

Marci Krivonen :

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Tricia Johnson:

This is Aspen Ideas To Go from the Aspen Institute. I'm Tricia Johnson. Reductions in smoking and medical interventions like defibrillators have helped reduce the mortality rate of heart failure. Still, cardiovascular disease is the number one killer globally, taking more than 17 million lives each year, according to the World Health Organization. Dr. Valentin Fuster is an internationally recognized cardiovascular medicine researcher and the Physician in Chief of the Mount Sinai Hospital in New York. He says the mortality rate for heart disease is starting to creep back up, and that's because the focus is on taking care of people after they have a heart problem rather than teaching them to take care of themselves from a young age.

Dr. Valentin Fuster:

We are ignoring, absolutely ignoring something that common sense should tell us is important, and that is a disease that starts at age 15 at age 20, look at what we are doing. We start working or talking about at age 50 or 60. This is a complete nonsense.

Tricia Johnson:

Dr. Fuster's research reveals that heart disease shows up in teenagers and that poor cardiovascular health can affect cognitive function later in life. Now he is devising methods of teaching children as young as three about good nutrition, exercise, and how to deal with stress, because that will help them be healthy for the rest of their lives. Cardiologist Danielle Belardo specializes in plant-based nutrition to prevent and reverse risk for heart disease. She is the director of cardiology and co-director of research and education at the Institute of Plant-Based Medicine in Newport Beach, California. She speaks with Dr. Fuster about his research and shares her expertise on healthy lifestyles. Here's Dr. Belardo.

Dr. Danielle Belardo:

Thank you. Dr. Fuster, when we look at cardiovascular disease has changed over time with the way that we diagnose it, the way that we treat it, and now with more focuses on prevention, you've been in the field of cardiology for a while. You are truly a pioneer in cardiology and you've been involved in so much research and so much in the change in the way that we look at cardiovascular disease. What do you think with regard to the way cardiology has evolved and the way we look at prevention of disease has changed over time?

Dr. Valentin Fuster:

Thank you very much for this opportunity. I think if we go back historically, it's interesting that cardiovascular disease has been the number one cause of mortality across the world for a number of years. This has decreased progressively, and the question is why. The only factor that really has worked in this decreasing cardiovascular disease has been the cessation of smoking, and then the technology.

That these patients who go into intensive units are treated with defibrillators and so forth. The mortality has decreased but there is something unfortunate. It's beginning to increase again, and it's beginning to increase again because we don't take care of ourselves. People live a little bit longer, but the mortality in cardiovascular disease is number one. There's a lot to be discussed, but certainly this is the way I see for the last 30 years or so.

Dr. Danielle Belardo:

Would you be able to describe a bit, even with all the work you've done in screening and detection in cardiovascular disease and what we can expect with regard to different age brackets who should be screened and how that works for the general population? Because the changes in screening have changed so much, and I know you've been huge in this field.

Dr. Valentin Fuster:

When I was with American Heart Association, at least 20 years ago, at that time the whole issue was to prevent disease, but we focused on the adult population, and we focused on a lot of secondary prevention. Secondary prevention means you had a heart attack and now you try to prevent a second one. Over the years, we began to move into primary prevention, and that is adult people who had the so-called risk factors cholesterol, obesity, cigarette smoking, in time to see we could change lifestyle to prevent the first heart attack.

Dr. Valentin Fuster:

I became very disenchanted. In other words, I think about we do not change easily if we feel well. In the rather elderly population, and I don't want anybody to get offended, but we talk over age of 70, 75, we are now working in how to prevent [inaudible 00:05:18] dysfunction, how to prevent Alzheimer's. If we're talking people of middle age, between age 45 and age 60, let's say, what we are trying to do is through imaging technology that is very simple, to see if they have disease, and then if they do and they don't know until we do this technology, then they begin to change lifestyle. But you have to identify disease for people to react.

Dr. Valentin Fuster:

Then in the early stages, in the young people, we are really working with 50,000 children now around the world with these two educational program with the concept that what you learn when you are between age three to six, the environment in which you live, it stays for life. We [inaudible 00:06:02]. We tell you at young age that health is a priority. The program that we have is to prove that this is correct when this child reaches age 30, age 40, age 50. These are the three blocks that we are working on the preventive aspect.

Dr. Danielle Belardo:

That's amazing. That study where they looked at essentially 3,000 children that had died between the ages of 15 and 34 and they found atherosclerosis began in childhood, so young adults with these significant lesions, even at young ages, so it's so important that the education starts younger. I think we're under the impression, many people listening, you may be under the impression that atherosclerosis and heart disease is something that only happens to an older population, but it actually all starts developing when we're young.

Dr. Valentin Fuster:

This is a disease that starts at about age 15. We are following the present time, believe it or not, 12,000 people. We follow with imaging at different ages. The imaging actually is very simple. It's going to become available to the public. We use ultrasound of both carotid that supply blood to the brain, of the main aorta, and of the arteries of their legs. With ultrasound, we can see already the early detection of the disease. Then we are following all these people and we are learning a lot. It starts very early in life. That's the time that we can have an impact, rather than too late, after a heart attack.

Dr. Danielle Belardo:

What have you been learning with regards to the best ways to educate children in prevention and things like that?

Dr. Valentin Fuster:

With children, they basically [inaudible 00:07:52] that whatever the environment of a child is between age three to six years, it really stays there the rest of their life. This reality [inaudible 00:08:03] the thing that perhaps what we should do is to influence these children implying that health is a priority at that age and maybe these could be then, when they are adults, they will behave quite differently than what is at the present time.

Dr. Valentin Fuster:

We started in Columbia, Bogota. We saw 1,500 children between age three to six. Half of them, we told them about health, 60 hours, over a period of six months. What we told them is four things: First, how their body works. Children need to understand that. Second, about the best type of nutrition and foods to take. The third, about physical activity, and the fourth how to control their emotions, preparing them when they are presented with tobacco, drugs, alcohol, and so forth. The results were spectacular in terms of how much they learned compared with another group that [inaudible 00:09:10] controls.

Dr. Valentin Fuster:

We learned that those who are intervened really this has an impact on them at an early age, but it tends to get weaker as time goes on, so you have to do a review afterwards. For example, at age five or 10, to do it again and then it's explosive. They capture very rapidly when they had the first exposure. What we tried to do with the objective is how they behave at age 20 and later. What we are beginning to see is the intervention, when it's repetitive, has more and more of an impact. Later you start, less impact you have, so you really have to start really early in life.

Dr. Danielle Belardo:

That's just so fascinating. The entire program, you're saying, encompasses education with regards to helping children to realize the dangers of things like smoking, alcohol, drugs, as well as healthy eating, exercise.

Dr. Valentin Fuster:

Absolutely. We prepare them for this because what they capture at this age, it happens later on. They are able to remember you were told. This is quite, to me, is a paradox, Danielle, that in the world that we are today, so little attention is being paid to the teachers. It's a huge influence that they have in young people. When you talk about health, it's the same thing. If we want to have better lives and

better quality of life and better health, why we are ignoring what happens at these ages? Rather, we give to our children what they want without paying attention to the huge amount of obesity.

Dr. Valentin Fuster:

Can I tell you, the obesity at this moment in the three studies that we have done, the degree of obesity under age of 20 is 20%. What I'm telling you, in society, it's just thinking, "Let's prevent disease after a heart attack. Let's do this and defibrillate ..." I am not against it. I work on that, and you too, but the fact of the matter is, we are ignoring, absolutely ignoring something that common sense should tell us is important, and that is a disease that starts at age 15, at age 20, look at what we are doing. We start working or talking about at age 50 or 60. This is a complete nonsense.

Dr. Danielle Belardo:

There is nothing like preventing disease in the first place, and it does seem that that's been an area that's been, especially in the youth, that's been a bit under the radar. It's fantastic.

Dr. Valentin Fuster:

It is interesting, Danielle, what you ask about imaging, what we are doing now is when you reach age 25, 30, 40, 50, we are doing imaging of the arteries, and let me tell you what we are finding. That is, if we look at six systems, the arteries that supply the brain, the arteries that supply the legs, the main aorta, and then the coronary arteries by using calcification and the others is ultrasound, what we are finding is men age 45, and actually 4,000 of them, at age 45, two-thirds already have disease in one of the systems, in two and three, four, five, or six. Two-thirds. In women, at age 45, half of them. Later on in women, the disease advances more rapidly. We are talking about something that is always universal and we are not paying attention until we have the first heart attack.

Dr. Danielle Belardo:

To jump age groups a bit, with regards to cognitive dysfunction in the elderly, to the older generation, you've been doing work with that as well.

Dr. Valentin Fuster:

We begin to see disease in the main arteries at age 70. More disease in the large arteries detected by imaging, more we could see in the brain with the special technology of MRI that something was going in the white matter of the brain. Basically what is happening is the same risk factors that cause cardiovascular disease, and I want to tell them which factors are those because it's very, very important, are certainly six. The first one or two they would call physical, high blood pressure and obesity. Two I would call chemical, you have to take a blood sample. Cholesterol and blood sugar. Then two that are in a way behavioral. These are cigarette smoking and lack of exercise.

Dr. Valentin Fuster:

Then what we [inaudible 00:13:56], we look at these risk factors and certainly was a good correlation between these risk factors that I mentioned and the disease in the large arteries. The same risk factors affect the tiny vessels of the brain. Then those lesions that we saw 10 years ago, now what we see in small areas of the brain, that they are working less metabolically because there's not enough blood supply and this leads to cognitive dysfunction. If you want to address the issue of cognitive function in the elderly, we are now finding that one of the main issues, and even we see these in Alzheimer's

disease, is the same risk factors that cause heart attacks and strokes are affecting the microvascular of the brain and cognitive function.

Dr. Valentin Fuster:

What I would tell you, and I tell this to my children and my grandchildren, and that is please behave. Because the issue is not whether you are going to prevent a heart attack, it's how your health is going to be working when you are in the elderly stages. This is all fascinating, so we are talking about promoting health now, starting very, very early.

Dr. Danielle Belardo:

What's so interesting, what you just pointed on there is so many disease processes, like when we look at cancers, various cancers, when we look at various different kinds of heart disease, whether it's heart failure or atrial fibrillation or high cholesterol, or whether it's coronary artery disease, or when you look at many autoimmune diseases, a lot of diseases that in general have a lot of the same underlying risk factors. Mitigating those same underlying risk factors help to reduce the risk later on for various diseases, which is why I know you're a big proponent for the Mediterranean diet, because we have so much robust data showing us that it can help not only in regards to cardiovascular disease prevention, but eating more plants and more whole foods and less red meat can help with certain kind of cancer prevention and various other disease process.

Dr. Danielle Belardo:

I always try to emphasize with patients one thing that's good for one body process and one thing that's good for your heart is also going to be good for the rest of your body, whether it's your GI tract or your liver. Focusing on those six behaviors you mentioned, the six modifications we can try to do are really important. How do you think people listening, knowing that these are the six things we really have to focus on, what do you think ... I think going into obesity strategies in general, how do you think people can approach this?

Dr. Valentin Fuster:

What you said is so correct. It's not cardiovascular disease that we want to prevent. We want to prevent cardiovascular disease, we want to prevent cognitive dysfunction of the brain, and we want to prevent cancer. You touched into the Mediterranean diet. It's very interesting what you talk about because it's interesting that when you look all the risk factors that we know may have implications if cigarette smoking, nutrition and so forth, but the best data actually, in my view, comes from the Mediterranean diet in which the appropriate diet can actually decrease all the three entities that I am talking about. I think this is fascinating because me, as a citizen, I want to be healthy when I am age 85 and with good quality of life. I am not going to pick up cardiovascular disease and now start running miles because the heart is going to be better.

Dr. Valentin Fuster:

The same risk factors are really affecting the three disease entities: Cognitive function, cancer, and cardiovascular disease. Here's the question: Why things are not going well? Why now the mortality is increasing? You know why? Either we take care of ourselves or we don't. Either we decide that our health is important or our health is not important. If it is important, you will start with exercise and exercise will be the opening to better diet and so forth. I try to emphasize this because many journalists, they come to me, "Just give us the clue to prevent cardiovascular disease." You know what I tell them?

"The clue is your head. That's what the clue is." Whether you decide to do it, or you decide not to do it. It applies to all the entities that we talk about.

Dr. Danielle Belardo:

How do we then encourage it? Besides education and besides using education in the youth, how do we motivate our patients? One thing I do at my practice, we have a multidisciplinary team so we have a registered dietician who works with people, but, like you said, at the end of the day, it does have to come from the patient.

Dr. Valentin Fuster:

One of the problems that we have with changing behavior is sustainability. It's interesting, the first of the year all of us think that the next year is going to be fantastic. We make our list and then we arrive in February and March and we forget what we wrote January the 1st. I think the issue here is sustainability. I think it's easy to motivate people in a short-term, but I think it's quite complicated in the long-term. This is why it's ourselves and this is what we found with children. From time to time, we have to give a push, and then things get better and better. I think the sustainability of us as adults has to come from something that is done repetitively.

Dr. Valentin Fuster:

I will tell you one experiment that we did, Danielle, and you might be interested, but maybe you know. It's a study the group therapy. In other words, we picked up ... we did three studies with this. One in the island of Grenada, another was in Spain, and another is now in New York, in Harlem. Basically, it's to get a group of people that have problems with health and they help each other. It's interesting, there's always a leader and the leader has to be in big trouble because people actually follow, we have a tendency to feel somebody who is weak, we tend to become attached to that person.

Dr. Valentin Fuster:

We did these, and then we compared these with normal individuals. This is all published. We follow them for three years. The results were fascinating. The group that is group therapy, they meet every month, and it's peer pressure. If you're obese and you smoke, and the results were fantastic at two years of follow-up compared with the individuals that we told them, but we didn't meet. Then at two years the floor begins to drop. Now what we have to do is do it again at three years, to intervene again the group therapy. All of the studies we are doing, we are finding the same thing. We can start and there are different methods to start, children, group therapy, and so forth, different measures, but the sustainability, really we have to decide to go back again and to do it.

Dr. Valentin Fuster:

I'm not going now to define the spiritual exercises. This is not the appropriate place to say, but I went to the Jesuits and I remember very well that every three years I have to have, just for seven days, go to a monastery, but the fact of the matter is the concept is a very important concept. We humans, we have to be repetitive. In health, it's the same thing. The question is what is the [inaudible 00:21:45]? It is you to start with, and then we need motivating triggers, which in our case are children, or in our case is group therapy, and there are others, I suspect. That's the way I see it.

Speaker 1:

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Dr. Danielle Belardo:

It has to come from within. I actually sometimes find patients with lifestyle change, once they actually start to feel better, too, sometimes even just feeling an improvement in health can be a motivator to stay on that path. When someone starts to lose weight and improve their blood pressure and starts to exercise more, that on its own can help self-perpetuate the individual to be able to continue it. Actually, even if you look at the nutrition and dietary literature, there's all sorts of different dietary groups that want to say their diet is the best, and even in the Keto group, their biggest proponent when they mention the Virta study, and they mention how they've sustained weight loss for two years, well, you have to look. When you look at that study, really what they had there was health coaches that were really supporting those individuals to maintain that diet for two years.

Dr. Danielle Belardo:

You're wondering, "Okay, well, is it actually a metabolic feature of Ketosis or was it really just that you had so much support from these-"

Dr. Valentin Fuster:

[crosstalk 00:24:18] two questions, Danielle. I want to ask you two questions, see how you answer them. What is your experience? One is about exercise and the other is about diet. About exercise, first is when you tell people to exercise I suspect is what you like to do, and I think this is important. You don't put somebody to do whatever it is, and they don't like it. I found a stationary bike is very helpful because you dominate the stationary bike. 30 minutes a day, five days a week. If you go to a treadmill, the treadmill dominates you. There's an issue here that I found quite interesting and that is, if you do exercise you have to dominate it. What I found most interesting is that the exercise motivates to a better diet. In other words, if you're asking me what is the opening door to take care of yourself, I tell them it's an exercise bike, 30 minutes a day, five days a week, and they begin doing better, they begin to lose weight, and so forth. Is this your experience?

Dr. Danielle Belardo:

That's a really great point. Yes. I think that some people are more motivated by increasing exercise. I think it depends on the patient's level of obesity and functional status, but I tend to agree with you. I think in general that exercise can be a huge, huge motivator. Do you think that you still see now, with regards to, I know you work obviously with patient groups all over the world and in America, and all over New York and everywhere. Do you still see smoking as a huge issue?

Dr. Valentin Fuster:

It is a huge issue. It is a huge issue, and I have a comment here that says smoking frustration continues. We'll just make a statement. Because of all the risk factors that you and I are talking about, obesity can be a problem but there are genetic factors there that can be very frustrating, not able to lose it. But certainly cigarette smoking is a problem. This movement now of the young people into electronic cigarette smoking-

Dr. Danielle Belardo:

The vaping.

Dr. Valentin Fuster:

I feel very worried about it because the rate that it is coming out, first you become addicted, and second, they are beginning to come side effects that we are beginning to see. I think smoking is a huge issue.

Dr. Valentin Fuster:

I'd like to ask you a few questions about nutrition. I know you are an expert. This is [inaudible 00:26:48]. I think it's important. Let me present to you first my views for people to understand my question. The vegetarian diet and plant diet, there are three types. This is my understanding, and I'm sorry if you feel like [inaudible 00:27:04]. One is very strict. It's all vegetables. Nothing. No animal. Nothing. The other, second, is you have dairy and eggs. Is this correct?

Dr. Danielle Belardo:

Yes.

Dr. Valentin Fuster:

In the third, you can have some degree, very, very little, of fish. Is that correct?

Dr. Danielle Belardo:

Mm-hmm (affirmative).

Dr. Valentin Fuster:

And so forth. The first one is the one I am worried about, not the other two. The first one, because I have seen patients that come anemic, some have bone problems, and so forth. Whenever we talk about plant and vegetarian diet, are you in favor of this pure, very pure plant diet or not?

Dr. Danielle Belardo:

I totally understand and appreciate where you are coming from. I follow a full, pure, 100% plant-based diet, but first and foremost is I don't believe the data shows that that's superior. Meaning, I think if you look at the epidemiological data, I think that individuals, patients that are 100% plant-based versus pesco-vegetarians, so individuals who eat fish, do rather similar, maybe sometimes pesco-vegetarians do better. I definitely, definitely believe that eating a Mediterranean diet and eating a more plant-based diet with fish, I don't think any person that is fully plant-based can argue the data against fatty fish being

beneficial, but with regards to your concern of vitamin deficiency and things like that, I think it is important to address.

Dr. Danielle Belardo:

I think whenever anyone's advocating for 100% plant-based diet, the only reason to go 100% plant-based, I believe at this time, is really just because you choose to. I think the data shows whether you're eating 90% plants or 100% plants, it's not like you're going to get any difference, I believe, at this time. But I will say that if you're going to do a fully plant-based diet, you have to make sure it's well planned. That means you should be supplementing B12 and making sure that you're having B12, but if you think about it, Dr. Fuster, the majority of society should be supplementing B12. B12 deficiencies are a huge issue with most people over the age of 50.

Dr. Danielle Belardo:

There was a great paper published in JACC. They looked at very healthful plant-based dietary patterns, and then unhealthy plant-based dietary patterns. We're talking about processed foods, things like that. They essentially found that the more healthful plant-based foods you eat, so we're talking fruits, vegetables, legumes, whole grains, the lower cardiovascular risk and risk for coronary heart disease, but the more unhealthy plant-based foods, so we're talking about processed plant foods, the healthier it is. I think that obtaining from animal products in and of itself does not make you healthy. It's eating a healthful diet that's well planned. I think a Mediterranean diet falls into that. I don't think even the most strictest of vegans, I don't think we can argue that fatty fish has a lot of beneficial data. We can't argue against it because it does. Fatty fish has do much great data.

Dr. Danielle Belardo:

I think if we're looking at studies with heart outcomes, we know that eating more plants and less red meat and more legumes, olive oil, more unsaturated fat, multiple levels of nutrition research definitely lead to this, but I think that it's always important to emphasize if you are going to go fully plant-based, it has to be well planned with a B12 supplement and just being mindful of getting zinc, getting iodine, everything you need.

Dr. Valentin Fuster:

I think what you are saying is this type of diets, they're all of benefit compared with diets with red meat and processed diets and so forth. There's no question about it. I wanted to know the difference because I see lots of patients with a vegan diet, but I think many of them take supplements, but many do not. I think that's the ...

Dr. Danielle Belardo:

It's an issue, to not supplement or to also eat an unhealthy ... you can eat a fully processed food vegan diet and not be healthy either. I think our ACC 2019 Primary Prevention Guidelines did a great job of outlining the things we want to focus on, overall dietary pattern-wise for people being healthy, which is eating fruits, vegetables, whole grains, legumes, nuts, seeds, and fish and lean meat, and lowering your saturated fat intake. I think as long as people stick to an overall healthy dietary pattern, knowing that no one food in one dose is going to cause disease. But overall health is important.

Dr. Valentin Fuster:

Can I ask you another question? Taking advantage of your expertise. One of the things that I have been quite intrigued and actually fascinated is about weight. Intrigued because it's very complex. Somebody who is overweight and obese, to say, "You're misbehaving." Perhaps those who say, "You are misbehaving," are those who are misbehaving, because it's very complex and the genetic factors, they play a role. But there is something, and actually I wrote in some of the [inaudible 00:32:25], I didn't know could have an impact, but it had some impact. That is, when I want somebody to lose weight, one of the things I tell them, if you start counting calories and all of that, you're going to crash because after three weeks, you will be tired of it. It will at first be a very mechanical thing.

Dr. Valentin Fuster:

One of the things that actually worked, and it worked in my practice and I want to know your opinion. At the beginning, what I wrote in the few books that I was involved with nutrition, I wrote, "Take half of what you usually eat." This is what I wrote. "Take half." Actually, there's no question that a number of questions came, giving thanks to me. But what I'm learning more and more is the way that the pre-agriculture era, that they only ate twice a day, which may be is the same end result with eating half of three times a day, but I'd like to know your opinion about it because at home, when I was more overweight, I was able to actually eat less of the three meals. My wife reached [inaudible 00:33:40] all of these with me. The question is, the other possibility is to have two meals a day. I want to have your opinion about it. All this clear is to eat less, but you don't look at calories and so forth, but best look at how much.

Dr. Danielle Belardo:

I think what it comes down to is the caloric restriction, meaning however you're obtaining that caloric restriction, whether it is through time-restricted feeding or intermittent fasting or whether it's through three small meals a day, it's the caloric restriction that's going to result in the weight loss.

Dr. Danielle Belardo:

What I think that is under researched in nutrition in general is the psychological aspect of it. That's where I find your research, where you're discussing these health changes with support groups. I think that when you find a lot of people that are successful, whether it's a vegan diet or a Keto diet, or intermittent fasting programs, a lot of people are successful because there's a community built around it. They find a lot of support with online communities and people sharing this, and especially with fasting. I think in general, with fasting, too, whether someone does two meals a day or three meals a day, I think that the metabolic data for there being a significant, robust difference hasn't panned out.

Dr. Danielle Belardo:

I'm not a huge proponent of fasting because I think that the data hasn't panned out to show it's wildly beneficial at this time, but I will say what I am a proponent of is what works for someone. If I have one patient that can lose a significant amount of weight because on some psychological level they feel like they're eating less, if they're eating one meal a day, I think then they should continue with that. If some people feel like they need to eat breakfast every day, I think until we have really robust data showing us one way or another, I feel like it really does come down to caloric restriction and whatever you can do to get calories lower, which is why eating a Mediterranean diet or a plant-predominant diet, as I like to say, any diet with a lot of plants is so beneficial because, you obvious know this, it's calorically lower, so it's calorically poor, so lower in calories, but nutrient dense, so you can be eating a huge plate of fruits, veggies, whole grains, you could be eating some salmon, and you're getting a lot of food in, so you're

tricking your stomach into being full, but you're actually getting less calories in but more nutrients, versus some of the processed foods.

Dr. Danielle Belardo:

There's so many diatribes that go back and forth, but a big issue in society are these highly palatable, high fat, high carb, processed foods that taste really good. That's really what a big issue is with obesity because they taste really good, they're high-sugar, high-carbohydrate, high-fat. I think that regardless of the dietary pattern, people start eating more natural foods, that seems to help. But as you know, obesity is so complicated and takes a multidisciplinary approach.

Dr. Valentin Fuster:

It's really discipline. In fact, we just published one paper on the looking at the, with imaging, the atherosclerotic plaques. We look at the people who do not eat breakfast. It's very fascinating. In fact, they did worse. The reason why they did worse, because they eat the rest of the day. You see? We published this a year ago, two years ago and we-

Dr. Danielle Belardo:

With fasting?

Dr. Valentin Fuster:

That's the problem. I think you have to be very disciplined when you decide to eat less. This is what my question was to you. If you are disciplined, you eat less, you lose weight whether you eat twice a day or whether you eat less in each dish. But you have to be disciplined because otherwise there is a rebound phenomenon. You say, "I don't eat any breakfast. I'm going to lose weight." At the very end, we found these people do worse.

Dr. Danielle Belardo:

Wow.

Dr. Valentin Fuster:

They eat more than the people who actually eat a normal breakfast. That's the complexity of all of these are important.

Dr. Danielle Belardo:

I think you're so right, and I think that a lot of it is in nutrition in general we want to value a lot of the metabolic underlying processes, but I think what's ignored is the psychological aspect of it. Like you said, what's going on with regards to what we're thinking.

Dr. Valentin Fuster:

[inaudible 00:38:13].

Dr. Danielle Belardo:

It's interesting.

Dr. Valentin Fuster:

[inaudible 00:38:14]. We have to make a decision. We take ourselves seriously or not.

Dr. Danielle Belardo:

Yeah. So true. It's so fascinating.

Dr. Valentin Fuster:

I think it's important in this discussion that you and I are having is a significant change in the view at the present time, and that is we are treating the disease too late. We should continue to treat and we should continue to advance in our research, but there is no question. If you really want to have an impact on people, whether it's heart disease, whether it's cancer, whether it's brain function, we really have to take this very seriously at a very young age and really, once you get the habit at these early ages of what is right, when you advanced in age and you are an adult, you remember that. I think that's at least my thesis at the present time if you want to do the best you can.

Dr. Valentin Fuster:

I want to reemphasize what you said before again and again. The general health that is really good if you do all these things, whether it's cancer, cognitive function, or cardiovascular disease, it's preventable. I think we have to get away from this [inaudible 00:39:36] consumption. We start at a very young age in time to behave ourselves and to make a decision that this is worth it, to have good quality of life and a good length of life. It's a lot to do with our health, with the way we decide ourselves.

Dr. Danielle Belardo:

So true. I think you're right. Quality of life is so important, and that is all related and interrelated, and related to nutrition and smoking, and all of the different dietary patterns, as well as psychological stress, which you mentioned as well, too, being super important with cardiovascular disease.

Dr. Valentin Fuster:

Well, I want to just perhaps finish this interesting discussion, since you are pointing out psychological stress. It's interesting when you look at the stress, and I can give you my overall view. Acute stress can be very detrimental. The chronic stress, to me, is not that it affects you directly, but it affects your behavior. That is, people who are burned out for whatever it is, economically, professionally, family life, they tend to eat more, they tend to become obese, they tend to live a life that is chosen that is different. I think I wanted to also ask your opinion about psychological distress. I think acute distress can be leading to an acute problem, very acute, very aggressive. Chronic distress is more indirect into the way you behave that than can affect your health. I want to ask you a question just to finalize this program.

Dr. Danielle Belardo:

You said it perfectly. You're so right. The chronic stress that leads to these behavior issues with regards to continuing smoking or continuing alcohol drinking or drugs, so I think it really does need to be addressed. I always tell my patients, health is not just what you eat, it's also what you're consuming in your mind and what you're consuming around you with regards to having good psychosocial relationship, which is so important, and having a good support system. I think that psychological health

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in general, I totally agree, ties into all of this, and psychological health is a huge part in chronic health, heart health, and in disease prevention in general.

Dr. Valentin Fuster:

That message, it is important. Let's promote health. I think this is something we can continue. It will pay off in years to come. Thank you very much.

Dr. Danielle Belardo:

Thank you very much. It was such an honor. Thank you.

Tricia Johnson:

Dr. Danielle Belardo is a cardiologist specializing in plant-based nutrition to prevent and reverse risk for heart disease. She also advocates for accurate scientific communication on social media, including evidence-based medicine and nutrition science.

Tricia Johnson:

Dr. Valentin Fuster is Physician in Chief of the Mount Sinai Hospital in New York and the General Director of the National Center for Cardiovascular Investigation in Madrid, Spain. His acclaimed cardiovascular health research spans the globe and has touched tens of thousands of lives. He spoke with Dr. Belardo. Their conversation was held last week as part of Aspen Ideas Now. Make sure to subscribe to Aspen Ideas To Go wherever you listen to podcasts. Follow us on social media @AspenIdeas. Listen on our website, AspenIdeas.org, and sign up for our newsletter.

Tricia Johnson:

Shawna Lewis and Eva Hartman helped produce today's show. Our music is by Wonder League. I'm Tricia Johnson. Thanks for listening.

Speaker 1:

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