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Ogling Obama's lipids

MARCH 2, 2010 | Shelley Wood

Washington, DC - Keen as ever to chew the fat when it comes to the personal health information of their most prominent citizens, US media are busy mulling over **President Barack Obama's** mounting cholesterol levels.

According to almost every major American media outlet, Obama's physician has declared the US commander in chief "fit for duty" but notes that his total-cholesterol levels have spiked from 173 mg/dL in July 2008 to 209 mg/dL in a recent checkup. His LDL is up, at 138 mg/dL, from 96 mg/dL at his last exam, and his HDL has dipped from 68 mg/dL to 62 mg/dL.

Obama is already known to be an avid and regular exerciser. Reports also note that Obama still has an occasional cigarette and has a penchant for fast foods and desserts.

White House physician **Navy Capt Jeffrey Kuhlman** has reportedly recommended that the president modify his diet to get his LDL under 130 mg/dL; Kuhlman has recommended that Obama come back for his next check-up when he turns 50 in the summer of 2011. Kuhlman's full report on Obama is available **online**. It notes that Obama is 6' 1", weighs 179.9 lbs (82 kg), and has a body-mass index (BMI) of 23.7, a pulse rate of 56 beats per minute, and blood pressure of 105/62 mm Hg. Both ECG and electron-beam computed-tomography (EBCT) tests were "normal," his CRP was 0.015, and his fasting blood sugar was 87 (no units provided for either).

Commenting on Obama's health to **heartwire**, **Dr Howard S Weintraub** (New York University School of Medicine) said that had he not known Obama's CRP, he might have recommended a statin, but given his low CRP and other "excellent" risk factors, Weintraub said he'd be happy to see Obama try to lower his cholesterol through diet, and most important, quitting smoking full-stop.

"I disagree with the president's physician who says don't worry, come back in a year in a half. I would want his blood tests repeated in three to six months, and I'd also want to be sure that he is making greater efforts to stop smoking. Our absence of concerns could rapidly change. I don't want to give him a year or more to bathe his coronaries in atherogenic goop."

Also reviewing Obama's cardiovascular details for **heartwire**, **Dr Christopher Cannon** (Brigham and Women's Hospital, Boston, MA) emphasized that Obama did not meet the criteria for a statin based on **JUPITER** criteria, since his hs-CRP is so low, and his overall risk factor profile is very good.

"His cholesterol is a bit high, but I calculated his Framingham risk score—it is 2%," Cannon said. "He apparently had an EBCT, but the exact result has not yet been released. I would be very interested in his calcium score. If it were 0, then I would likely recommend diet intervention and rechecking. But if his calcium score were elevated, that would suggest that the process of atherosclerosis had started, and a statin would be more reasonable."

Details on his eyesight, left-leg tendinitis, and colon are also available online.

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Ogling Obama's lipids

1 of 25 March 2, 2010 07:26 (EST)

CJ McConnell

ALT [NMR, VAP or BHL], OGTT

Why wait,...? Too much at stake to wait for Clinton-scenario while he's in office. Has he quit smoking yet ?

2 of 25 March 2, 2010 11:40 (EST)

Michael Cobble, M.D.

I would want to know:

NCEP: family history! He doesn't have HTN, he doesn't have low HDL. He is a smoker which is shocking that he would be working on health care reform and still recreationally smoke. He does meet the age/gender criteria. He has 2/5 NCEP.

2. His FRS will be low.

3. EBCT isn't accurate enough in this setting. EKG was a waste of money.

4. I would give him 3 months and repeat, if his LDLc isn't under 130, NHDLC isn't under 160 and ApoB isn't under 100 I would start therapy.

5. If he has a positive family history I would get a CIMT, Lppla2 and expanded Lipid testing to look for small dense Idlc and tgrl.

Of course it is easy to be a back seat driver. He has a very stressful job and we all recall the results of stress in athero events from INTERHEART.

3 of 25 March 3, 2010 12:26 (EST)

Drew Garcia

Vitamin B-3

Dr. C,

Agree with your previous statement, but as you and Dr. McConnell both point out...Why wait? His changing lipids most likely are a product of decreased exercise and significant change in diet...for the worst. He could benefit from Niacin. Obviously Niaspan would be the best choice, but in his case, based off of the report, dietary supplements as used in HATS would be extremely beneficial. A slow titration of either IR or Slo-Niacin, (not to exceed 2 grams a day) would help to correct the dietary and stress induced lipid changes with very little down side.

4 of 25 March 3, 2010 06:04 (EST)

Naveen R

overuse of drugs

Pharmacologic therapy? Why? He had good lipids a year ago.

Dietary modification and recheck. There is absolutely no indication for drug therapy at this point.

5 of 25 March 3, 2010 06:05 (EST)

Naveen R

correction

should have said 2 years ago. Given his campaigning, it's obvious that his diet has gone to hell.

6 of 25 March 3, 2010 11:02 (EST)

john bohmer

Bravo Naveen R!

Grab the prescription pad? No thanks! The president doesn't have an easy job but still does a pretty good job with his exercise efforts. As Dr Cobble points out - it's appalling that poor diet and smoking are part of the mix given his public position. Seven thousand lashes of the tongue and someone to intervene when the President falls off the wagon are also in order. No pharmacologic therapy yet though.

7 of 25 March 5, 2010 12:49 (EST)

Robert Su

Restricting carbohydrates is the best bet!

Knowing how carbohydrates (actually) increase triglyceride, LDL especially VLDL, and decrease HDL, Mr. Obama should restrict carbohydrates from his

diet, and come back for another blood test in a month.

8 of 25 March 5, 2010 01:04 (EST)

Elizabeth Brady

Is Obama eating paleo?

If he is eating a high saturated fat diet his LDL and total cholesterol would go up. I didn't see any mention of his low TG, which is 46. His TG:HDL ratio is .74, excellent. So his LDL are large and buoyant, that is what is reflected in his LDL number: size, not quantity. However, being a smoker, he may be oxidizing his LDL. If his food is his medicine I expect he is also eating berries.

9 of 25 March 5, 2010 02:05 (EST)

Aroni Dematos

Meds

I wonder If Mr. president, will have any problem or difficulty, in getting his statins, like me and everybody else, because the HMO, dont want to pay for anything, but trash. Maybe we should forward my complaint to Mr. Obama, e see what HE says.

10 of 25 March 5, 2010 02:11 (EST)

Jane Phillips

LDL measurements

Remember, traditional LDL measurements are calculated based on TG and total cholesterol. So there is a CV of +/- 20%.

11 of 25 March 5, 2010 03:11 (EST)

Delana Higley

A Proactive approach is needed!

Considering that heart disease is a silent, and progressive inflammtory process....I would love to see an aggressive, and proactive approach being promoted....
Our president could benefit from smoking cessation,advanced lipid testing & lifestyle coaching. Why wait? Heart Disease does not discriminate! Delana Higley,RD,CDE

12 of 25 March 5, 2010 04:19 (EST)

Vince miraglia

Cognitive problems?

An interesting study done by Dr. Goulomb found that cognitive difficulties were associated with statin use . Interestingly the same review also found physician awareness of AEs low.

13 of 25 March 6, 2010 03:24 (EST)

Javaid Sabzwari

Serum Testosterone

What about his serum testosterone.In my ongoing,unpublished study,i have found a strong correlation between low serum testosterone & premature coronary heart disease.Dr Javaid Sabzwari,Consultant Cardiologist,Rehana Mushtaq Heart Clinic,19 E 1,Valancia,Lahore,PAKISTAN.

14 of 25 March 6, 2010 04:26 (EST)

Stephen Soldo

Crazy

How can anyone who smokes be characterized as having "excellent health"?

15 of 25 March 6, 2010 07:08 (EST)

Christopher Aylmer

Low Carb should do the business!

I agree with Robert Su. I found in an unpublished experiment I did on myself 6 years ago, that restricting carbohydrate to under 100g per day for a month (with plenty of protein and fat including saturated fat) led to a pronounced decrease in blood triglycerides and an increase HDL while leaving LDL about the same. The HDL/triglyceride ratio was well up. When restricting myself for a month to a very low fat diet (also very low on saturated fat) there were no changes in anything at all to note compared with my control values. Overall, the low carb diet had very positive effects on the blood lipid profile. Similar effects have been noted in several published studies. In order to restrict the diet to under 100g of carbohydrate, it is necessary to cut out nearly all sugar, snacks, cakes, cookies, bread, pasta, pizza, rice, potatoes and of course anything with sugar added to it. This regime will make it easy to lose weight in overweight people, even though you can eat as much protein and fats as you

like. Once the lipids are corrected, a maintenance of around 150g carbs per day may be OK and some grains and potatoes can be reintroduced. As for LDL, an overall healthier way of eating such as plenty of fruit, pulses, nuts, vegetables, salads and olive oil together with low salt intake may work without resorting to statins. Oats and barley are a good source of carbohydrate with their soluble fiber, believed to lower LDL. I hope Mr Obama does tackle this from a dietary point of view. His diet has afterall been in question. His other figures are amazingly healthy looking i.e. fitness, weight, blood pressure, CRP etc. I wish him luck.

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March 6, 2010 07:24 (EST)

Christopher Aylmer

209mg/dL equivalent to 5.4 mM/L cholesterol

I note in Europe and Canada, we express cholesterol in mM/L and we are told in the UK that under 5.0 is a good place to be for total cholesterol(depends of course on HDL level). Obama is only slightly above that and less than me, so I think the whole thing is a little exaggerated! No harm in trying to reverse an upward drift in a youngish man though.

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March 8, 2010 02:05 (EST)

Caroline Goetz

Privacy

I am amazed how this information is public knowledge. What happened to the hippocratic oath here? Is Obama 's health public property?

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March 9, 2010 08:47 (EST)

Melissa Walton-Shirley

Two ways to look at it.

this information is published information. On one hand, I feel he should have some privacy, but on the other hand, if he's going to take on the job of serving us and the needs of our country, he needs to prove his fitness as well. (not doing a very good job of staying healthy with smoking and poor eating habits)
Melissa

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March 9, 2010 11:29 (EST)

William Blanchet

Michael Cobble, for once, I beg to differ with your post.

Michael, where does that come from? EBCT is monumentally effective in subjects like this. A 0 calcium score by EBT is associated with a 0.1% annual risk for MI. Using EBCT of 0 in an intermediate risk patient to help eliminate the need for cholesterol drugs is a very appropriate application.

Look at out tale of three presidents.

1. Obama's physicians looked at his LDL of 139 and did a heart scan which was "normal" (I assume this was a score of 0). This facilitated the decision for lifestyle modification without adding drugs.
2. George W. Bush had "normal" cholesterol but underwent a coronary calcium score which demonstrated increased plaque and allowed his physician to add a statin to his prevention strategy.
3. Bill Clinton never had a heart scan. His statin was stopped when he lost weight and his cholesterol went down. The rest is history.

When we understand and start applying the principles and values of CAC, the rest of the country can start to see similar improvements in CAD and stroke risk as I have seen in my practice. 0 MI or stroke deaths in 5+ years is kind of amazing considering the age and acuity of the patients in my practice.

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March 10, 2010 02:48 (EST)

Caroline Goetz

Surface values

No one in Germany tried to make Helmut Kohl change his lifestyle, many will say he did a good job and has reached 80 years old inspite of an obvious risk profile.

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March 12, 2010 09:13 (EST)

Michael Cobble, M.D.

William

Yes, I think that EBCT/CACS is very specific. However a negative CACS does not exclude disease in pts with symptoms or younger people. CIMT is the same. Both have sensitivities that are below 80%, CACS under 50%. They can give false negatives. This does not mean it is a helpful stratification tool, but neither is perfect just as echo, stress tests, cta's aren't perfect.

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March 12, 2010 04:15 (EST)

William Feeman, Jr

Obama's lipids

To All:

I have been having trouble logging on, or I would have offered commentary earlier. President Obama does not at present have a lipid problem. Yes his lipids have deteriorated, but he is still not in any trouble, so long as he is not dependent of ethanol or taking any medications such as Dilantin which might raise his HDL artificially.

He has plenty of HDL to cover his LDL. His Cholesterol Retention Fraction is 0.55, a value which in the absence of any history of cigarette smoking is not associated with early onset atherothrombotic disease (ATD). His real problem is with cigarette smoking. Cigarette smoking can induce ATD events in the absence of lipid and/or blood pressure abnormalities. The President should keep track of his lipids and stop smoking ASAP. References available. For our European physicians, I will be doing a poster and also have two memory stick presentations at the EAS meeting in Hamburg in June and I would be happy to discuss matters in detail. I may be doing a presentation of Predicting the Population at Risk of ATD Using Lipid Ratios in Chicago at the NLA symposium in May. The same invitation holds.

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March 12, 2010 07:22 (EST)

D Hackam

Gold standard study

I wish you guys could give +LR and -LR for a mid term atherosclerotic event rate (say over 20 years), resistant to population prevalence of disease and risk factors, and then we could really nomogram based on our pre-test probability as derived from Framingham.

Hazard ratios are just not the same thing.

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March 13, 2010 12:07 (EST)

William Blanchet

Michael, EBT dramatically stratifies risk for events

With the exception of young, high risk, symptomatic patients (a very small sub group-less than 0.01% of the population), a 0 calcium score is more predictive of non-events than any other technology we have available. People who have a mission to devalue calcium imaging have promoted the high risk-young-symptomatic subset issue but it is not a valid criticism of the use of EBT CAC technology.

As President Obama is neither symptomatic nor high risk, a 0 calcium score is very predictive of extremely low risk for the next 4 years.

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March 15, 2010 11:29 (EDT)

becky christianson

Caroline,


(I tried posting last week, too, and it wouldn't go)

if you are so upset about the privacy issue here, why have you not posted the same about Pres. Clinton's posting's down farther on this list?

Melissa responded to you in a most tactful way, much more tactful than I did in the post that did not go through. He is our Commander in Chief, and we indeed need to know how his health is. Pres Obama is NOT the only president that has had his health report publicized--Pres Bush's were, Pres Clinton's, Pres Poppa Bush's, I believe Pres Carter's were.

Not only is the president our CIC, but he/she is a role model for not only the nation, but the world. And I am talking about the position, not the person in this case.

Becky

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