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Editorial

The Bridge between Prevention and Treatment

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EDITORIAL

As a Doctor of Public Health, I have devoted my career to preventing disease and to promoting health at the population level. Some readers may wonder, why I am joining the editorial board of the *Clinical Journal of Heart Diseases.* When public health efforts are effective, heart disease is either absent, delayed or its impact on the individual is mitigated. When public health efforts to reduce cardiovascular disease are ineffective for individuals, the other members of the healthcare team, namely clinicians, begin their work. Building a bridge between treatment and prevention can reduce the pain and suffering in our communities due to heart disease.

My father is a case study of prevention and clinical practice working together. A Southern Italian by birth, he benefitted from a Mediterranean diet; a carpenter by trade he engaged in a lifetime of manual labor and exercise. As a result of his lifestyle and, perhaps, benefitting from a positive genetic inheritance, his heart disease was delayed until his mid-sixties. His physicians prescribed antihypertensives and I prescribed low sodium, cholesterol reducing diet. He struggled with lowering his salt intake and may have never achieved the sodium reduction targets set by his dietitians. At 90, he developed a tear in his mitral valve, a condition that would have required open-heart surgery just a few years ago. However, since we live near Los Angeles, he was eligible for a closed valve repair in the catheter lab. The procedure was virtually pain-free and recovery was immediate. He is 92 now controlling his congestive heart failure and enjoying his great-grandchildren because of a healthcare team that bridged prevention and treatment.

More than 25% of the US population and 66% of those over 65 years old have multiple chronic conditions. Heart disease and cancers pose the greatest risk for older adults along with other chronic conditions such as stroke, diabetes, lung diseases and Alzheimer's disease (CDC, 2013) [1]. Chronic conditions in older adults can diminish quality of life by creating dependency and isolation among those who can no longer perform activities of daily living and have decreased mobility due to illness (CDC, 2013) [1]. Additionally, treatment for older adults accounts for 66% of the US healthcare budget (CDC, 2013) [1].

Two of every three older adults in the United States have multiple chronic conditions (CDC, 2013) [1]. They often see multiple medical specialists, are treated with various regimens and medications that may not be compatible. "People with multiple chronic conditions face an increased risk of conflicting medical advice, adverse drug effects, unnecessary and duplicative tests, and avoidable hospitalizations, all of which can further endanger their health (CDC, 2013, p. 6)" [1]. Chronic diseases are not inevitable; a vast body of research has determined heart disease, cancers, diabetes and other chronic conditions can be prevented. The risk of developing chronic conditions is significantly decreased in those who do not use tobacco, who get regular physical activity, and who eat a healthy diet (Fries, 2003) [2].

While lifestyle changes such as eating a healthy diet are well established as first line defenses for those with chronic diseases, most health professional schools do not teach nutrition in a manner that translates food science into practical patient-centered advice. The vast majority of health professionals do not feel adequately trained to empower their patients to make lifestyle changes especially in giving nutrition and cooking advice. "Physicians talk about nutrition and diet all the time, but they don't talk about it in a way that communicates change to their patients," according to Harlan the innovator of The Center for Culinary Medicine at Tulane University (National Public Radio, 2015a) [3].

Nutrition classes do not often emphasize shopping and cooking; Cooking classes and television shows, while increasing in popularity, (Harris, 2010) [4] do not often emphasize nutrition and food safety. There is a vast body of work that demonstrates that proper, well-balanced nutrition is essential to health, and there is some hard evidence on the impact of cooking classes for health professionals or for the community. At least 20 medical schools have begun to offer cooking classes either as part of their medical school curriculum or as an elective for medical students. This is an important step in arming clinicians with the tools of prevention.

Prevention of Heart Disease is not a new endeavor. Actually, my dissertation in 1989, evaluated an effective hypertension education program for African-American elderly. What has changed since then, is that media attention and public focus have shifted to HIV, Breast Cancer, Ebola, Avian flu and other emerging diseases. Yet heart disease remains the number one killer worldwide. Also, what we know about prevention

has not fundamentally changed. We need to promote physical activity and a nutritious diet, low in saturated fats, sugars and salt. What I have found to be different now, is that fewer people are cooking meals at home. Fewer students are learning to cook and to prepare healthy meals in school. This results in health professionals and other adults who do not have the skills to prevent heart disease through better nutrition.

Teamwork to reduce heart disease requires bringing prevention, like cooking classes, and treatment, like non-invasive surgery, together. Advances in medicine have greatly improved treatment options for patients with heart disease. By supplementing treatment with effective prevention and control interventions, the healthcare team can advocate forcommunities of individuals living healthy active lives well into old age.

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