

Katie Johnson:

Good morning and welcome to Apple A Day, Lake Region Healthcare's health and wellness show, where we feature news and information you can use to live a healthier life. I am Katie Johnson, your host, and my guest today is Alena Storlie. She's a nurse practitioner who works in our cardiology department, and she's joining us to talk about our hearts as we enter February, and what is often known as Heart Disease Awareness Month. So, thanks for joining me, Alena.

Alena Storlie:

Well, thanks for having me, Katie.

Katie Johnson:

So, let our listeners get to know you a little bit better before we start talking about Heart Month. You've been with Lake Region Healthcare for a while, but not in cardiology, for so long. Give us a little bit of information about you and your background.

Alena Storlie:

Sure. I started working for Lake Region Healthcare nearly 20 years ago as a CNA, or certified nursing assistant, on the acute rehab and skilled nursing facility units. From there, I returned to school at the community college here in Fergus Falls, obtaining my licensed practical nurse diploma, associate of arts degree, and associate degree in nursing, allowing me to continue working as a registered nurse on the medical surgical in Bridgeway care units. I continued my education at the Minnesota State University-Moorhead, eventually graduating with a bachelor of science degree in nursing and master's degree in nursing education.

Alena Storlie:

Finally, I earned a graduate certificate to practice as an adult-gerontological acute care nurse practitioner from Winona State University in Rochester, while working as a house supervisor. I then began to practice at the walk-in clinic where I stayed for nearly two years before working a little over a year at the Battle Lake Clinic. And I have just submitted my application to the Minnesota State University Mankato Doctor of Nursing practice program. So clearly, I enjoy going to school-

Katie Johnson:

That's what I was going to say.

Alena Storlie:

And expanding my knowledge base and experience.

Katie Johnson:

Oh, that is incredible. So, you're working with Dr. Kohlman in cardiology right now. How did you decide to make that change?

Alena Storlie:

Well, I'm extremely thankful to be working with Dr. Kohlman and our great group of nurses. One thing that drew me to the cardiology department is our shared view on helping patients to live their best life,

utilizing a combination of guideline directed medical therapies and lifestyle interventions. Plus, we both enjoy challenging ourselves physically and are looking forward to participating in the Ironman Triathlon later this summer in Lake Placid, New York.

Katie Johnson:

Oh my gosh, you're going to do it together?

Alena Storlie:

Yes.

Katie Johnson:

That is so cool. Dr. Kohlman is really inspiring in more ways than one. Well, that is really cool. What kinds of things can you help patients with at the clinic in the cardiology department?

Alena Storlie:

I can generally offer patients same day appointments, either for an acute cardiology concern he or she may have, or for their regularly scheduled follow up appointments. I also assist patients to get scheduled for stress tests, angiograms, cardioversions, among other things.

Katie Johnson:

Awesome. Well, like I said, February is Heart Month and we want to spend some time helping people understand what they can individually do to fight back against heart disease. You mentioned the lifestyle interventions in your comments earlier, which we know is one of the most powerful things we can do to prevent heart disease, and to live healthier lives. Because heart disease continues to be the number one cause of death in our country, and from what I've found, the second leading cause of death in Minnesota, only behind cancer. Why is this incident rate for heart issues, both locally and nationally, so high?

Alena Storlie:

Well, approximately every 40 seconds, someone in the United States will have a myocardial infarction, otherwise known as a heart attack. A very small portion of this is due to inherited cardiac conditions and other non-modifiable risk factors. But the main reason is due to poor lifestyle choices, including an unhealthy diet, tobacco use, and physical inactivity, to name a few.

Katie Johnson:

Yeah. As I was doing some reading, those are things that are on this concept called, Life's Simple 7. Seven things that the American Heart Association uses to gauge the cardiovascular health of the nation. And these are risk factors, health factors, and behaviors that increase our risk for heart disease and stroke. And what they're trying to do is measure those as they track our progress towards their goal of improving the cardiovascular health of all Americans by 20%, and reducing deaths from cardiovascular disease and stroke by 20%. Now, the Life's Simple 7 are, not smoking, physical activity, healthy diet, body weight, control of cholesterol, blood pressure, and blood sugar, those kind of all group together in one.

Katie Johnson:

So, I thought maybe we could talk a little bit about each of these simple seven items and give people maybe one key takeaway. Does that sound like something we can maybe try and tackle?

Alena Storlie:

Sure.

Katie Johnson:

Okay. All right. So, the first one is smoking. Tobacco use is one of the leading preventable causes of death in the US and globally. How does smoking, or not smoking, help improve our heart health? What's your tip here?

Alena Storlie:

Well, choosing to quit smoking is one of the greatest ways you can improve your cardiovascular health. Cigarette smoking and secondhand smoke exposure have been linked to ischemic heart disease, atrial fibrillation, peripheral artery disease, and poor quality of life in heart failure patients. The earlier in life you choose to quit smoking, the better, but you can experience the benefits at any age. When you decide to quit smoking your risk for heart disease and stroke declines sharply over the next one to two years. And this continues over the long term.

Alena Storlie:

Quitting smoking reduces various inflammatory markers in your body, which helps to slow or halt plaque formation in your arteries, thereby reducing your risk for heart attack. Your HDL, or high density lipoprotein, also known as good cholesterol, improves rapidly. The risk for developing an abdominal aortic aneurysm is less when you quit smoking, which is especially important for patients who have a family history of this. If you've been thinking about quitting smoking, I would encourage you to talk with your healthcare provider. And I would encourage healthcare providers to continue to assess tobacco use at each and every visit.

Katie Johnson:

You'd say, well, if you've been thinking about quitting smoking, and I guess, what I always hear is that, it has to start with you. But hopefully, some of those really compelling statistic that you shared maybe will get some people to start thinking about it, and start asking the questions. Physical activity, another big one, right? Only about a quarter of the people, regardless of their age, seem to get the recommended physical activity every day, from what I've read. So, maybe you could share how much physical activity per day is recommended for optimum cardiovascular health, and maybe a small way we can start making progress toward that goal.

Alena Storlie:

Sure. The current recommendation for physical activity is 150 minutes of moderate intensity exercise weekly, utilizing a variety of cardio aerobic activity, strength training and stretching, for optimal health. This translates to roughly 30 minutes daily, which may seem like a lot to many people given our often overloaded work, school, and social schedules. However, any activity is better than no activity at all. Sometimes it helps to break this down into so-called bite-sized pieces, such as taking a 10 minute walk three times a day, performing 10 minutes of stretching or light calisthenics at your desk three times a

day, or enrolling in a fun exercise class at the local YMCA to help keep you motivated. Again, the point is to get moving in whatever way that might look like for you.

Katie Johnson:

That's right. And breaking it into those bite-sized pieces is such a good way. When people who are just trying to start out to do a little bit, and they're comparing themselves to someone like you and Dr. Kohlman, for example, that are doing Ironman competitions, it seems just so far of a reach. But 10 minutes is doable, right? And we can all start somewhere, and just every little bit of moving a little bit more helps. So, that's a great tip. Nutrition is another big one. We hear so much different information about nutrition these days. It can be confusing, keto diets, vegan diets. What's the right thing? What's the best diet? I'm guessing maybe there's no best diet, but what is the maximum heart health benefit of eating a certain kind of diet?

Alena Storlie:

Poor nutrition has long been associated with elevated risk of cardiovascular disease, morbidity, and mortality. And you're right. There's no one specific diet considered the best to follow for maximum heart health, but rather, dietary guidelines to follow. These include, but are not limited to, controlling your portion size. How much you eat is just as important as what you eat. Oftentimes, we tend to overload our plates at meal time, or when we go to restaurants. Which leads to overeating, thus unwanted weight gain. You should eat just enough to feel full or even a little hungry, but not stuffed. You could try using a smaller bowl or plate and be sure to stick to recommended serving sizes, which are generally measured using cups, ounces, or pieces. Another dietary recommendation is to eat more fruits and vegetables. Choosing fresher, frozen produce, low sodium canned vegetables, and fruits packed in water or juice, over the fried or breaded vegetables, vegetables with creamy sauces, and fruits packed in heavy syrup.

Alena Storlie:

Choosing whole grains will also reduce your risk for heart disease. But again, I encourage you to be cognizant of, and stick to the serving sizes. Whole grains are grains that contain the endosperm, germ, and bran, in contrast to refined grains, which only contain the endosperm. Some examples include whole wheat flour, brown rice, barley, quinoa, and steel-cut oats. Foods to reduce or eliminate from your diet include the white refined flour, quick breads, pies, cakes, and egg noodles, among others. Other dietary recommendations include limiting unhealthy fats, which we'll talk more about in a minute, choosing low fat protein sources, such as lean cuts of meat, poultry and fish, eggs, flaxseed, walnuts, beans, peas, and lentils are all good options to help reduce your cardiovascular risk. Sodium or salt restriction is another key to reducing your risk for heart disease and stroke. For most people, 2,300 milligrams in 24 hours or less, is the recommendation.

Alena Storlie:

This is about one teaspoon of salt a day from all sources. One of the first ways to reduce your intake is to get rid of the salt shaker off the table, and minimize use of salt in cooking. We also strongly encourage people to read labels on all foods as oftentimes, there's a lot of hidden sodium in canned soups, frozen pizzas, and even carbonated beverages. When eating out at a restaurant, request that the chef prepare your meal without using added salt and ask for all sauces, dips and dressings on the side. Minimize intake of beverages with added sugars and drink mostly water throughout the day, aiming for approximately half your body weight in ounces of water daily. A helpful way to stick to these dietary

recommendations is to create a weekly menu so you are less likely to engage in unhealthy eating habits. It is okay to indulge every now and then, but moderation is key to preventing unwanted adverse health effects.

Katie Johnson:

Yeah, for sure. And that seems so much when you listen to all of those things. And even just salt, really? One teaspoon a day? But, I think what's worked for me is to remember, I'm not going to be able to change my diet, to do all those things you is mentioned, overnight. Right? So, I'm going to pick one thing at a time. And it starts with awareness like, okay, I've got awareness now that a teaspoon a day is what I'm shooting for. Maybe, I'm going to start by figuring out how much do I actually eat in a day? How much sodium do I actually eat in a day? And then little by little, I can chip away at reducing that. And I can do that with all of those things. So, those are such great tips. And again, it's just breaking them down into those bite-sized pieces, right? Because it's so much.

Katie Johnson:

This one's really closely related, the next of the simple seven, it's overweight or obesity. Which, of course, we make those changes to our nutrition, that good nutrition will naturally contribute to maintaining a healthier weight. But maybe, a little bit of help determining what is a healthy weight, and how do we map a way to get there?

Alena Storlie:

Ideal body weight is different for everyone and should be discussed with your primary care provider. But generally speaking, a BMI or body mass index, between 18.5 and 24.9 is considered healthy for most people. One way to get there is by following the recommendations for a healthy diet noted previously, getting the exercise like we talked about as well, and having a good support system, such as friends or family members who are willing to make changes with you, and to cheer you on. People can choose to speak with a dietician to determine his or her specific caloric needs based on energy intake and expenditure to help achieve a goal weight.

Katie Johnson:

That's a really good point. We do have dieticians here on staff at Lake Region Healthcare. We have a nutrition coach over at Unity Wellness in our Wellness Center. Now, those can be great resources. And I like what you said too about just having friends and family. Those accountability partners makes such a great difference. So, also related, cholesterol. You mentioned it a little bit earlier, help us understand the various types of fats. Which of those contribute to high cholesterol, and which are the good fats and so-called bad fats?

Alena Storlie:

High total cholesterol and high LDL or low density lipoprotein, also known as your bad cholesterol, has a dramatic impact on your risk for heart disease, and consuming an excess of unhealthy fats contributes to this. Now, a certain amount of fat is necessary for energy and for many critical processes in the body, such as absorption of certain vitamins and minerals. But what fat should a person choose? The American Heart Association recommends limiting your intake of saturated fats to less than 6% of your total daily calories, and unsaturated fats to approximately 15 to 30% of total daily calories. And you should be avoiding trans fats altogether. Now, saturated fats are fats that are tightly packed with no double bonds between the fatty acids. These fats are generally solid at room temperature, and they include your fatty

pieces of meat, such as beef, some pork and chicken products, heavy cream, whole milk, butter, shortening, cheese, coconut and palm oils.

Alena Storlie:

Unsaturated fats are loosely packed and generally liquid at room temperature. These include the monounsaturated fats that are found in olive oil, avocados, and many nuts and seeds, and polyunsaturated fats that are found in fatty fish, such as trout, tuna and sardines, soybeans, flaxseed, walnuts, and hemp seeds. Trans fats are made from partially hydrogenated oils and are found in fried foods, processed snacks, and many baked goods, and should be completely avoided, if possible, as they have no nutritional value and have been found to be harmful to your health.

Katie Johnson:

So, of course they're in all those good things that you mentioned, right?

Alena Storlie:

Right, they are.

Katie Johnson:

Yeah. But again, it's that awareness, and you mentioned moderation. It's okay to splurge every once in a while on some fresh fries or something like that. But if we don't make it part of our regular diet, it really can make a big difference. Now, on to a couple of conditions, so to speak, diabetes. What does diabetes have to do with heart disease, and why does it make this simple seven? And what should I know about it?

Alena Storlie:

Diabetes has a profound impact, not only on cardiovascular health, but it affects every organ system in your body. Tight control of blood sugars through medications, diet, and lifestyle interventions are key to reducing or eliminating your risk for adverse health events, associated with this increasingly common diagnosis. Over time, high blood sugar can damage the nerves and blood vessels that control your heart and lead to hypertension, also known as high blood pressure. It can also lead to heart disease, and heart failure. Oftentimes, people with diabetes have high levels of triglycerides, which is a type of fat in your blood that leads to hardening of the arteries and plaque deposits, not only in your heart, but in your eyes, kidneys and other parts of your body as well.

Katie Johnson:

So you mentioned high blood pressure, diabetes contributing to high blood pressure. That's another, and the last of this simple seven. We've talked about it on the show before and how it's tricky because there's usually no symptoms that go with high blood pressure. So, the only way to know if you have it is to get checked often. So, let's talk about when, and how often that's recommended, and the role that the blood pressure plays in our heart health.

Alena Storlie:

High blood pressure or hypertension is also known as the silent killer, because like you mentioned, it oftentimes has no symptoms. At the very least, a person should have his or her blood pressure checked once yearly with a primary care provider during their annual physical. For patients who have known risk

factors for hypertension, such as strong family history, diabetes, obesity, and tobacco use, more frequent blood pressure checks are appropriate. If a patient has a diagnosis of hypertension, blood pressure should be monitored at least monthly, weekly, or one to two times daily, depending on their specific needs and primary care provider's recommendations.

Katie Johnson:

And they've got such handy little tools for taking your blood pressure now. It's not like it used to be so difficult that you had to go somewhere where they had one of those machines or have someone do it. Much easier to monitor that at home now. So, that's helpful too. Oh, such great information. Thank you so much for that. Just one last thing I'd like to touch on because we can't really go through life without talking about COVID these days. Right? But I would like to talk about COVID and heart disease. I've been reading public health officials warning about the relationship between the two.

Katie Johnson:

I've read that there have been more deaths from cardiovascular disease during the pandemic, and that people who have serious heart conditions of course, are also at higher risk of severe illness from COVID-19. They say, one of the reasons for this is that fewer people are seeking routine medical care, and I'm wondering if you've seen that locally in our clinics. And what your message would be to people who might be reluctant to be coming into the clinic, and keeping up on their preventive health because of the fears and things around COVID.

Alena Storlie:

Well, initially, yes, I'd say that we did see that. But since the introduction of the COVID-19 injection and more relaxed mandates, we have seen an uptick in patients maintaining their regular visits. I understand that people are still reluctant, however, and I would encourage them to schedule a telehealth visit, if this is deemed appropriate by his or her provider, if they're still not feeling comfortable coming to the clinic. But once they're inside the clinic, I would encourage them to wear a mask during their appointment, engage in good hand hygiene, and rest assured, we are engaging in these same practices and hold our patient's safety and health in the highest regard.

Katie Johnson:

Yeah, absolutely. I've said it so many times, the safety protocols we have in place here as a health facility really make it one of the safest places to be, when you think about all the other places that you go, where everyone's not wearing a mask, and everyone's not regularly performing hand hygiene, and doing the disinfection processes that we do around here. So, really a safe place to be in general. But a great point that a telehealth visit is also an option too. And more than anything, whatever you do, just don't ignore your health and don't delay the care that you need, because those are the things that will contribute to heart disease down the line. And that's not how we would prefer to see you right here at the clinic, right? Any other prevention tips or specific things you'd like to mention that we haven't touched on here today?

Alena Storlie:

Well, I look forward to continuing to work with our cardiology patients, and want to make people aware that Lake Region Healthcare has started implementing steps to offer cardiovascular screening program here in our community. But more on that later.

Katie Johnson:

Oh, great. Well, we'll definitely have you back to talk about that. That sounds superb. Well, of course, it is Heart Month and we are so glad that you took some time to visit with us to share all this great information with us. Coming up on Friday, February 4th, it's wear red for Heart Disease Day, that kind of awareness day. And we invite you all to join us if you're at the clinic or the hospital that day. I'm sure you'll see lots of red as we always rally around that for awareness, because heart disease is a really important topic, and one that we all can individually do so much to prevent and to impact.

Katie Johnson:

So, Alena Storlie, my guest today, a nurse practitioner in our cardiology department, along with cardiologist Dr. Joellen Kohlman, and like you said, that fantastic team of nurses. We just appreciate all of you, and what you do in February. Heart month is a good time to stop and say thank you to you and share that appreciation as well. So, thanks for that. And thanks for your time today.

Alena Storlie:

Well, thank you.

Katie Johnson:

Alena Storlie and Katie Johnson on Apple A Day today, for Heart Month, reminding you there's so much to do here, stay healthy for it. Have a great day.