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# Before it happens to you

Cut your risk of heart attack and  
stroke by 50% even if you can't  
change your diet or lifestyle.

by Jonathan Sackner Bernstein, M.D.  
with Kate Kelly



# This manifesto has a very simple goal: to save your life.

Jonathan Sackner-Bernstein explains all the information in this manifesto in detail in his book, *Before It Happens To You*, along with additional references. To learn more or to buy the book, [click here](#).

No one wants to take medicines. And everyone believes that there's a way to avoid them. So everyone starts with the view that medicines are to be avoided. However, scientific studies prove this is a backwards approach. If you want to stay alive and healthy instead of disabled or dead, there is a simple approach based on scientific proof. Every person over 50 (even those who seem healthy) should take an aspirin, a statin, a beta-blocker and an ACE inhibitor every day unless there is a specific reason not to. The medicines are so safe and effective, that by the time you reach 50, since your risk is so high, the safest approach is to assume the medicines are needed unless proven otherwise.

Each year, over 300,000 Americans die suddenly from a heart attack or stroke, one that occurs so quickly that there isn't even time to call 9-1-1. The breakthrough research in this manifesto is something the medical establishment doesn't want you to hear because it's afraid of the cost to society. When it comes to your health, you need to focus on your own needs, not society's. Read on if you want to be persuaded by the science instead of treated based on the costs to society. Applied globally, the ideas in this manifesto can save millions of lives each year.

This manifesto would get me into a lot of trouble if my publisher were like most. But they understand the urgency of this message. That's why they are eager for you to read it and pass it along to a friend.

Your doctor (and probably some of my peers) may feel threatened by this manifesto. I don't care much about that. You need to be in control of your health.

There are three reasons I'm offering this advice to you for free in a manifesto:

- **WE HAVE TO HURRY.** Every day that you delay implementing the lifesaving steps in this book is a day you are closer to dying from a heart attack, the #1 health problem in America.
- **YOUR FRIENDS AND FAMILY NEED TO READ THIS.** I'd love it if you'd buy them a copy of my book, but e-mailing them this manifesto is a great way to get them started to a healthy life.
- **YOUR DOCTOR NEEDS TO READ THIS, RIGHT AWAY.** Maybe, just maybe, if dozens of her patients print out copies and bring them in, we can spread the word to the thousands of doctors who have the power to save our lives...and the lives of your family. Thanks for reading, and more important, thanks for spreading the word.

Like your own doctor, I hope to read about the discovery of the cure for heart disease in this week's medical journals or hear about it at the next scientific meeting. But despite all of the advances in the fight against this country's leading cause of death, the overall progress is still slow. You probably realize this, that's why you work so hard to eat right and exercise. You may be one of the millions of Americans who take vitamins or nutritional supplements or who argue about whether Drs. Atkins, Agatston, Ornish or Pritikin can save you from suffering a heart attack, stroke or premature death.

As a cardiologist, I encourage this quest to adopt a healthy lifestyle and reduce the risk of heart attacks and strokes. But there's a problem with this strategy. We have been duped into believing that a healthy lifestyle is the "holy grail." In reality, thousands of scientists and physicians have proven that our obsession with a healthy lifestyle is not the optimal way to stay alive and healthy. Of course it helps to live right; but it does relatively little compared to the "Before It Happens" plan described in this manifesto. This plan isn't based on the discovery of a new gene; it's a lot simpler than that.

Every **person over 50** (even those who seem healthy) should take a **beta-blocker**, a **statin**, an **aspirin** and an **ACE inhibitor** every day, unless there is a specific reason not to.

Hundreds of scientific studies by thousands of researchers proves that starting treatment with as many as four medicines — before you develop any symptoms of heart disease — will help you live longer. No one advocating that you change your lifestyle, adopt a new diet or take vitamins or nutritional supplement could make such a claim.

By reading this manifesto, you will understand why you are at risk of suffering a heart attack or stroke, and how this plan can reduce your risk of premature disability or death. In my book, "*Before It Happens To You*," I provide the scientific evidence that proves the value for you of the plan, along with individualized recommendations based on your medical conditions and risks.

You probably are already tested for heart disease. When you go to the doctor, you have your blood pressure and cholesterol checked and your doctor probably tells you that everything is fine. But do you know your numbers? What is your blood pressure? Is it even a little higher than a few years ago? Do you know your cholesterol, HDL and LDL levels, or only your “cholesterol ratio,” a number that can hide a serious problem?

If your numbers are like most people, you’re not doing well even if your blood pressure and cholesterol are acceptable according to government guidelines. What the layperson doesn’t know is that these standards for acceptable blood pressure and cholesterol levels are not written with your best interest as the primary consideration. They are written with the cost-benefit ratio for society in mind: if a safe therapy reduces the risk of dying young by only 10 percent, it may be too costly for the government to justify it as a general recommendation for the entire population, despite its potential to markedly prolong life.

If you were **treated** according to the **scientific evidence...your risk** of a **heart attack, stroke** or **premature death** could be **cut in half**.

The guidelines also establish a standard of care that lets people experience major crises (heart attacks, strokes or arrhythmias) and then treating, instead of starting when blood pressure and cholesterol begin to rise, which happens well before you suffer one of these major crises. Unfortunately, once there has been a “cardiac event” of some type, the underlying heart disease is so advanced that some patients become sicker and die within only a few

years. On average, a quarter of men and more than a third of women die within a year of their first heart attack. Because heart attacks occur in the young and middle-aged as well as in older people, this can mean a person's lifespan is greatly reduced. If you were treated according to the scientific evidence instead of the standard guidelines, your risk of a heart attack, stroke or premature death could be cut in half.

You're **not doing well** even if your **blood pressure** and **cholesterol** are **acceptable** according to government **guidelines**.

At first glance, the proposal to treat differently than the recommendations of the standard guidelines may seem somewhat radical. The guidelines are crucial documents from a public health perspective; they establish the means to have maximum impact on society while containing costs. However, as a doctor, that is not the most important issue to me, and I am sure that it isn't for you as a patient either. The only purpose of medical care is to optimize your health (your quality of life and lifespan) at a cost that you can afford. Consider a public health economist advocating cost-effective medical care for society. Can you imagine what he or she would say if faced with a life-threatening medical condition where the risk of dying could be cut in half if the doctor provided a very expensive treatment? I doubt this economist, now being a patient, would refuse based on concerns of its financial impact on society.

The guidelines are consistent; the benefits to the individual are balanced against the cost to society. When the cost is too high, you lose.

Your doctor has been told to treat you according to the guidelines for cholesterol management known by the abbreviation NCEP/ATP-3. The National Cholesterol Education Program, Adult Treatment Panel, 3rd version, which freely admits where its priorities lie. In the 372-page document, no questions are raised about the effectiveness or safety of statins, only the cost-effectiveness. Quite clearly, cost is what prevents them from recommending that

## The **American Diabetes Association** doesn't look out **for your best interest** either.

you take a statin early in the development of atherosclerosis (the process of plaques forming in the walls of the arteries). The document summarizes the data that support widespread clinical use of statins, not only after a heart attack or stroke, but before suffering either one, because the efficacy (effectiveness) and safety of statins are proven. Despite these data, the guidelines make recommendations to limit the use of statins in order to control the costs for society. A recent revision to these guidelines gives the impression that doctors should be more aggressive, but in fact the changes apply primarily to those patients who are the highest risk of a second heart attack — people who already get more aggressive care — and not the huge number of people like you who are at risk and don't even realize it.

The newest guidelines for controlling blood pressure, known as JNC-7 (the seventh report of the Joint National Commission), take the same approach. These guidelines confirm that the lowest risk of heart attacks, strokes and premature death (and kidney failure as well) is with a blood pressure of under 115/75. Apparently, the guidelines committee felt quite comfortable with you having heart attacks and strokes, because they don't recommend that your doctor treat you to minimize your risk. Instead, they recommend that your risk be left twice as high, establishing a goal of 140/90.

The American Diabetes Association doesn't look out for your best interest either. Not only does it recommend a level of diabetes control that leaves you at 25–50% higher risk of heart disease, strokes, blindness, kidney failure and amputation, but also they have delayed for years embracing the scientifically proven benefits of the tightest possible control of blood pressure and cholesterol levels. In 2000, a major clinical trial showed that an ACE inhibitor could cut risk by 25%, even for diabetics with blood pressure that was already adequately controlled.

Millions...have suffered **irreversible damage** because of the **omissions** of [those] who **write** and **promote** these **guidelines**.

In 2001, a major clinical trial showed that a statin could cut the risk of heart attacks or strokes by another 25% in diabetics whose cholesterol was already below the targets of the American Diabetes Association. (The statin reduced risk even in diabetics whose LDL was less than 100 at the start of the study.) Neither of these strategies is recommended as strongly as the evidence dictates.

By 2003, two more studies proved the safety and effectiveness of treating cholesterol levels that didn't seem so bad, one in people with high blood pressure and another in people with diabetes. Both showed that statins reduce risk of heart attacks and other heart problems even when treating only mild abnormalities of cholesterol.

It's scary to think of how many thousands of people have suffered irreversible damage because of the omissions of these and other groups who write and promote these guidelines.

You need the “Before It Happens” plan if you have any of these characteristics:

- Elevated blood pressure (above 115/75)
- Elevated LDL cholesterol (above 100) or total cholesterol (above 160)
- Low HDL cholesterol (men less than 40, women less than 50)
- Have a first-degree relative with heart disease (parent, sibling or child)
- Are a current or past smoker
- Are overweight (more than 10 percent above ideal body weight)
- Are around age 40 or older, or postmenopausal
- Already have heart disease (history of blockage or narrowing of a coronary artery, a past heart attack, stroke or abnormal arteries)

The **belief** that **lifestyle changes** will  
meaningfully **reduce** your **risks** is a **myth**.

This manifesto summarizes the “Before It Happens” plan. The book provides more detail to understand the scientific basis for the plan and perhaps most importantly, the safety and effectiveness of the treatments that it advocates. In addition, the book includes specific advice about how to talk to your doctor, including both coaching tips and scripts of questions to ask.

The “Before It Happens” plan minimizes your risk of death and disability by individualizing a testing and treatment strategy based on scientific proof with a simple goal: to keep you alive and healthy.

Many doctors are following this plan. I see it every day when I make rounds in the hospital. I hear about it when I talk to doctors about the way they treat themselves. But it’s possible that your doctor isn’t. If not, one reason may be that your doctor is working so hard to follow

the government guidelines that define the best care, that he or she is not considering your needs as an individual. It's not your doctor's fault; following those guidelines becomes second nature when you continuously hear that the best doctors strictly adhere to them. (This is the message one hears throughout four years of medical school, three to six more of training afterwards and then at every scientific meeting that follows.) Or maybe your doctor isn't doing it because of the other patients in his or her practice. Most people don't like to take medicines, and doctors get tired of being salespeople, trying to convince patients why they should take a pill. By reading this manifesto, you should be more open to the idea of taking these medicines. But if you aren't, despite their proven safety and ability to lower your risk, you will be after reading the detailed explanation in the book "*Before It Happens To You.*"

## The likelihood of lifestyle changes meaningfully reducing your risks is remote.

Ultimately, your treatment will be optimal only if you are committed to making it so. The "Before It Happens" plan defines optimal care by comparing your risks if you choose the program compared to your risks if you decide you'd rather be treated based upon the standard mediocre strategies.

The belief that lifestyle changes will meaningfully reduce your risks is a myth.

Consider the importance of optimizing your lifestyle. This recommendation costs society nothing. If the food costs you more or if you end up joining a gym, you pay, but society doesn't, so even the most trivial benefit on risk is a terrific investment for society. I agree that the focus on lifestyle is important.

But the likelihood of lifestyle changes meaningfully reducing your risks is remote for two reasons. First, studies prove that few people with such a wake-up call actually do change their lifestyle. What about your own situation? You know you would be better off with a healthier lifestyle, but do you exercise regularly, maintain an ideal weight and really eat a well-balanced diet (without any junk food)? I know how hard it is. I know that I should go swimming

When 400 doctors were asked to grade the ability of their patients to change their lifestyles, the average grade was D+.

on my way to work, but there always seems to be a project to do or a meeting to attend. A healthy lifestyle is not so easy to integrate into your family life and career. Second, even if you could intensively change your lifestyle, this would provide only a fraction of the benefit that you would realize from the “Before It Happens” plan. The medical therapies in this breakthrough plan can cut your risk by as much as 50 to 75 percent. The ideal would be to realize the benefits of both lifestyle change and medical therapies.

I know you and your doctor believe you can change. But consider for a moment if you are like any of these three types of patients. One realizes the importance of eating well and exercising regularly, and has followed this healthy lifestyle before developing symptomatic heart disease. Already living the healthy lifestyle, there isn't much room for improvement. Another is more typical, people who are not nearly as healthy as they could be. It would be terrific if everyone were disciplined enough to improve their lifestyle, changing 40 or 50-year-old habits, keeping their heart as healthy as possible. But not all of us can. If you fit this profile, it's not that you're lazy or slothful—you're human. When 400 doctors were asked to grade the ability of their

patients to change their lifestyles, the average grade was D+, so don't feel too bad. Maybe you are the third type, the rare person who can adopt a healthy lifestyle. That would be great. But the scientific evidence shows that lifestyle modification is not enough; it helps only modestly. It is worth every effort to reduce your risk even a little, but it is sobering to see how small the effect of lifestyle change is in comparison with the medicines of this plan.

## You're **probably** going to die from **heart disease**. And that is **no misprint**.

Despite the data, the myth continues to spread that lifestyle modification is the way to protect yourself from the risks of heart disease. You can see evidence of this myth in all the health books for sale and the standard treatment guidelines. But the truth is that while improving your lifestyle will help, it's not nearly as effective as the medicines in this program. That's why I will not give you much advice about why or how you should change your lifestyle. The plan I present in my book is something you can actually do—without willpower or side effects. It's a plan that will help you stay alive for a long time, whether or not you can change your lifestyle. The heart of the plan is simple: a combination of tested, safe drugs that you take every day. Some require a prescription, and some are as simple as aspirin. If used the right way, these medicines have been shown to actually reverse heart disease and prevent heart attacks, strokes and premature death.

The medicines in this plan have excellent safety records and are safer than most arthritis medications and many common antibiotics. In fact, they've been shown to be far safer than the vitamins that you may be taking every day without even thinking about them. I will show you how these medicines can reduce your risk of dying young, typically adding years to

your life. Of course, you need to be evaluated individually by your doctor, even before deciding to take aspirin regularly. You will be able to achieve optimal health by using a customized mix of the following medicines:

- Aspirin
- Beta-blockers
- Statins
- ACE inhibitors

Some people may need a diuretic as well, if their blood pressure is high. That's it. No expensive, intricate diets, no new rigorous exercise plans. If you can swallow a pill, you can prolong your life. There are no brand-new medicines in this plan and no blockbuster technological breakthroughs. Instead you will be prescribed older medications, ones tested on huge populations so we know their safety and effectiveness with great precision and confidence. Using this plan, you will keep yourself healthy and alive, whether or not you are able to change your lifestyle.

## WHY IT'S IMPORTANT TO PAY ATTENTION NOW

Mark Twain advised, “Be careful about reading health books. You may die of a misprint.” You need to know that you're probably going to die from heart disease. And that is no misprint. Heart disease starts much earlier than you think. In fact, you're probably suffering from it right now. In your 20s and 30s, little balls of fat started forming in the walls of your arteries. You can't feel them and your doctor can't find them by any standard tests—not a stress test, not even a fancy cat scan or any of the new technologies—but they're there, and they can cause trouble without warning. If one of these fat deposits were to burst open, you would have a heart attack or drop dead suddenly. Consider these facts. When the hearts of soldiers

killed in Korea and Vietnam were examined during autopsies, scientists made a startling discovery: even though the average age of the soldiers was 22, 20 percent of them already had significant plaques in the arteries of their hearts. These plaques (fatty deposits in the walls of the arteries) would have grown, blocking oxygen and nutrients from getting to the heart muscle. Or, they could have ruptured and abruptly stopped blood flow, leading to death. This was confirmed by investigators at the university of Kentucky who found that 75 percent of young trauma victims (age 14 to 35) had significant heart disease and did not even realize it.

## Heart disease starts much earlier than you think. In fact, you're probably suffering from it right now.

As you age, just like the rest of your body, your arteries also are getting stiffer. This leads to high blood pressure in more than half of American adults. We know that treating high blood pressure prevents heart attacks, strokes and kidney failure. We have the tools (the medicines in this program) to radically improve your odds. Yet the medical establishment continues to ignore the scientific proof. While doctors are advised to keep patients' blood pressure under 140/90, a person's risk is cut in half when blood pressure is under 115/75. I'll show you the data and how to put it to work.

You may be thinking you're too young and too healthy to worry about having a heart attack. Unfortunately, science has a harsh message for you. You are at far greater risk than you realize. As your age increases, so does your risk. Most people in their 50s have abnormal blood pressure (the average is 125/80). If you are in your 40s, you have a 70 percent chance of having significant plaque building up in your coronary arteries and if you are over 50, you have an 85 percent chance, according to studies at the Cleveland Clinic.

## BY OUR 40s AND 50s, WE ALL HAVE HEART DISEASE

To understand why this plan, the “Before It Happens” plan, is so important, it helps to understand that at the onset of heart disease, the abnormalities in your heart and blood vessels are small, hard to detect but easy to treat. Unfortunately, doctors are currently trained only to detect and treat disease once it is more advanced—and far less reversible. This is why this plan focuses primarily on healthy people with less severe heart disease. If you have more advanced heart disease, it will still reduce your risk by 30 to 50 percent. The less advanced your heart disease is, the more years the plan can add to your life, so that an average 50-year-old could live 10, 15 or 20 years longer without a heart attack or stroke. The truth is, even though many of us will die from heart disease, we typically feel fine until we do, but that’s just because the symptoms usually don’t show up until it’s too late. So, if we can’t successfully test for the early stages of heart disease, should we just wait until it becomes noticeable and hard to treat? I don’t think so. Rather than waiting to treat heart disease until after you are at risk of dying prematurely, start now, while it is easier and more effective.

An average **50-year-old** could live **10, 15 or 20**  
**years longer** without a heart attack or stroke.

We hear about it every day: people suffering a stroke, a heart attack or worse, dropping dead in the prime of life. No warning, no reason, not even any sign of disease. Sometimes the victim is a friend or relative, other times a celebrity or politician. The most frequent cause? Heart disease. I’m proposing that no matter your age, if you have any evidence of cardiovascular disease, you need to start this program now. What if your blood pressure, cholesterol and weight are already optimal? If you are nearing 50, your risk is high anyway. You have 30

years of cholesterol-filled plaques building up in the walls of your arteries. A 50 year old man has at least a 1 in 50 chance of having a heart attack in the next 10 years. A woman's risk of a heart attack is lower, and doesn't rise above 1 in 100 until around 55 (around menopause). In either case, that means that their chances of dying within the next two years are at least 1 in 200 and 1 in 400, respectively. Those aren't such great odds. You probably don't think about heart disease as being as worrisome as cancer, but you should. For a woman as young as her 40's or 50's, significant coronary artery disease is much more common than breast cancer. More women die from heart disease in the prime of life than from breast cancer, with 83,000 dying under the age of 65. Not only is coronary artery disease more common for men and women than colon cancer, but so is the frequency of disabling, end-stage heart disease.

**For a woman** as young as her 40s or 50s,  
significant **coronary artery disease** is  
much **more common** than **breast cancer**.

Each year, more than half of all deaths in America are caused by heart disease. That's more than all forms of cancer combined. Cardiovascular disease, which includes diseases of the heart and blood vessels, is also the number one cause of death and permanent disability for people between 40 and 65. A million Americans suffer a heart attack every year—and 30 percent of them die suddenly and unexpectedly before ever making it to the hospital. The cause is abrupt closure of one of the arteries in the heart (or brain), usually caused by a fatty plaque rupturing or a blood clot forming. Since these events occur unpredictably, trigger-

ing a heart attack, stroke or worse, the “Before It Happens” plan starts early as well, when the problems are reversible and the impact the greatest. Remember, for some people, heart disease becomes evident in a rather unsettling way—they drop dead without warning (sudden cardiac death). Certainly, anyone would want to make sure that treatment starts before that is about to happen, and this is no small problem, as 300,000 Americans suffer sudden cardiac death each year.

Of course you want to reduce your risk of a heart attack, stroke or premature death. If I haven’t described your situation in this manifesto, you can read in the book how important this plan is for your health. For the typical adult, with blood pressure and cholesterol levels that are too high, and even those with diabetes or pre-diabetes, let’s consider your options.

## **THE TRADITIONAL APPROACH TO MINIMIZE YOUR RISKS (THE HARD WAY)**

Especially for people who don’t want to take medicine (which is everyone I know), the first step is to evaluate how to change your lifestyle. We all know what is necessary, so I review this very briefly in the book.

Consider the options for dietary strategies for cholesterol management. The best-studied is the Dr. Dean Ornish’s program. Ready to be a vegetarian? When will you be scheduling your hour each day for stress management, including meditation, stretches, relaxation techniques and directed or receptive imagery? Will you exercise for 30 minutes each day or one hour three times a week? How can you make sure you are eating the right mixture of foods, ones without saturated fat but with the right balance of proteins? I am overwhelmed just listing the questions. These are the major components used in Dean Ornish’s program, which is

the best-studied and most effective lifestyle intervention program for treating heart disease. Its main problem is exemplified by the observation that I have cared for only one patient who could change to this diet successfully.

No matter your age, if you have any evidence of cardiovascular disease, you need to start this program now.

About a hundred people enrolled in the scientific studies of the Ornish program and each continued their heart medicines while in the study. At the time of the studies, in the late 1980s, a strong case existed for optimal cholesterol and blood pressure control, but the tools were not as well defined as they are now. Yes, statins, beta-blockers and ACE inhibitors were available, but at that time no one realized how safe these medicines were, and certainly there was not nearly the evidence to support their effectiveness. For several weeks, while living in a spa-like environment, they received meals prepared by accomplished chefs (this was not institutional food). Immersing themselves in this controlled lifestyle (one radically different than yours or mine) changed these people. Somehow they managed to stick with the diet and lifestyle even after returning to the real world. The participants had their cholesterol levels drop by 20 percent and their LDL (the bad one) by 30 percent. Despite a slight drop in HDL (the good one, which you would want to increase), their symptoms of angina improved and the blockages in their coronary arteries improved. Such data are cause for optimism about the likelihood that heart attacks can be prevented, but no study has shown that to be the case. The Ornish program works: but can you really make it work for you? If so, you should do it. But even if you do, realize that the participants were not cured. Their cholesterol levels were not optimal and they still had plaques in their arteries despite all their hard work, and

they remained at risk. Some even had heart attacks during the study. Most people can't completely give up the idea of going out to a nice restaurant, occasionally ordering a filet mignon or perhaps dessert. The Ornish program isn't easy to follow. Fortunately, there is a more practical approach, one that you can follow and which is proven to reduce risk, the "Before It Happens" plan.

Think it is easy to **achieve** the **ideal balance** of **potassium** and **calcium**, or balance **vegetable protein** from legumes with **grains**?

Hypertension experts will tout the benefits of the Dietary Approaches to Stop Hypertension (DASH). Studies show that it helps, with small improvements in blood pressure that were maintained for up to six months. The DASH diet is one that makes more sense than most as a way to eat a healthy diet. But here's the catch. Even though it works, it has a relatively modest effect. If your blood pressure starts at 145 systolic, within a couple of months of following the diet, it will be 134 systolic. That is great, but your risk is still higher than it should be. If you start at 134, it will drop near 130 systolic. The lower you start, the smaller the effect. Does it work? Yes. Will it reduce your risk? Yes. Will it minimize your risk? No. You will need more, even if you do it right and stick with it for the long haul. If you chose lifestyle modification, it is only part of the solution.

However, these strategies share a major limitation, both were feeding interventions, not dietary interventions. By this I mean that both programs studied the effectiveness of feeding people a particular diet, with the meals prepared for and provided to the participants. Think it is easy to achieve the ideal balance of potassium and calcium, or balance vegetable protein

from legumes with grains? These approaches are great. I wish I had someone to prepare my meals in this fashion. But I don't, and few people do, limiting the likelihood of these programs for most people.

The medical establishment has not recognized the reality that lifestyle changes are too tough for all of us to implement, and just as important, even if we do, the impact is relatively small. That's why millions of Americans are suffering with heart disease, and why you are probably one of the millions more are likely to — unless you do something starting now.

TEST	STANDARD OPTIMAL	RECOMMENDATION TARGET
Total cholesterol	< 200	< 160
LDL cholesterol	< 100, 130 or 160	< 70 or 100
Blood pressure	< 140/90	< 115/75
Blood pressure with diabetes	< 130/80	< 115/75
Blood pressure with kidney disease	< 130/80	< 115/75
Blood pressure with heart failure	< 130/80	< 115/75
HgA1c	< 7%	< 6%
Weight	lower	*

\*within 5% of ideal body weight

## THE “BEFORE IT HAPPENS” PLAN (THE EASY WAY)

The “Before It Happens” plan consists of two parts: a set of standard tests to determine whether your risk is too high and treatment strategies to minimize your risks with medicines proven to be safe and effective over years of use in millions of people.

You need three key tests now:

- 1) **MEASUREMENT OF YOUR BLOOD PRESSURE**
- 2) **BLOOD TESTS FOR CHOLESTEROL PROFILE\***
- 3) **BLOOD TESTS FOR DIABETES\***

\*The blood tests should be after not eating or drinking for at least 8 hours.

Every doctor in the country can perform these tests, or order them quite easily at the time of your visit, and all will recognize the need to identify whether you have high blood pressure, abnormal cholesterol or diabetes.

These tests will identify how to implement your personalized version of this plan immediately. In the book, I will discuss these tests in detail, in addition to the blood test to measure CRP, stress tests and others that you may have read about. But blood pressure, cholesterol and glucose metabolism are the three main issues that you need to address because they are responsible for most of your risk and when abnormal, can be treated extremely effectively and safely.

The test results are reported as actual numbers along with normal ranges and treatment goals. As I explained in Chapter 3 of the book, the “normal” ranges in the standard guidelines

are not good enough. Further, the goals for treatment cannot be based purely on treatment guidelines, but must consider the scientific evidence.

Even if your doctor is resistant to your requests to implement the plan, no doctor should tell you not to have these screening tests. These testing recommendations are not different from what your doctor should do already. Once the results are back, even a resistant doctor will want to be a good doctor. It will be straightforward to get yourself optimally treated based on the results of these tests. Make an appointment to discuss the results of your tests, either in person or by phone. It needs to be a conversation, not just someone leaving you a message. The book *“Before It Happens To You”* will discuss in detail how to have a productive conversation with your doctor, including specific scripts you can use when speaking with your doctor.

Fortunately, there is a more **practical** approach,  
one that **you can follow** and which is **proven**  
to **reduce risk**, the **“Before It Happens”** plan.

In the book *“Before It Happens To You”* I show you how to talk to your doctor. You need to understand the demands and distractions your doctor faces as well as the perceptions that have been established over years of training and practice. As an example, you shouldn't ask if your doctor has enough time to answer your list of questions. You don't want to give your doctor a chance to set limits on the discussion before you even get started. Start asking questions, and if it becomes clear that your doctor does not have time, simply ask when he or she will be available. Your doctor needs to be willing and able to discuss important issues

with you, or identify a colleague who can. If your doctor is not willing to accommodate you, it may be time for a second opinion. Your doctor may consider your treatment to be good enough. But just as no one is a “little bit pregnant” you do not have cardiovascular disease that is “borderline” or “nothing to worry about.” The book will teach you how to take control of your health care and minimize your risk, even if you only have borderline problems.

## **THE SIMPLE, SAFE AND SCIENTIFIC APPROACH OF THE “BEFORE IT HAPPENS” PLAN**

The “Before It Happens” plan is simple. You are at risk of dying from cardiovascular disease. This plan would typically cut your risk in half. This plan is safe. Could you have a side effect or allergic reaction to one of the medicines? Yes, but you are much more likely to suffer a heart attack or stroke. Life is a set of choices, and I think you want to take the path of lowest possible risk. That means this plan is for you. Two of the medicines are so safe that one is over-the-counter (aspirin) and another is being switched to over-the-counter in the United Kingdom (statins). The other two are available only by prescription, because blood tests and measurement of your blood pressure are necessary to determine the proper dosages. This plan is scientific because the proof is well established throughout the medical literature. The scientific evidence should persuade your doctor. It establishes beyond doubt that this program reflects optimal care. In the book “*Before It Happens To You*,” I include charts that will prove useful in your process of enlightening your doctor about the merits of the plan.

With all the money the drug companies spend on advertising, why aren’t they promoting this plan? In order to promote a drug, a pharmaceutical company needs to work with the FDA and do extensive testing. Tests can take a decade or more and cost many millions of dollars. Only after the testing is done and approved is the drug approved for sale, but with an important limitation: The drug can only be promoted for precisely what it was tested for. Your doctor,

of course, can prescribe the drug for any use he or she desires. (That's how botox treatments caught on—the drug wasn't approved for wrinkle removal, but it has been found to be safe enough to be marketed for other uses.) To market this combination of medicines to the general public as a heart disease prevention strategy, the drug companies would have to spend hundreds of millions of dollars over many years on research studies testing each of the possible combinations. They can't do that, because no company manufactures all of the individual types of medicines in the plan, and each of these drugs is so old that they couldn't possibly make the money back that they would need to invest. So it's up to your doctor to tell you about how these safe drugs can be used to protect you. Doctors at Queen Mary's School

Two of the medicines are so safe that one is over-the-counter (aspirin) and another is being switched to over-the-counter in the United Kingdom (statins).

of Medicine and Dentistry in London made the case for their own version of the “Before It Happens” plan. They studied the effects of a theoretical medicine called a “polypill” that would contain the four medicines of the plan, plus a diuretic and folic acid. They advocated that everyone in the world over 55 should take such a pill, because their analysis estimated an 88 percent reduction in cardiovascular disease. Although there are insufficient data to support the inclusion of folic acid, and the impact could be better for you if the components and their dosages could be individualized, the doctors at Queen Mary's are the first to advocate such a plan to doctors in the medical literature. This manifesto is the first to bring the plan for optimal prevention to you, the patient.

Four types of medicines are the primary tools in the “Before It Happens” plan: aspirin, statins, beta-blockers and ACE inhibitors. Each of these medicines has been used for a decade or longer by millions of people like you, each of the medicines has proven to extend life and each has a proven safety profile better than many over-the-counter medicines or vitamin supplements. These medicines are so safe that you can consider them the equivalent of vitamins, but with proof. In fact, because they are safer than many common vitamins, these medicines are better than vitamins, based on scientific evidence I present in the book.

It's up to **your doctor** to tell you about how these **safe drugs** can be used **to protect you.**

Yes, I want you to take prescription medicines. Most people pick up bottles of vitamins at the drugstore or the health food store and take vitamin C, vitamin E and a host of other vitamin and mineral supplements based on the latest magazine article they've just read. Yet when it comes to taking a prescription medicine, they hesitate, asking, “Do I really need it?”

I don't blame you for wanting an explanation. In the book, I discuss the benefits and risks of my plan in comparison to the benefits and risks of not following my plan. The simple version is that your risk is a lot higher than you think. Since the medicines in the plan are safe and effective, your risk is minimized by taking these pills.

You are safer taking these four medicines than trying to live without them.

The “Before It Happens” plan is the easy and safe way to stay alive and healthy, and it's the most effective approach too. Aspirin prevents blood clots from blocking blood flow to your heart or brain. Statins safely lower your cholesterol level, and more importantly, prevent new

plaques from forming in your arteries and stabilize the plaques you already have (making them less vulnerable to rupture). Beta-blockers protect you from sudden death, control blood pressure and can improve glucose metabolism. ACE inhibitors reduce the risk of plaques rupturing, control blood pressure, protect your kidneys and improve glucose metabolism. Together, their effects are additive and complementary.

The **primary tools** in the “Before It Happens”  
plan: **aspirin, statins, beta-blockers** and  
**ACE inhibitors.**

### **WHAT IF YOU ALREADY HAVE HEART DISEASE?**

If you already know you have heart disease, the only kind of medical care you can afford to accept is optimal care. Whether you have coronary artery disease, abnormal cholesterol or high blood pressure, you are in a high-risk group, and you cannot afford to be passive. If you have a first-degree relative who has had a heart attack, angioplasty or bypass operation, the time to start with the program is when you are at least 10 years younger than the age of your relative when he or she was first diagnosed. If you have cardiovascular disease, get your siblings, parents and yes, even your kids tested too.

Your goals:

- total cholesterol level of under 160 and an LDL of less than 100, unless you are at even higher risk; then your LDL should be under 70 (if you have already been diagnosed with heart disease).
- blood pressure of under 115/75, or to at least reduce your current blood pressure by 20 points.
- HgA1c of 6 percent or less and a fasting glucose under 100. If you are diagnosed with diabetes, you must embrace the strategy of reaching an HgA1c of 6 percent or less.

	MY WIFE	ME
Age	45	42
Blood Pressure	110/70	112/68
Total Cholesterol	166	153
HDL Cholesterol	53	60
LDL Cholesterol	98	85
Smoker?	No	No
Diabetes?	No	No
Family History of concern	Mother	No
Body Mass Index (Should be < 25)	21	25
Activity	Exercises regularly	Exercise intermittently

## CONFIDENCE IN THE PLAN: WHAT ABOUT MY FAMILY?

Consistently, doctors raise one concern about the before it happens program. It isn't its safety. It isn't doubt about its scientific basis. It's the cost. I admit it, this plan will be costly to society, but it will provide more tangible benefits than most investments our country makes. Besides, if you can afford it, these medicines are an investment that has a wonderful return—keeping you alive.

“Would you give **your wife** these medicines?” This is the **quintessential question** in addressing **safety**.

My wife told me the most revealing question she asks her doctors: “Would you give your wife these medicines?” This is the quintessential question in addressing safety. So here's what happens in my house. My wife's risk is very low, based on the test results listed in the following chart. But here's where numbers can be deceiving. My mother-in-law died suddenly last year from heart disease. She was 69, and she didn't seem to be at risk either. I had recently asked her to check on her test results. Her blood pressure was under 115/75 and her LDL was less than 100. Although she took an aspirin a day, she also took hormone replacement therapy, and had for years. While on vacation, she suddenly died of a heart attack.

According to standard teaching, her age of 69 at the time of her death means that this does not signify any increase in risk for my wife. But this view misses the point of the concept of risk. Yes it would be more significant if it had happened when my mother-in-law were 49, but it signifies a possibility of risk for my wife. Based on recent studies, it is possible that my mother-in-law's heart attack could also have been due to her hormone replacement therapy.

In either case, I view this as a risk factor, and here is the plan for my wife (which she actually agrees to). When she hits 50, or as soon as she begins to enter menopause, she will start on a statin. I wouldn't try an ACE inhibitor or beta-blocker because she has taken medicines in the past that lowered blood pressure only slightly but made her very dizzy. As she completes menopause, she will start on 81 mg a day of aspirin. At 45, I will start on my baby aspirin. Considering that my blood pressure always used to be under 105/60, I expect that I will be on an ACE inhibitor, too, since it will likely reach the 120s by then. (Studies show that 90 percent of us who reach 50 without being diagnosed with high blood pressure go on to develop it in subsequent years.) Studies show that the strategies of my program reduce the risk of cardiovascular disease, and do so safely. That's why I am so comfortable "prescribing" this program to my family and myself.

## **PEOPLE WANT TO TAKE MEDICINES THAT REDUCE RISK**

You aren't the only one willing to take medicines that can keep you alive. Most people talk about how they resent having to take medicines, but when asked, almost everyone is willing. A recent survey by CNN.com asked whether people would be willing to take medicines every day to prevent heart attacks and strokes; 94 percent said yes. Help your family and friends get what they want: medicines to keep them alive and healthy.

The "Before It Happens" plan is simple, safe and effective. Best of all, you have taken control of your health and guided your doctor to treat you optimally. Now look around at your family and friends. They could become another statistic, unless you save their lives. With over half of American adults having a blood pressure above 115//75 and half having an LDL above 100, the risk surrounds you. Send this manifesto to your family and friends and give them optimal health.

There is no greater thrill than when you save a life. You have that same power now.

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For details on the book or to buy a copy of *Before It Happens to You*, click here.

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