Dr. Tamanna Singh
Cardiac disease is quite common, can be quite menacing, certainly a combination of lifestyle choices and the stuff we can't control our genetics, but we can work through it, we can prevent it, and if you actually have the disease and you're motivated and you stay committed, you can certainly control outcomes to some extent. So super preventable, definitely can be on the easier side to manage for many people.

LuAnn Heinen
That's Tamanna Singh, cardiologist and sports medicine specialist. Her work is dedicated to not only keeping athletes in peak condition, but also helping those recovering from injury or illness find their way back to the activities they love.

I'm LuAnn Heinen and this is the Business Group on Health podcast, conversations with experts on the most relevant health and well-being issues facing employers.

Today I speak with Dr. Singh, director of the Cleveland Clinic Sports Cardiology Center, about the role of exercise in promoting health across the lifespan, especially in an era of GLP-1s, along with the importance of combining movement with other key pillars like nutrition to reduce disease risk.

Dr. Tamana Singh, thank you so much for joining the podcast today.

Dr. Tamanna Singh
Thank you so much for having me.

LuAnn Heinen
Let's start with the state of heart health in the United States. We know that one in five deaths are due to heart disease, making it still the leading cause of death for both women and men.

Dr. Tamanna Singh
I mean, it's quite high. I think a lot of times we hear comparisons about how many people are at risk of getting breast cancer versus cardiovascular disease. I would say that one in eight have a chance of developing breast cancer among women. It's actually one person who dies every 34 seconds from coronary artery disease, and in 2023, one in three deaths was from cardiovascular disease, which is about a million people annually. So the burden is real, and the burden is certainly escalating, particularly with rampant obesity and individuals being overweight, which contribute to metabolic syndrome, diabetes, high blood pressure, you name it.

LuAnn Heinen
We're doing a better job of helping people who have heart attacks live much longer. Heart attack deaths are down almost 90% since 1970. There's less smoking. We have better control of cholesterol and hypertension, but still, we have more deaths from other kinds of heart disease, like more chronic heart disease. Are you seeing that?

Dr. Tamanna Singh
Yes, I mean, as you alluded to, people are living longer. That doesn't necessarily equate to better quality of life, and I think we have a lot of ways to go with respect to preventing people from even getting cardiovascular disease to begin with. At the end of the day, I think a lot of us providers want to see people living fully functional, independent, and active. That's predominantly where I focus my practice.

LuAnn Heinen
Tell us about your practice, and it's okay to name-drop, because I know you deal with professional and collegiate athletes and serious runners and other lifelong athletically inclined people.

Dr. Tamanna Singh
I'm a sports cardiologist by training, so what that basically means is I did my training in general cardiology, and then I did an advanced specialty year in sports cardiology specifically. I learned how to take care of individuals who are incredibly active, who prioritize physical activity, and individuals where their physical activity and commitment to exercise is essentially equivalent to their life's worth. That's where I would say, you know, this is the population of competitive individual and team-based athletes. A lot of what I do is not only advocate for these individuals to play, a lot of our work is predicated upon providing cardiac risk assessment when it comes to sports participation, certainly evaluating individuals when they have specific symptomatology that may be cardiac in nature. We take care of a lot of individuals who actually have cardiac problems. We work through them. A lot of times I'll see people coming in for second, third, fourth opinions, previously being told they can't participate in competitive sport. Then my job is really to find a way where we can, if we can do so safely, certainly through a shared decision-making model. A lot of what I do is certainly with individuals who are healthy, but also those who have medical problems and want to be healthy, want to stay engaged with physical activity, and really want to have high quality of life. We certainly take care of our professional teams here in Cleveland. Then we have a robust number of individuals who are, in my practice at least, post-U.S. and high school collegiate, independent, individual athletes, certainly around the globe. So it keeps my job really exciting.

LuAnn Heinen
I'm guessing you don't see a lot of chronic heart disease in the Sports Medicine Center, but what kinds of problems do you uncover in your patient population?

Dr. Tamanna Singh
Well, actually we do. It really just depends upon the individual. I guess I could break it down by age in terms of demographics. You know, in our younger individuals, those who are less than 35 years of age, people who are coming in to see me having potentially cardiac issues may have been born with those specific cardiac issues, or they may just have symptomatology that seems to mimic something cardiovascular, but maybe something else entirely. Then those above 35 are typically the ones who come in with some semblance of bread and butter cardiovascular disease or heart disease. We see a lot of individuals who have heart muscle problems or cardiomyopathy; it's a fancy word for it. Then I have a large number of individuals who are in their 40s, 50s, 60s. So now we're hitting those decades where we see cardiovascular disease in our sedentary population. It's not uncommon for me to see people who are coming in after heart attacks wanting exercise recommendations and guidance, individuals who might have heart failure, individuals who might have familial or genetically based cardiac problems. I certainly have those chronic individuals and then a whole host of individuals who are just coming in with kind of one-off independent problems that we sort through and then we move on.

LuAnn Heinen
You mentioned that in the over 35 population it could be heart muscle issues. How does your heart muscle go bad when you're in your 30s and 40s?

Dr. Tamanna Singh
Actually above 35, it's really coronary artery disease or heart disease that typically is the primary cause for sudden cardiac arrest and death. Cardiomyopathy or heart muscle problems can exist at

any age depending upon what the cause is. There's a lot of genetic mutations that can cause problems with the heart muscle. There is a genetic propensity for developing abnormalities and how the muscle actually contracts or relaxes, which can then have implications on an individual's ability to exercise or participate in physical activity, can hinder their ability to perhaps balance the pressure volume changes of the heart, and can lead to what we kind of commonly describe as heart failure and so on and so forth. These are conditions that sometimes some people can be born with. They can manifest at specific ages depending upon the disease process. They can also be acquired when we bring it back home to heart disease or cardiovascular risk factors for heart disease, like high blood pressure for instance, and even being overweight and obese. Now there are certain things that can happen to the heart muscle when it's challenged by a lot of pressure or "volume overload" or other conditions. Certainly if there's abnormality in its ability to get the amount of oxygen it needs to actually function appropriately. A lot of these scenarios are things that can contribute to an individual having a heart that just does not contract as it should and then that in itself can certainly lead to electrical problems that can cause abnormal heart rhythms that precipitate cardiac arrest.

LuAnn Heinen
What I'm kind of hearing is that like in so many other areas of our health, there can be genetic predispositions and even you know things that are inherited, but also it's the environment and lifestyle and other things that we can control that come into play.

Dr. Tamanna Singh
That's certainly the case. I mean this is I think a place where I typically will tell my patients, you know what you know and you don't know what you don't know. I say that whenever I emphasize the importance of knowing and investigating your family history so you can get a sense of whether or not you are at increased risk for some of these problems that manifest genetically. Then certainly our environment, which is something that we can to some extent control, certainly contributes to a lot of amplification of cardiac risk factors. The foods that are available that are cheap to eat are often not the healthiest. The stress and the anxiety that we have within the workplace and certainly at times at home or within families also can lead to increased risk in cardiovascular disease in terms of things like high blood pressure.

LuAnn Heinen
What do you see in your practice that is general to the broad population? What can everybody benefit from, for example, knowing your family history.

Dr. Tamanna Singh
I think the number one thing people can kind of take away from any practice, whether it be a sports cardiology practice or not, is yes, understand your family history and be open and honest about what your life is actually like. If you're someone who's active on a daily basis but doesn't commit to consistent intentional exercise or physical activity, that might be something you want to think about to decrease your cardiovascular risk. If you know that your siblings have high blood pressure or have high cholesterol and you've never had any labs checked for yourself, I would empower individuals to go and talk to their primary care doctor or a cardiologist, if appropriate, and get those labs checked. I think a lot of times, you know, we think ignorance is bliss. We don't really feel high cholesterol or feel high blood pressure or even feel heart disease until it's a little too late in the sense that, you know, we actually have a catastrophic event or now instead of maybe being on one medication or committing to lifestyle changes, we're now on four or five. Just understanding what your medical literacy is, understanding what your family history is, being open and honest about the things that you can optimize to really get your health in check, and realizing that you have a lot of choice for the most part unless there are certain limitations that

are out of your control, and to empower yourself to really take a hold of your health because we can do so much good. We can actually reduce our risk of cardiovascular disease by about 80% if we control all of these common risk factors like high blood pressure, high cholesterol, abnormal blood sugars, our body composition, and certainly controlling habits like smoking and alcohol consumption. You know, intentional movement and certainly intentional nutrition is not rocket science. It's just, I think, the age we live in, the culture we live in, the emphasis on access, whether it be "good or bad access," I think a lot of that has really created the environment where it can be challenging to really focus and commit to lifestyle choices that optimize cardiovascular health. I mean, the way we live, the stresses that we see, a lot of it is not conducive to us getting enough sleep, having access to quality foods, having the time to exercise. It really involves, I think, a cultural shift to truly have the greatest impact when it comes to preventing something so preventable.

LuAnn Heinen
As of 2020, more than half of adults 18 and over did not meet the CDC aerobic exercise guidelines. It's 150 minutes of moderate exercise every week or 75 minutes of intense exercise per week. More than half did not meet that, but what do you make of that? We know it's hard, but still.

Dr. Tamanna Singh
Because, if you think about it, 150 minutes is what, only 30 minutes five days a week. We can find time to doom scroll. We can find time to watch TV or Netflix. We can find time to do a lot of other kind of mundane habits. But for some reason we just can't find time to exercise. I think a lot of the hesitation may be just either someone's individual thought about what exercise truly means. Is there a right or wrong way to exercise? What does social media say about exercise? I think people sometimes get stuck on thinking that exercise has to be this super intense, super long experience where you have to be hurting and have to be in pain for it to mean anything. So, naturally, you know, the brain's going to say, hey, I don't want to be in pain. I don't want to do something uncomfortable, and you're more likely to just kind of sit in your chair and scroll on social media, because a finger getting exercised causes less pain than a body moving. We have to really educate what is exercise? What counts as exercise? You know, what is movement? What is investing in, you know, one of my dearest sports psychologists describes as movement practices. I think if we can create and change the narrative on intentional physical activity, we might be able to get more buy-in. If we can frame it in a way where it's, hey, you've got 10 minutes between meetings, let's get up. You know, let's maybe do some jumping jacks or let's maybe do some quick little "exercise snacks." Let's just get a little bit of movement in there. Now, that movement still counts. That movement can still be impactful. I think it's a great basis, a great foundation for developing an interest, developing a liking, and committing to something more consistent, and potentially longer in terms of duration, certainly higher in frequency, and potentially higher in intensity.

LuAnn Heinen
I like the idea of exercise snacks and also I've recently read that a brisk walk, even 10 minutes after a meal, is especially helpful.

Dr. Tamanna Singh
Oh yeah. If you think about it, if it's a brisk walk, imagine in the summertime, or even in the early fall, where it's still a little light out and you're inviting yourself to have an experience with forest bathing. I think there's something to be said about getting oxygen, fresh air, moving the body, particularly the aid and digestion. I think there's so much good that comes from that, even just outside the general cardiovascular bang for your buck for movement.

LuAnn Heinen
Do you think walking's enough, even when you're not old, even for younger people, mid-life people?

Dr. Tamanna Singh
Yeah. I think any movement is movement. So, your heart can't tell what you're doing. It doesn't care whether you're walking, jogging, running, swimming, rowing, biking. All it cares about is getting some sort of challenge that stimulates an adaptation. By adaptation I mean stimulating fatigue resistance, endurance, whether it be aerobic or strength, if you're investing in lifting and strength training. Your heart wants to adapt and optimize your ability to utilize oxygen and the ability to deliver oxygen to the places it needs to go in a very efficient manner. So the more you embrace any sort of movement, and the more consistent you are, you're going to be able to see these adaptations, which then lend themselves to reducing a lot of those risk factors that can increase the risk for cardiovascular disease.

LuAnn Heinen
Can you achieve those adaptations if, let's say, you can only exercise on the weekend or for two days, whatever your days off are, if you're a clinician, or Saturday and Sunday, if you work in an office?

Dr. Tamanna Singh
I think you're alluding to “the weekend warrior.” I will say that when we think about exercise, I always say what are our goals? If the goals are just to try to get some movement, then two days instead of zero, it's great. I think if the goal is for someone to potentially maybe get faster at running or become a stronger swimmer, if the goal is to actually augment your physicality, then an increase in intensity, duration, or frequency is really needed to see those training adaptations. But if you're really only able to get two days in, make those two days count. And understand that if you're only moving your body two days out of the week, if you really kind of push it too hard, you may be at increased risk for musculoskeletal injury. So we just want to be mindful that the body may just not develop that aptitude in the sense of being used to activity, used to particular movement patterns. The less frequent you move, the kind of greater jolt it can be on the body and so we just want to balance that intensity if you're really only moving infrequently.

LuAnn Heinen
What about people who have been away from exercise due to an injury or an illness? Maybe they have been treated for some type of cancer. They're done with chemo. They're coming back. How does that look?

Dr. Tamanna Singh
Yeah, I oftentimes do a lot of exercise counseling, kind of creating “exercise prescriptions” or “return to play protocols.” That's all just verbiage to say, how can we help you get back into movement? How can we achieve your goals? How can we create a positive experience that you want to continue for as long as possible? If it's someone coming back from cardiovascular disease, so maybe someone having had a heart attack or having a heart failure episode, having some sort of cardiac issue, we typically will go through how they're feeling. You have a robust cardiac rehab program, certainly at the clinic, but, you know, globally there are cardiac rehab programs which are great spaces for people to develop the confidence, build some reassurance, coming back to exercise and movement. If it's someone coming back from potentially a non-cardiac issue, we still have rehab and exercise programs available, but I usually start with goal setting and we kind of get an assessment of where that individual is physically, what their kind of cardiac picture looks like, and then I always say the tortoise beats the hare really in any return to play, whether it be

injury, malignancy, cardiovascular disease, or cardiac events. We have to respect recovery. We have to respect training load, even if training load is a five-minute walk to the mailbox and back. A slow augmentation, appropriate for the individual in terms of age and their comorbidities, kind of the slow and steady method will win in the sense of avoiding musculoskeletal injury, avoiding burnout, avoiding developing kind of negative feelings around exercise. It's typically easier for individuals who are so used to having exercise as a part of life and they're really eager to get back to it. I think you really have to get by and develop a really trusting relationship to really motivate and help change someone's behaviors and their relationship and certainly their perception of exercise if they've never invested in it before.

LuAnn Heinen
I love the term return to play. That's great.

Dr. Tamanna Singh
Yes, we use it a lot of times.

LuAnn Heinen
Is there any kind of a de-identified story you could tell about someone, like what their path was or anything that comes to mind?

Dr. Tamanna Singh
Yeah, I had one individual who loved running and he actually ended up having a cardiac arrest, had to have heart surgery or bypass surgery. This individual had really severe heart disease and needed to have grafts placed to help augment oxygen delivery to certain parts of his heart muscle.

LuAnn Heinen
Wait, hang on one sec. How do runners get heart disease? I thought that that would be, you know, there's no guarantee then that lifelong running keeps you from heart disease.

Dr. Tamanna Singh
Oh no, I mean there's no guarantee about anything. We can't ignore our genetics and not all runners are equal, right? There's certainly people who run to eat and certainly people who fuel to run and to optimize their performance. If you're someone who runs and then you go and you eat McDonald's right after or you're otherwise drinking 10 cans of soda a day, you have a family history of premature coronary disease, your cardiovascular risk is elevated. You actually bring up a great point with respect to people coming to see me a lot of the time saying, hey doc, I'm active. I work out like every day, you know, why do I have a high cholesterol? Why is my blood pressure high? So we have to then assess like, well, what does your life look like outside of running? What is your genetic story? What's your family history? Exercise does not make individuals immune to cardiovascular disease and other comorbidities. This is again where if you don't know, you don't know, right? So educating yourself about family history, educating yourself and being open to knowing what's going on in your body will help prevent you from developing a lot of cardiac issues and certainly other medical problems along the way.

LuAnn Heinen
Okay, so I interrupted the cardio bypass story.

Dr. Tamanna Singh
So this individual, I think, reflects kind of the bread and butter of what we do. It's someone who ended up having a cardiac arrest related to heart disease, got his heart disease fixed, and then

came to see me and we started a nice long relationship about how could he get back to running and feeling safe. When people have heart attacks or catastrophic cardiac events, there's certainly some trauma associated with it, which is why I always encourage individuals to speak to someone about it. We have sports psychologists that are available to us to talk to individuals, because it not only is about building back the physical confidence and physical capacity, but it's also about building that mental capacity, mental endurance, and confidence. That really goes hand-in-hand when I counsel about returning to exercise and building back a running program. We kind of worked through that together, slowly and surely built back his confidence, built back his capacity, and now he runs quite frequently and feels great. I have another individual who knew he had a family history of cardiovascular disease and high cholesterol and he kind of said, hey, you know, I know I have high cholesterol. I don't know if I should do anything about it. I run a lot, so I think I should be okay. I don't really want to start medication. So we talked a lot about nutritional optimization, reducing saturated fat consumption, and he really committed to being more plant-forward in his diet, got his cholesterol down quite aggressively, and after seeing those changes was motivated to stay consistent and stay true to those lifestyle changes. That was a really incredible positive behavioral change. In fact, he was like, you know, my cholesterol could be better. I actually think I want to be on a little bit of medication just because of my family history. Here is a person who was initially resistant to medication, initially kind of wanted to maybe blow off a little bit his family history, found out that certain lifestyle changes actually helped to improve his cardiovascular risk profile, which then even encouraged him to say, you know what, just for that extra bit of LDL reduction, I'm going to be on some medication. He's running half marathons all the time, feeling great. I think the last example is one that had a good impression on me. A woman in her 60s, she's a really high-performing competitive triathlete, and we met because she had had a heart attack and she was told she could never do Ironman again. She met me and knowing what I did and said, is that the case? Can I never compete? The answer was, well, let's see how you're feeling. Let's see what your heart is doing. Let's have you do a maximal effort stress test with us and go from there. Working together, doing the appropriate diagnostic testing showed that, no, she can compete. She's doing great. She can compete and she knows what red flag symptoms and signs to look out for. That would give me a sign that we need to do some investigation or some diagnostics. Cardiac disease is quite common, can be quite menacing. It's certainly a culmination of lifestyle choices and stuff. We can't control our genetics, but we can work through it. We can prevent it and if you actually have the disease and you're motivated and you stay committed, you can certainly control outcomes to some extent. So super preventable, definitely can be on the easier side to manage for many people.

LuAnn Heinen
Let's move on to hot takes. Just a few topics that are interesting or potentially controversial that I want to get your reaction to. Okay, so first up is GLP-1s, which we now know are about to become even more ubiquitous. What consequences do you foresee?

Dr. Tamanna Singh
Oh yeah, that's a loaded question, I think, depending upon who you ask. I think GLP-1 agonists have a role when it comes to individuals who have type 2 diabetes, which is what it's FDA approved for, or certainly individuals who are overweight, morbidly obese, have a lot of metabolic cardiovascular consequences. GLP-1, you know, for those who don't really know, it is an actual hormone that we inherently make and it helps the pancreas release insulin, which helps to reduce our blood sugar. Also blocks another hormone called glucagon secretion, which glucagon is responsible for increasing blood sugar in your blood vessels. So if we block that, then we can, again, keep your blood sugar levels low and then it can also slow digestion. It slows the emptying of your stomach and it also helps to increase satiety so people don't really feel too hungry when they take GLP-1 agonists. You make GLP-1, but then if you take an agonist, you're basically like

overemphasizing or exaggerating the impact of GLP-1. In individuals who have a lot of issues with eating, morbid obesity, cardiovascular consequences, consequences on physicality, there is a role for these medications to help them lose some weight so that they can help to reduce their overall cardiovascular risk. I will say that typically I would advise behavioral changes alongside with medication because 70% of individuals will typically regain the weight if they stop the medication. It's certainly useful for individuals with diabetes. Now in my line of work, you know, I see a lot of individuals, there are overweight athletes, obese athletes. There's also kind of normal body weight or body composition or underweight athletes and certainly individuals who have disordered eating patterns. The access to GLP-1s, particularly when you can get them without a prescription and them being readily available, at least from my perspective, is that it can contribute to propagating more disordered eating just for the sake of maybe losing an extra 5 to 10 pounds for a race, which in my personal opinion is completely inappropriate. Not only does it lead to body fat loss, but it also contributes to muscle loss. So you're losing both fat and muscle. So we typically will say really augment your protein consumption and my personal bias say really augment your plant protein consumption and supplementation that way to try to hamper the amount of muscle loss. But you will, at least with the ones, the medications we have available now, you'll typically lose both fat and muscle. So for my athletes, if they're utilizing a GLP-1 agonist, now they're not eating to sustain the appropriate fuel needed to optimize their performance. They're also losing muscle, which increases their risk of musculoskeletal injury and certainly hampers their performance and then they're also impacting their gut. Your gut is part of the process when we're utilizing our body. We're impacting how fast or slow digestion is occurring. We're impacting the absorption of micro-macronutrients. There's so many things that can get impacted from just the athlete lens. I think that's a specific population. Generally speaking, there is a role for these medications, but I still exercise caution in my own practice in terms of using them. I always, always, always say we must pair this with really educating ourselves about foods, educating ourselves about movement, and really being motivated and consistent and engaged with lifestyle changes.

LuAnn Heinen
Well, to that point, there's an interesting new *Harvard Business Review* article which just came out last month, *How GLP-1 Medications Are Changing Consumer Behavior*. Lots of interesting things in there, but one in particular caught my eye and that is that there was a survey of households and 14% of households had someone utilizing a GLP-1. Some of these individuals are reporting that they exercise less given the effectiveness of GLP-1s. So those who are exercising for weight loss don't feel they need to do that so much.

Dr. Tamanna Singh
It could be twofold. That in itself is kind of the ease and the accessibility part of GLP-1 agonist. I mean, if you're someone who's like, I just need to lose some weight, and this is a very easy way to do it, and you haven't really developed and cultivated that relationship with movement, which goes beyond just weight management and general health and well-being, then I can certainly see how like, if it's right there, I'm losing weight, I'm getting quick, very fast results, easy peasy. That's the way our world works. We want to see everything really, really fast and sustainable weight loss takes a long time. The other thing too is sometimes just not having energy, feeling depleted, you're not eating as much, that can also impact whether or not you feel like actually exercising.

LuAnn Heinen
Yes, because there's definitely a loss of appetite.

Dr. Tamanna Singh
Yeah, exactly, and if you don't have the energy to move, you're not going to move.

LuAnn Heinen
So what about the frailty issue over time with a large swath of the population using these drugs, potentially for very long periods of time, years and years?

Dr. Tamanna Singh
That's a huge concern of mine. I often guess that these GLP-1 agonists are going to lead to an epidemic of frailty, which potentially could happen again with muscle wasting impacts on bone density, impacts on behaviors, right? Nothing is for free. Nothing is quick and easy. There's typically always a consequence and only time will tell.

LuAnn Heinen
Okay, next one - is food medicine and if yes, what type of food?

Dr. Tamanna Singh
Yes, I guess it depends upon your definition of medicine, but I will say anything that helps you feel better, helps to optimize your metabolic processes, your cellular processes, and certainly your physical and mental well-being. The foods I typically lean into are really what mother nature provides us in abundance. I think the more plant forward we are, the more anti-inflammatory we are and the less saturated fat we consume and saturated fat directly is associated with an increase in atherosclerotic deposition or fancy terms for developing cholesterol plaque that can increase your risk of heart attacks and strokes. Fruits, vegetables, leafy greens, whole grains, omega threes, and things like black seeds, chia, walnuts. If you eat fish, certainly fatty fish, but I would say plants are certainly one of the most efficacious ways to provide your body with really incredible micro and macro nutrients. I think there is a role for healthy fats, unsaturated fats certainly our complex carbohydrates as well as our proteins. Of course, I'll certainly raise my hand for plant-based proteins. But all of these are our medicines in the sense that anti-inflammatory, antioxidant rich foods can really help your body, help your body feel good, help your body stay young, help your gut stay healthy. If we avoid other foods, which are typically those that are highly processed, high in saturated fats, certainly high in sodium, high in simple sugars, a lot of those are very pro-inflammatory and just don't make us feel good.

LuAnn Heinen
And then exercise, I think we'd put in the same category, exercise as medicine. There are exercise prescriptions out there.

Dr. Tamanna Singh
Oh, certainly. Sometimes we should get away from that word of exercise for individuals where they feel such a heavy weight and the way I always describe it is let's move, let's get invested in movement. Let's get excited about movement. You know, what do you like to do? How do you like to move? Where do you like to go? Are you a social person who likes to walk with five people? Are you someone who wants to listen to a podcast or an audio? Are you someone who loves water? You know, I think if we pair it with a life experience or a sensation that brings us joy, it's like an incredible way to discover what physical activity can do for you.

LuAnn Heinen
Great point. Let's go to when or for whom is exercise risky. I know you touched on that a little bit before, but some physicians are biased against working out while you're in recovery.

Dr. Tamanna Singh
It really depends on, on the basis on an individual. There are certainly scenarios where people are symptomatic. We can use heart disease here as an example. People have significant heart disease, not well controlled, whether it be with medication and of course lifestyle. If you're having chest pain or chest discomfort or your “anginal symptoms” with movement, then those are going to be scenarios where we say we really need to hold off on physical activity and investigate what we can do to help you feel better so that we can augment oxygen delivery to your heart muscle and it doesn't feel strained when you're trying to ask your body to do more than what it's actually capable of. But all in all, I think you really have to approach an individual and get a sense of how well controlled their comorbidities are. Do they have any cardiac limitations or symptomatology? Do they have musculoskeletal limitations that we need to address? A lot of people who are morbidly obese, overweight, tend to have a lot of joint problems. You know, there's a lot of weight on knees. The knees are impacted. They can't walk, they can't move. So are there other things that we need to address before we start to get someone excited and consistent about exercise?

LuAnn Heinen
Then last, why is women's heart health still overlooked?

Dr. Tamanna Singh
Oh my gosh, that's a million dollar question. That could be a whole podcast episode.

LuAnn Heinen
Just the highlights.

Dr. Tamanna Singh
I think what we find at least in terms of the data, a lot of this would be probably from the American Heart Association is that, you know, women tend to go into hospitals or go to be evaluated for cardiac issues way later than men do. I don't want to be stereotypical here, but if you think about it, generally speaking, women have a lot of responsibilities and unfortunately a lot of women don't put themselves on their to-do list and certainly don't put themselves at the top of their to-do list. I think that in addition to education, in addition to a variability in symptoms, you know, not everybody gets the sudden onset chest pressure elephant sitting on their chest pain, radiating down the left arm syndrome. Now that's very specific and even in men, we don't necessarily see that particular scenario. Now women can sometimes present with something that feels like acid reflux or maybe just vague shortness of breath or just some general exercise intolerance and it's very easy to brush those things off. Also, you know, younger women are protected by estrogen. We see the increase in cardiovascular disease risk and certainly burden as people get through menopause and are postmenopausal with that loss of estrogen. So are women aware of this? You know, it's hard to say again, we could be so much better about education, but I think this is where we really need to have very focused practices for women. Certainly get a sense of where we're missing the ball when it comes to prevention, when it comes to diagnostics, and then I think we can be better about taking better care of women.

LuAnn Heinen
Well, let me just end with, is there anything else you'd like to share, anything I should have asked you about and didn't?

Dr. Tamanna Singh
I typically end my conversations with let's get out and move, but I really hope that your listeners feel empowered. I hope they feel that they can be engaged with their bodies, with their mental

health, that they are strong individuals, truly capable of kind of working on preventing a lot of these cardiovascular risk factors. I hope they're excited about developing a relationship with moving, developing a healthier relationship with nutrition and food and understanding that nutritional quality is fun. Nutritional quality is exciting. When we eat better, we feel better. When we move, we feel better. Things feel flexible. Things feel pliable. Don't be afraid of asking your parents if they have medical issues. Don't be afraid about digging into your family history. The more you know, the more we know, and the more we can help you. It's a two-way relationship, right? So talk to us, communicate to us. We're here to really help you live your best life.

LuAnn Heinen
Thank you so much, Dr. Singh. I'm ready to go out on a walk myself.

Dr. Tamanna Singh
Awesome. Then I did my job.

LuAnn Heinen
It was great talking to you. Appreciate it.

Dr. Tamanna Singh
Thanks.

LuAnn Heinen
I've been speaking with Dr. Tamanna Singh about the role of physical activity at all levels in maintaining heart health and extending lifespan, the number of years we spend in good health, free from illness or disability.

I'm LuAnn Heinen, and this podcast is produced by Business Group on Health, with Connected Social Media. If you enjoyed the episode, please rate us and leave a review.