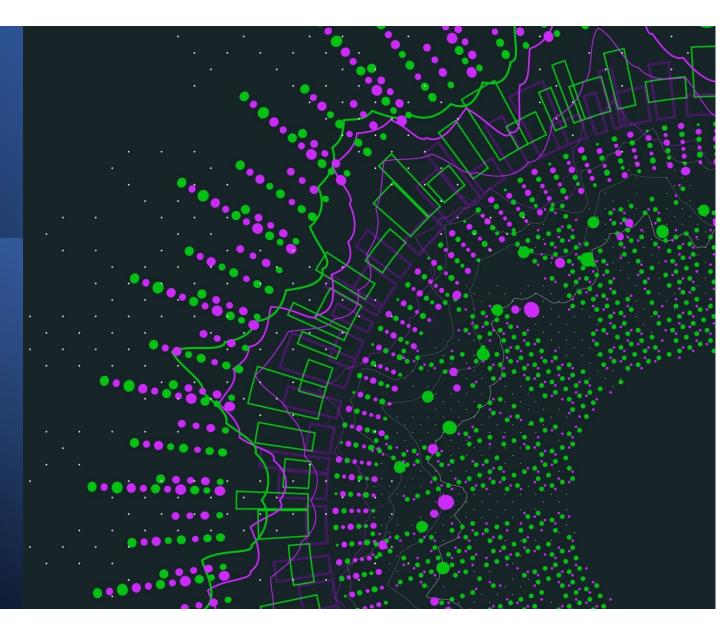
Javier E. López, MD, MAS
Prevention Forward
CWP Presentation
April 10<sup>th</sup>, 2021

Emotions/Stress,
Inflammation
and your
Cardiovascular
Health



## Who read the CWP Program Newsletter Issue #6, Page 2?

Loneliness Is a Public Health Problem: Loneliness is not just a feeling; it is also a public health problem that has been linked to increased risk of mental health issues, heart disease and even death. With rates of loneliness on the rise in the USA and around the world, people are addressing this crisis using



#### **PreventionForward**

Javier López, MD Medical Direcotr, UC Davis Cardiac Rehabilitation Program

everything from companion robots to social networking sites and apps. A new study in JAMA Psychiatry suggests that a better solution may lie in a much older, more ubiquitous form of technology: phone calls!

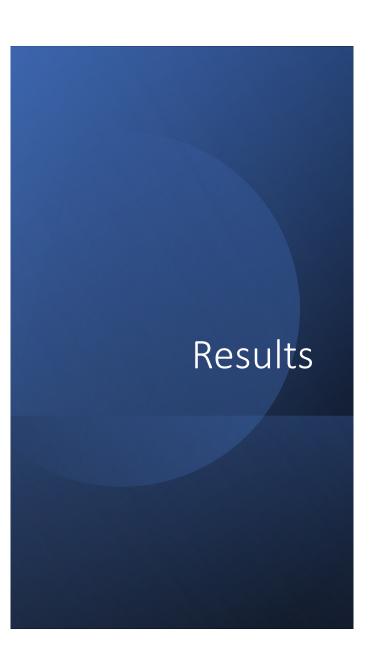
Apple News, March 26, 2021

Clin. Cardiol. 29, 317-321 (2006)

## Cardiac Event Rate in a Lifestyle Modification Program for Patients with Chronic Coronary Artery Disease

C. TISSA KAPPAGODA, M.B.B.S., PH.D., AMY MA, B.S., DOUGLAS A. CORT, PH.D., LINDA PAUMER, M.A., DEBBIE LUCUS, M.S., R.D., JILL BURNS, M.S., R.D., EZRA AMSTERDAM, M.D.

Division of Cardiovascular Medicine, University of California Davis Medical Center, Sacramento, California, USA



- In all, 134 patients enrolled in the program; of these, 77 completed the program and 57 failed to do so.
- Those who completed the program improved their effort tolerance and reached recommended goals for serum lipid and blood pressure levels.
- The cumulative event rate (cardiac death, myocardial infarction, and stroke) over 10 years in the patients who completed the program was 1.5%.
- The corresponding event rate in patients who dropped out was 18% (p<0.02).

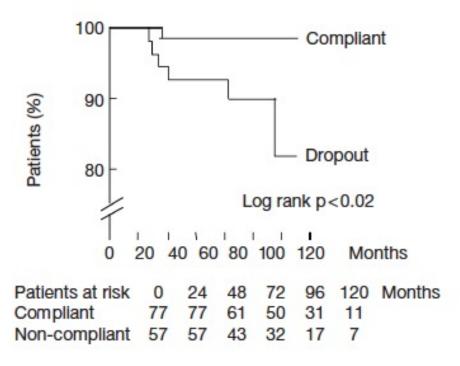


Fig. 1 Kaplan-Meyer plot showing event-free survival in patients enrolled in the coronary heart disease lifestyle program. The events referred to are cardiovascular deaths, myocardial infarction, and stroke.



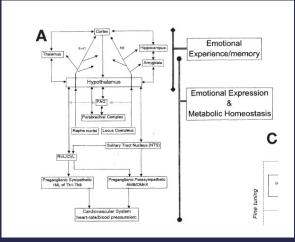
## Relation between resting amygdalar activity and cardiovascular events: a longitudinal and cohort study

Ahmed Tawakol\*, Amorina Ishai\*, Richard AP Takx, Amparo L Figueroa, Abdelrahman Ali, Yannick Kaiser, Quynh A Truong, Chloe JE Solomon, Claudia Calcagno, Venkatesh Mani, Cheuk Y Tang, Willem JM Mulder, James W Murrough, Udo Hoffmann, Matthias Nahrendorf, Lisa M Shin, Zahi A Fayad†, Roger K Pitman†

#### Summary

Lancet 2017; 389: 834-45

Published Online January 11, 2017 http://dx.doi.org/10.1016/ Background Emotional stress is associated with increased risk of cardiovascular disease. We imaged the amygdala, a brain region involved in stress, to determine whether its resting metabolic activity predicts risk of subsequent cardiovascular events.



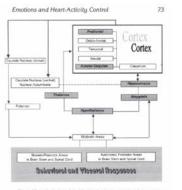


Fig. 1. Hypothetical model of limbic forebrain circuitry for emotions emerging from neuroimoging studies in mood disorders. Connectionsbetween highlighted structures illustrate the limbic system as originally defined by Papez (3).

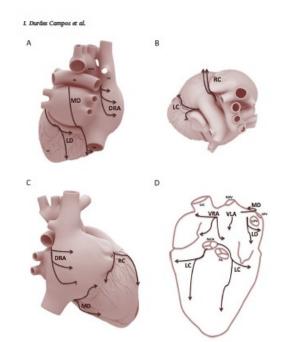


Fig. 3. Proposed scheme of innervation by the seven ganglionated subplexuses. A: Dorsal view. B. Right lateral view C. Superior view D: Ventral view. DRA: right dorsal atrial; VRA: ventral right atrial; ID: left dorsal; VIA: ventral left atrial; MD: middle dorsal; RC: right coronary, LC: left coronary.

Table 3. Disorders associated with chronic autonomic hyperactivity.

chronic autonomic hyperactivity-	
associated disorders	
obesity	
diabetes, insulin resistance	
hypertension	
insomnia and anxiety	
hyperthermia	
high energy expenditure	
muscle wasting	
increased susceptibility to infection	
impairment of memory	

 $\textbf{Table 1.} \ \ \textbf{Manifestations of sympathetic and parasympathetic hyperactivity}.$ 

	sympathetic hyperactivity	parasympathetic hyperactivity
	hypertension	hypotension
	tachycardia	bradycardia
	hyper- or hypothermia	lacrimation and sialorrhoea
	hyperhidrosis	yawning
	mydriasis	miosis

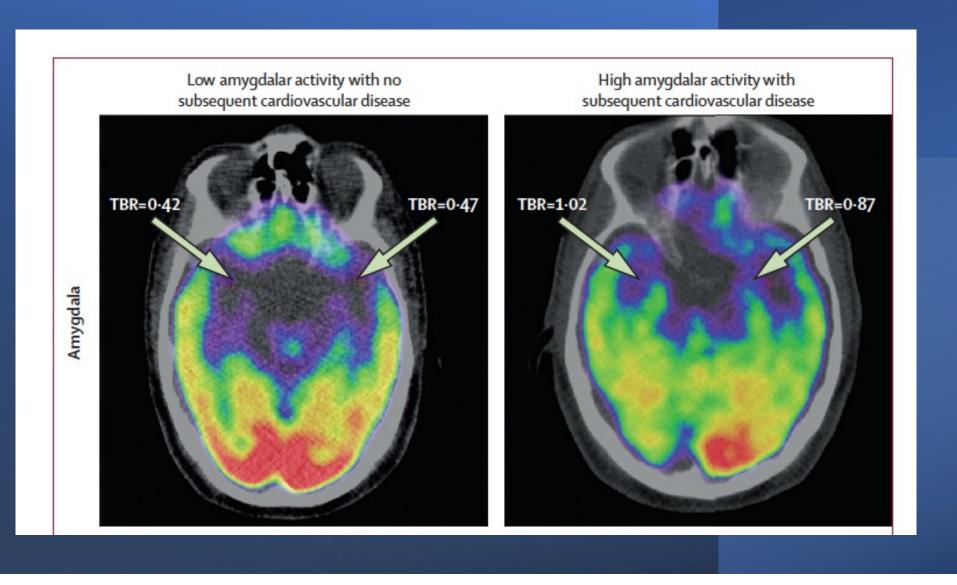
JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY
© 2019 BY THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION
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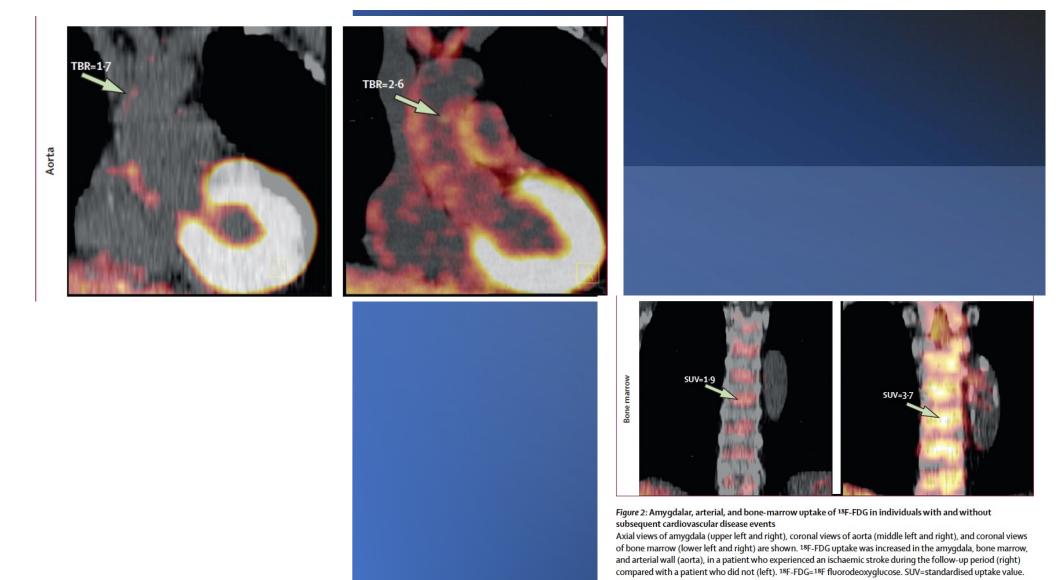
#### ORIGINAL INVESTIGATIONS

# Stress-Associated Neurobiological Pathway Linking Socioeconomic Disparities to Cardiovascular Disease



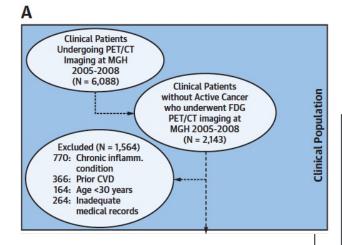
Ahmed Tawakol, MD, a,b Michael T. Osborne, MD, by Ying Wang, MD, PhD, b,c Basma Hammed, MD,b Brian Tung, MS,b Tomas Patrich, BA,b Blake Oberfeld, BS,b Amorina Ishai, MD,b Lisa M. Shin, PhD,d Matthias Nahrendorf, MD,e Erica T. Warner, ScD,f Jason Wasfy, MD, Zahi A. Fayad, PhD,g Karestan Koenen, PhD,b Paul M Ridker, MD,i Roger K. Pitman, MD, Katrina A. Armstrong, MD,k

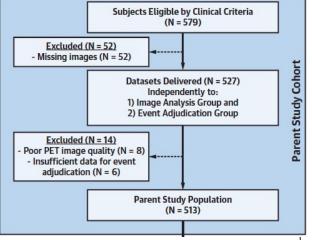


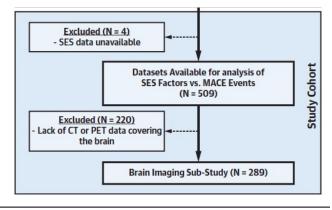


TBR=target-to-background ratio.

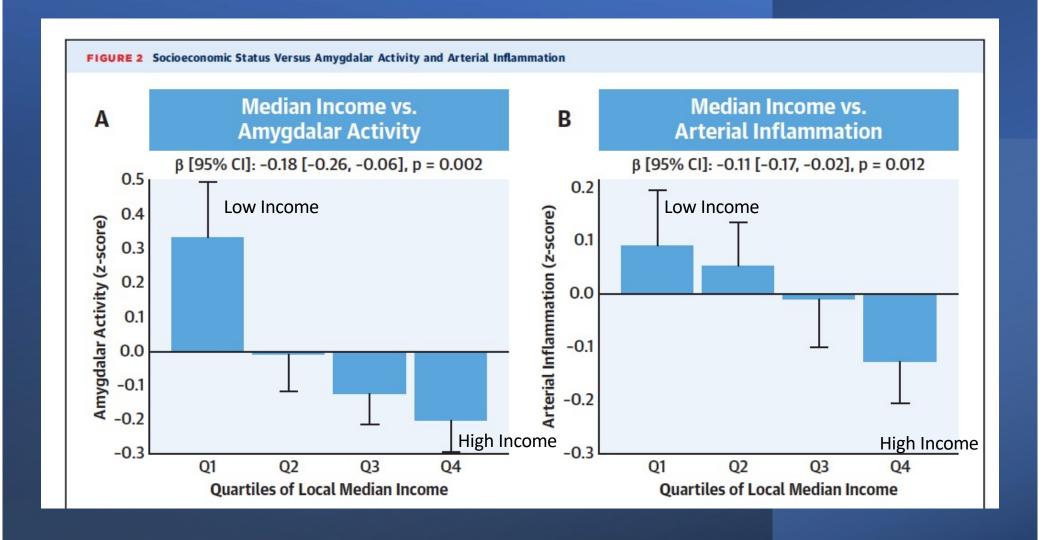
#### FIGURE 1 Study Cohort and Measurement of Tissue Activity

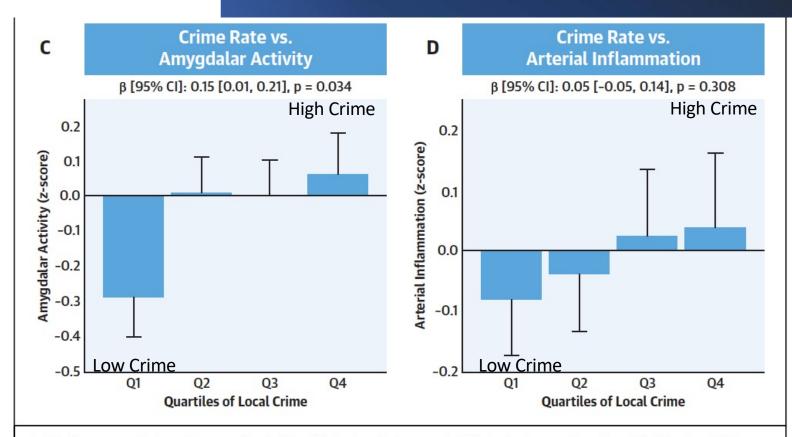




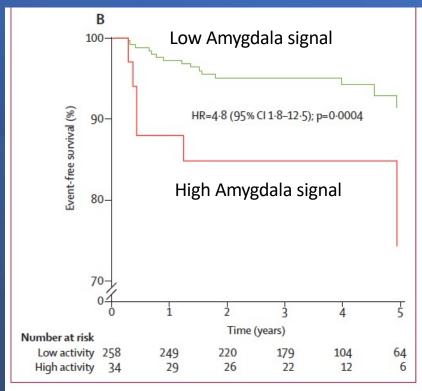


(A) Study cohort. The study cohort was derived from a database of patients who had under General Hospital (MGH). All subjects meeting pre-defined criteria were included. Image ans performed by mutually blinded investigators. (B) Measurement of tissue activity. Amygdala arterial <sup>18</sup>F-FDG uptake (corrected for background blood activity) were measured as validate arterial inflammation, respectively. Arrows indicate amygdalar activity (in brain images) and tomography; CVD = cardiovascular disease; FDG = fluorodeoxyglucose; MACE = major adv SES = socioeconomic status.





Individuals were categorized according to quartiles of their neighborhood median income and neighborhood crime rates. Amygdalar activity (A) and arterial inflammation (B) were lower as neighborhood median income increased. Conversely, amygdalar activity was higher (C) and arterial inflammation trended toward an increase (D) as neighborhood crime rate increased. Amygdalar activity was adjusted for age and sex, and arterial inflammation was additionally adjusted for cardiovascular disease risk factors. Error bars indicate standard error of the mean. CI = confidence interval.



**Low Crime** 

Figure 3: Kaplan-Meier survival curves of low vs high amygdalar activity based on the 90th percentile cutoff (A) or the mean (SD) cutoff (B) Event-free survival for the primary amygdalar endpoint (max max amygdalac—ie, the maximum standardised uptake value for the right and left amygdalac, corrected for background cerebral tissue activity) are shown. p values were calculated with the log-rank test, and cox regression analyses were done to calculate HRs. HR=hazard ratio.

### Summary

- Fiery Amygdala, Arteries, and Bone Marrow are related
- Fiery Amygdala is related to high crime and low income
- Fiery Amygdala also correlates with worst cardiovascular outcomes

