Diagnosis: Heart Disease

HAES Health Sheets

What is it?

There are four types of heart disease:

Coronary Heart Disease (CHD), also known as coronary artery disease, is a buildup of plaque in the coronary artery walls which limits the flow of blood to the heart and can eventually lead to a heart attack.

Arrhythmia refers to a change in the electrical impulses that initiate heartbeat. Arrhythmias can create a heartbeat that is too slow, too fast, or irregular.

Heart Valve Disease happens when one or more of the four valves of the heart does not work correctly.

Heart Failure is a loss of the heart's ability to pump, which makes it unable to provide enough blood and oxygen to the rest of the body.

How is it diagnosed?

Often the patient will notice symptoms which may include chest pain, shortness of breath, fatigue, swelling of the legs and feet, bulging of the neck veins, a fluttering feeling in the chest, and/or the feeling like your heart is "skipping a beat." Keep in mind that many people with heart disease do not have the "typical" symptom of chest pain that is most often associated with heart disease.

Diagnostic tools include:

- Blood tests
- Non-invasive tests including electrocardiogram, echocardiogram, Stress EKG or Echocardiogram, Radionuclide stress test, cardiac CT scan, heart monitors, and more
- Invasive tests including catheterization and Electrophysiology Study

Fatphobia and Body Weight in Diagnosis and Treatment

Genetics and environmental factors can play a major role in the development of heart disease. Still, fat patients often have to deal with doctors blaming their body size for the same issues that also affect thin people. That's counterproductive to good medical care.

Note that some diagnostic tests may be more difficult or even impossible because of the failure to create equipment that works on fat bodies. That is not your fault, though it may become your problem. If this is the case it can often help to ask about older techniques (what they did prior to this technology) or alternative techniques.

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For example, though not as widely available, Radionuclide stress tests with PET scan and cardiac CT scans can often be more accurate than other tests in diagnosing coronary artery disease in people in larger bodies. Remember (and feel free to remind your care team) that you are a person deserving care that isn't compromised by weight stigma.

In some cases congestive heart failure can cause fluid retention which may cause an increase in body weight. Some treatments are focused on reducing this excess fluid which can help lower blood pressure and make the work of the heart easier. While this should not be confused with traditional ideas of weight loss, it can represent one of the few situations in which weighing a patient is necessary.

If one of your treatment goals is to prevent/reduce fluid retention and you and your healthcare provider (HCP) determine that weighing you is necessary, you may choose to weigh yourself at home rather than being weighed at the doctor's office, and/or to be weighed facing away from the scale and not told the result.

Note that controlling fluid retention is very different from traditional ideas of "weight loss" and that the two shouldn't be conflated by your HCP. It is completely reasonable to ask your HCP to make a distinction between the two.

Though dieting and weight loss are often prescribed by HCPs as a treatment for heart disease, this is a harmful intervention. Weight cycling, otherwise known as yo-yo dieting, has been associated with an increased risk of coronary artery disease and risk of dying due to heart disease. You can read more about why we don't recommend weight loss here: https://haeshealthsheets.com/why-we-dont-recommend-intentional-weight-loss/

So you have Heart Disease. How is it treated?

Movement
If appropriate for you (including asking your HCP if it's safe) movement can have a big impact here. About 30 minutes of moderate exercise most days (which can be broken up into smaller increments throughout the day) is recommended, but a little can be more helpful than none.

Not Smoking
Reducing, quitting, or not starting smoking can have a positive impact on heart health.

Food
There are things you can add to your food intake that can help including fruits, vegetables, and soluble fiber. Adding Omega-3 fatty acids in the form of fish or supplements may be beneficial for some heart conditions. Some people with Congestive Heart Failure may benefit from reducing sodium intake.

We recommend connecting with a HAES-based dietitian to help navigate this. You can find a list of HAES providers on our Resources page: https://haeshealthsheets.com/resources/

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Medications

Depending on the type and severity of the heart disease, your HCP may prescribe one or more medications such as:

- **Antiplatelet Agents or Dual Antiplatelet Therapy (DAPT)** prevent clots by keeping blood platelets from sticking together.
- **Diuretics** help relieve water retention.
- **Beta Blockers** decrease both the force of each contraction and the heart rate, lowering blood pressure.
- **Vasodilators** relax blood vessels and decrease blood pressure.
- **Cholesterol-Lowering Medications**, statins being the most common, work in various ways to educe cardiovascular risk, including decreasing blood cholesterol levels and reducing inflammation. These may be affected by the consumption of grapefruit and pomegranate (including juices).
- **Anticoagulants**, often called blood thinners, though they don't actually thin the blood, reduce the clotting ability of the blood to avoid heart attack and stroke.
- **Angiotensin-Converting Enzyme (ACE) Inhibitors** allow blood to flow more easily, making the heart's work more efficient, by expanding blood vessels and decreasing resistance through lowering angiotensin II.
- **Angiotensin II Receptor Blockers/Inhibitors (ARBs)** keep blood pressure from rising by preventing angiotensin II from having any effect on the heart and blood vessels.
- **Angiotensin Receptor-Neprilysin Inhibitors (ARNIs)** limit the effect of neprilysin, an enzyme that breaks down the substances that the body produces to open narrowed arteries. This improves artery opening and blood flood, reduces salt retention, and decreases heart strain.

Remember that you have every right to ask about side effects, and to make sure that your doctor is prescribing a medication meant to help your heart and not manipulate your body size.

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Medical Procedures/Surgery

As with diagnostic tests, in some cases these procedures may be more difficult for fat patients due to a lack of equipment and training of HCPs with fat bodies. You can insist that they recommend the same treatment options to you as they would to thin patients. You have the right to be sure that your doctor is fairly addressing your needs and not your body size.

- **Coronary angioplasty and stent implantation** – a small balloon is inflated to open up a blocked coronary artery. A stent, an expandable metal tube, is placed into the expanded artery and left there in order to keep the artery open.

- **Coronary artery bypass graft surgery (CABG)** – a blood vessel is taken from the chest, leg, or arm and attached to the coronary artery. This allows the blood to bypass a narrowing artery or blockage.

- **Artificial pacemaker and defibrillator surgery** – a small device is implanted under the skin of the chest which has wires connected to the chambers of your heart. The pacemaker sends small electrical currents that stimulate the heart and make sure that it beats regularly and the defibrillator sends an electrical shock, if needed, to treat an arrhythmia.

- **Heart valve surgery** – fixes a faulty or damaged heart valve so that the heart can properly pump blood.

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