15.0, 1.72, <0.0001	10.3, 2.66, <0.0001