

N

BEAUTY *of the* BEAST



BOHEMIAN
FASHION

WHO IS A
WATERMAN?

CYCLING,
PADDLING, &
BODYBUILDING

NANTUCKET
MAD MAN

STAYING HEART
HEALTHY



The HEART *of the* MATTER

PHOTOGRAPHY BY KIM LUCIAN

INTERVIEW BY LOUISE MORRISSEY

Although nearly every minute of his day is booked, Dr. Joseph Garasic neither rushes nor checks his watch during our appointment. This composure comes with his fifteen years as a cardiologist. Moreover, Dr. Garasic follows his own medical advice when it comes to stress. “Stress is dangerous, particularly when it keeps us from the pursuit of a healthy lifestyle,” he says. “My profession, like many others, comes with a considerable amount of stress. I find that aerobic exercise, light-weight training, sailing and generous doses of time at our home in Nantucket combat stress nicely.”

In addition to serving as an assistant professor at Harvard Medical School and Director of Peripheral Vascular Intervention in the Cardiology Division at Massachusetts General Hospital, Dr. Garasic also sees office patients at the Nantucket Cottage Hospital on Mondays year round. Most recently, Dr. Garasic showed us around his catheterization lab at Mass General and fielded some questions on keeping healthy at all ages.

N: WHAT CHANGES HAVE YOU SEEN PEOPLE EMBRACE IN IMPROVING THEIR CARDIOVASCULAR HEALTH, AND WHICH DO YOU THINK ARE MOST EFFECTIVE?

DR. GARASIC: Everything that people need to know about cardiovascular health is out there for the taking. The real question is, amidst the deluge of data, what should we embrace and what is of less clear benefit?

For example, when I talk to my patients, most of them have a sincere interest in getting and staying well. That said, I find some of them are particularly focused on the use of vitamins and supplements. They come to an office visit with a list of “nutraceuticals” a page long. Yet, they are less interested in taking a good long walk around the block at a brisk pace, reducing their cholesterol with dietary discretion, or going to the gym.

Everyone wants to be healthy, but sometimes cardiovascular health can take some work. At the Massachusetts General

Hospital, we try to encourage a comprehensive approach to improving cardiovascular health, emphasizing therapies with proven benefit, such as the statin drugs to lower cholesterol, while encouraging good, common sense approaches to self-care, such as exercise, smoking cessation and maintaining an exemplary diet. I know the primary care physicians at the Cottage Hospital feel similarly, and share our goals.

N: HISTORICALLY, A LOW-FAT DIET HAS BEEN RECOMMENDED FOR CARDIOVASCULAR HEALTH, IS IT STILL STRONGLY RECOMMENDED?

DR. GARASIC: Diet is still a large part of becoming and staying heart healthy. However, the simple idea of eating low fat only scratches the surface. Fat, cholesterol, potassium, magnesium, sodium, caffeine, caloric intake and daily fluid intake, among others, are all potentially important and must be tailored to the individual.

Being overweight or obese is clearly linked to high blood pressure, diabetes and reduced longevity, and



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weight is one of our most modifiable risk factors for the development of cardiovascular disease. In general terms, the formula for weight loss is pretty simple: if energy *in* is greater than energy *out*, you gain weight. So, you can cut back on what you eat and make smarter choices, or you can ramp up on your exercise and expend more of that energy. Best, of course, is to do both simultaneously. You’ll be thinner and stronger at the same time, all the while benefiting your cardiovascular health. For the dietary portion of the regimen, I recommend one of the various American Heart Association cookbooks. Both Mitchell’s Book Corner and Nantucket Bookworks carry them.

N: WE KNOW THAT AEROBIC EXERCISE IS IMPORTANT FOR CARDIOVASCULAR HEALTH, BUT IS THERE ANY DANGER IN MORE EXTREME EXERCISE LIKE MARATHONS, IRON MAN, AND BOOT CAMPS? DO THESE ACTIVITIES PLACE TOO MUCH STRESS ON THE CARDIOVASCULAR SYSTEM?

DR. GARASIC: Routine aerobic exercise is the cornerstone of healthy living and is among the most important steps an individual can take in avoiding cardiovascular disease. Recommended exercise includes thirty to sixty minutes, five times per week in any form that gets your heart rate up and makes you sweat.

There is a segment of the population that finds fulfillment in marathon running and the like.

It seems clear that workouts of this magnitude are not necessary to reap the physical health benefits of exercise. At the present time, it is not known whether extreme exercise could be deleterious to one’s health, though this is an active area of investigation. It is also prudent

to remind endurance athletes that high-end training is not fully protective against heart disease. In practice, this means that they must listen to their bodies during training and not minimize signs of a heart problem like difficulty breathing, chest pain, or sudden spells of fatigue. Any of these should prompt a timely evaluation by a cardiologist who understands both heart disease and the specific challenges of endurance sports.

N: STUDIES HAVE SHOWN THAT LONG PERIODS OF SITTING, AS IN MANY AMERICAN JOBS, HAVE DRAMATIC DETRIMENTAL EFFECTS ON CARDIOVASCULAR HEALTH, AND THAT ONE HOUR OF ACTIVITY IS NOT ENOUGH TO NEGATE THESE EFFECTS. WHAT RECOMMENDATIONS DO YOU HAVE FOR PEOPLE WHO SIT BEHIND A DESK ALL DAY?

DR. GARASIC: Inactivity is definitely the enemy. We all know people who disappear suddenly when you get into the elevator, and re-appear from the stairwell five minutes later and six floors higher looking rosy and a bit out of breath. Be that person. Find moments of exercise anywhere you can. Walk during lunch with a friend. Walk briskly whenever there is a chance to walk. Don’t surf the Internet with your free time, but instead reward yourself with even five or ten minutes of time outdoors.

N: WHAT ARE THE TOP THREE THINGS ONE SHOULD AVOID IN MAINTAINING A HEALTHY HEART?

DR. GARASIC: Some cardiovascular risk factors are unavoidable: age, gender, family history. However, smoking is perhaps the number one modifiable cardiac risk factor, and the benefits of smoking cessation begin the moment you quit. Diabetes is a complicated condition and strong cardiovascular risk factor that is partly genetic and partly modifiable (i.e. the rate of adult onset diabetes is on the rise with increasing rates of obesity). Hypertension is another significant risk factor that, again, is partly genetic and partly modifiable. So, if someone has hypertension, making the diagnosis early and working with medicine and lifestyle changes to control it is very important in mitigating risk.





N: WE KNOW THAT GENES DETERMINE A LOT ABOUT OUR HEALTH, BUT ARE WE ABLE TO OUTWIT OUR GENES BY EMBRACING POSITIVE LIFESTYLE HABITS?

DR. GARASIC: The mystery of the human genetic predisposition to cardiovascular disease is only now being unraveled. While we wait for some of the more detailed answers, there is much we know today. We understand the relationship between familial or inherited high cholesterol, and premature vascular disease. While many people are averse to taking medicine, it is important to remember that today's cholesterol-lowering drugs are amazingly effective at reducing the risk of heart attack, stroke, or death from heart disease. Know your cholesterol. Know your blood pressure. Make lifestyle changes to affect improvement in these values. And for whatever you cannot achieve with lifestyle alone, accept modern medicines as a part of your overall plan to combat your genetics.

N: WHAT NEW TECHNOLOGIES HAVE YOU AND YOUR DEPARTMENT INTRODUCED TO MASS GENERAL AND NANTUCKET COTTAGE HOSPITAL IN TREATING CARDIOVASCULAR HEALTH IN YOUR PATIENTS?

DR. GARASIC: Massachusetts General Hospital is a large, Harvard associated, tertiary care academic hospital. In general, we offer most every cutting-edge cardiovascular technology. Despite its small size, Nantucket Cottage Hospital has done an exemplary job of caring for the heart and vascular needs of an island population that fluctuates widely in number depending on the season. For the outpatient care of those with chronic cardiovascular needs, heart ultrasound will now be performed at NCH, and read remotely by the Echocardiographers at MGH.

N: IS IT NEVER TOO LATE TO UNDUE THE DAMAGES YOU MAY HAVE DONE IN PREVIOUS YEARS?

DR. GARASIC: Improved cardiovascular health is open to anyone with the drive to achieve it. I believe one of the largest obstacles is that years of immobility and obesity can result in orthopedic issues (bad back, bad knees, bad hips) that ultimately limit one's ability to get the old body moving and back on track. That said, there is exercise for almost everyone and the advice of a physical therapist and your local physician can help tailor a regimen to your needs.

The MGH radiology group in residence at NCH also now offers vascular ultrasound. MRI (Magnetic Resonance Imaging) and CT (Computerized Tomography) scans are often part of cardiovascular evaluation, and are both available at NCH, interpreted by MGH radiology. Cardiac stress testing and cardiac rehabilitation, a supervised exercise and education program used by patients with a history of recent cardiac event, are both available at NCH under the direction of Dr. Diane Pearl and Katie Dehertogh, RN. Dr. Pearl and Ms. Dehertogh also offer a wellness program for continued recovery of post cardiac rehabilitation patients, and patients referred by their physicians for help with managing cardiac risk factors, and to institute a supervised exercise program. They do an amazing job, and the patients are uniformly pleased with the experience.

N: WHAT ELSE CAN PEOPLE DO TO STAY HEALTHY ON NANTUCKET?

DR. GARASIC: Support Nantucket Cottage Hospital and the programs that you believe in. Even a three or four month Nantucket resident could very likely need these services one day. Cardiovascular disease is still the number one killer in the United States. So do your part to make sure this safety net is there if you or your loved ones need it. **N**

FINE HOME BUILDING HISTORIC RENOVATIONS PROPERTY MANAGEMENT

Photo: Jeffrey Allen Photography

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