

LE Magazine June 2003

AS WE SEE IT

Cardiac Drugs that Cause Heart Attack

Before discussing the headline topic of this editorial, I have to address a personal matter. We've decided that it's time to update the photograph of me that appears atop this column. If the same photo had continued to be used, this may have implied that I am somehow escaping the dreadful scourges of aging.

At age 48, those who have known me for decades say that I behave and look as if I have not aged. While I have managed to stave off many of the consequences of aging, the fact is I am subtly growing older. This terrifies me enough to spend endless hours pursuing methods of slowing and reversing the human aging process.

The dilemma facing Life Extension members today is that we know that scientific breakthroughs will inevitably lead to dramatically longer and healthier life spans. The unanswered question is whether these advances will translate into therapies soon enough to save our personal lives. As you will read in this issue, scientists that we funded have discovered a drug that may enable humans to significantly delay and even reverse some aspects of aging. What's especially encouraging is that this anti-aging drug is available right now! I will discuss some of the steps I am taking to stay healthy later in this article, but first I have to update members on breaking information relating to the improper use of cardiac drugs.

Nitroglycerin drugs and angina

Angina is a sudden intense pain in the chest, often accompanied by feelings of suffocation. The cause is a momentary lack of adequate blood supply to the heart muscle. People with occluded coronary arteries often suffer periodic bouts of angina.

Nitroglycerin temporarily dilates blood vessels and reduces the workload on the heart. Way back in 1879, nitroglycerin was first administered to an angina patient.¹ It worked so well that nitroglycerin and other "nitrate" drugs have been used as standard angina therapy ever since.

The most famous person to use nitroglycerin was the late President Lyndon B. Johnson. Suffering from chronic heart disease, President Johnson relied on sublingual nitroglycerin pills to alleviate his constant angina pain. President Johnson became so reliant on nitroglycerin that he would be seen using it to get through his speeches. Upon retirement in 1969, Johnson was described as being "a worn old man at sixty." President Johnson suffered multiple cardiac episodes after retirement and died of a massive heart attack at 64 years of age.²

Lyndon Johnson engaged in most of the risk factors (smoking and overeating) that are known to cause coronary artery disease. One newly identified risk factor, however, may also have contributed to Lyndon Johnson's early demise. It turns out that while nitroglycerin (and other nitrate drugs) provide temporary relief from angina, the regular use of these nitrate drugs may increase future heart attack risk.

This startling new finding came from a Japanese study that involved 518 patients with suspected coronary artery disease.³ The patients were categorized in groups based on their degree of endothelial dysfunction and use of nitrate drugs. (Endothelial dysfunction is a measurement of inner wall arterial damage.)

These 518 patients were followed for 45 months to ascertain what patients were more likely to suffer major cardiovascular events. As expected, patients with severe endothelial dysfunction suffered significantly more heart attacks, strokes, bypass surgeries, congestive heart failure, etc. The surprising finding, however, was that those who regularly used nitrate drugs were 2.42 times more likely to suffer major cardiovascular events. The doctors concluded that the effects of nitrate drugs accelerate atherogenic

William Faloon



Mid-1990's*



2003



processes and endothelial dysfunction and that nitrate drug use causes future cardiovascular events.

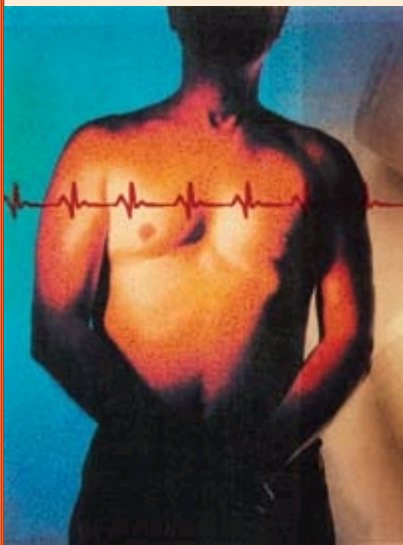
The significance of this finding

Millions of Americans with coronary artery disease have been prescribed nitrate drugs. We now have evidence that nitrate drugs accelerate arterial wall damage (endothelial dysfunction) and thus contribute to progression of coronary artery disease - the very disorder the nitrate drugs are prescribed to alleviate.

Commonly Prescribed Nitrate Drugs

The most recent study indicating a danger to nitrate drugs referred to regular, rather than occasional use. It is highly unlikely that occasional use of a nitrate drug to relieve angina symptoms would cause a problem. Regular use of a nitrate or nitroglycerin drug, however, more than doubled the risk of heart attack or other pathological vascular event. What follows are commonly prescribed nitrate and nitroglycerin drugs:

- Isosorbide
- Isosorbide Dinitrate
- Isosorbide Mononitrate
- Nitroglycerin patches
- Nitro-Dur Transdermal Infusion
- Nitrolingual Pump Spray
- Nitrostat tablets
- Minitran Transdermal Delivery System



Angina patients who rely on nitrate drugs should bring this new information to the attention of their physician. Please note that the occasional use of a nitrate drug to relieve angina symptoms was not shown to be dangerous in the most recent study. It was the regular use of a nitrate or nitroglycerin drug that increased the risk of heart attack by 2.42 times within a 45-month period.

In last month's issue of this magazine, we published an article about an FDA-approved technique that has been shown to safely reduce angina symptoms. (see "A Non-Invasive Alternative To Coronary Bypass Surgery," *Life Extension*, May 2003, pp 54-60)

Dietary supplements that have been shown to help protect against endothelial dysfunction include folic acid,4,5 vitamin C,6,7 vitamin E,8,9 arginine,10,11,12 taurine13,14 and fish oil.15,16,17 It should be pointed out that if left untreated, endothelial dysfunction may become so severe that it is not possible to reverse it with currently available therapies.

You may not have heard the term "endothelial dysfunction" used much, but it is increasingly being described in scientific journals as a significant underlying cause of most forms of cardiovascular disease including hypertension, atherosclerosis and congestive heart failure.

The Life Extension Foundation is expending enormous resources to develop a safe method to reverse endothelial dysfunction. This is absolutely crucial to protecting the vascular systems of our aging members.

Are you taking the proper anti-hypertensive medication?

The Life Extension Foundation has repeatedly warned those with high blood pressure not to depend on one-a-day dosing of anti-hypertensive drugs. The reason is many of these drugs do not provide complete 24-hour protection. When an anti-hypertensive drug wears off, the patient is vulnerable to suffering a stroke. One solution to this problem is to take a lower dose of the anti-hypertensive drug twice a day, even though the FDA claims that one-a-day dosing is adequate.

Failure to keep blood pressure at optimal low levels (below 120/85) dramatically increases mortality risk. The government states that blood pressure readings as high as 140/90 are acceptable,19 but published human studies clearly show that maintaining levels below 120/85 confer longevity and protection against heart attack and stroke.20,21

The best selling anti-hypertensive drugs in the United States are not necessarily the most effective. Drug company advertising and physician "force-of-habit" prescribing often results in hypertensive individuals taking drugs that do not provide optimal blood pressure lowering effects.

Life Extension long ago recommended a class of anti-hypertension drugs known as angiotensin II receptor blockers. Some of the first drugs approved in this class were Cozaar® and Hyzaar®, and Life Extension suggested them as first line therapy. The only drawback to these drugs was that they did not provide consistent one-a-day protection.

C-reactive protein causes endothelial dysfunction

It has been clearly established that elevated blood levels of C-reactive protein significantly increase heart attack and stroke incidence. We may now know why.

A new study from the University of California Davis Medical Center shows that endothelial dysfunction occurs very early in the atherosclerosis process.18 What the scientists found is that C-reactive protein plays a critical role in atherogenesis by inducing endothelial dysfunction (arterial wall damage).

This new finding provides an even stronger reason to test one's blood for C-reactive protein every year. If elevated, simple steps can be taken to suppress this destructive inflammatory factor.

Life Extension has published numerous articles

A new drug in this class is called Benicar®, and a recent study indicates that it may be the first to provide true 24-hour blood pressure reduction.22 Typical starting dose of Benicar is 20 mg a day. For patients requiring further reduction in blood pressure, the dose can be increased to 40 mg a day after two weeks. Optimal control of hypertension requires blood pressure checks throughout the day. This is the only way to make sure the anti-hypertensive drug is not wearing off and endangering the arterial system. Even if you are taking Benicar, it is still critical to verify that it is really keeping your blood pressure suppressed during the entire 24-hour period.

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*We believe this photo of William Faloan was taken in 1994, but have not been able to verify this. We therefore state that it was taken sometime in the mid-1990's.

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about the dangers of elevated C-reactive protein. An article appearing in the May 2003 issue entitled "Predict Your Risk of Disease To Avert Future Disasters" provides many safe methods of suppressing C-reactive protein.

Few practicing physicians know how to suppress elevated C-reactive protein. Most don't even test their patients' blood for it. As a reader of this publication, you learn how to protect your precious health by taking advantage of cutting edge scientific research.



AS WE SEE IT

Cardiac Drugs that Cause Heart Attack

50,000 Americans killed by one class of drug

In the April 1995 issue of Life Extension magazine, we published an article that exposed the dangers of a class of anti-arrhythmic drugs the FDA had approved to prevent lethal heart arrhythmias.

Anti-Arrhythmic Drugs

Drugs like Tambocor® are known as Class I anti-arrhythmic drugs. The following list represents the names of Class I category FDA-approved anti-arrhythmic drugs:

- Cardioquin
- Quiniline
- Enkaid
- Ethmozine
- Rhymol
- Tambocor
- Tonocard
- Quinaglute Dura-Tabs
- Quinora
- Quinidex Extentabs
- Mexitil
- Norpace
- Procan
- Pronestyl

In our 1995 article, we introduced evidence that the FDA knew of the risks these drugs posed, but approved them anyway. When the FDA was confronted with accusations that they improperly approved these drugs, their excuse was that they had a theory that these drugs would save the lives of more people by preventing abnormal heartbeats than they would kill by causing abnormal heartbeats. The problem was that the FDA had no evidence that these drugs would save even a single life.

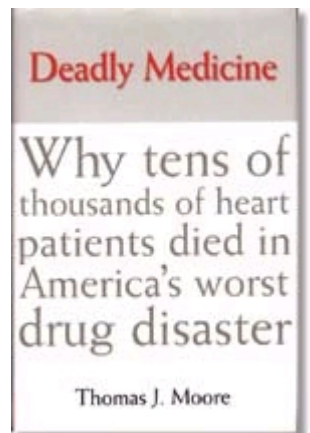
Even after a large study conducted by the National Heart, Lung and Blood Institute showed that these drugs had killed large numbers of Americans; the FDA's response was not to remove the drugs, but merely to suggest changes on the drugs labeling.

True to its word, the FDA did mandate a change in the labeling of at least one of these anti-arrhythmic drugs (Tambocor®). On page 1,889 of the year 2003 Physician's Desk Reference, a large warning box appears containing the following statement:

"An excessive mortality or non-fatal cardiac arrest was seen in patients treated with Tambocor® compared with that seen in patients assigned to a carefully matched placebo-treated group. This rate was 16/315 (5.1%) for Tambocor® and 7/309 (2.3%) for the matched placebo."

What this warning means is that if you take Tambocor® (flecainide), your risk of dying or suffering a heart attack is more than double compared to if you took a placebo.

The sordid history of the FDA's approval of Tambocor® and other lethal Class I anti-arrhythmic drugs is chronicled in the book *Deadly Medicine* by Thomas J. Moore. Life Extension offered this book to members in 1995 and there are still a few copies in print.



What I am doing to postpone aging

Some people have healthy genetic predispositions and are able to enjoy a long life relatively free from the agonies of aging. I am not one of these fortunate individuals.

For instance, my first homocysteine blood test revealed a distressingly high level of 11 (micro mol/L), whereas the optimal range to prevent heart attack should be less than 7. What was surprising was that I was taking lots of folic acid and moderate amounts of vitamins B12 and B6. To see if I might be genetically predisposed to high homocysteine, I had my father's blood levels checked. His homocysteine reading was a staggering-high 22, and he was taking moderate amounts of folic acid and B12.

My father had suffered a heart attack at age 53 and by age 77 had severe coronary artery occlusion. It was clear that hyperhomocysteinemia was part of my family history. In order to suppress my homocysteine to 7, I needed to take 750 mg a day of vitamin B6 and 1000 mg a day of trimethylglycine (TMG). Most people do not need this much B6, but my genetic predisposition mandated aggressive homocysteine-lowering therapy. If I had not taken this blood test, I would have assumed my vitamin supplements were adequate to keep my homocysteine levels in safe ranges.

When a blood test revealed that my triglyceride levels shot up to 140 (mg/dL), I increased my fish oil intake and dropped them down to 66. Were it not for these blood tests, I would have been inflicting damage to my coronary arteries that could have led to an early life heart attack.

At the age of 44, I discovered that my free testosterone blood levels had dropped to below normal while my estradiol had shot up to dangerously high levels. I was obviously aromatizing my testosterone into estrogen. Aggressive steps to correct this hormone imbalance were taken, and this produced the most dramatic age-reversing effect I have yet to experience. I literally became 15 years younger as defined by a number of parameters. If I had not had my blood tested for testosterone and estradiol, I would have assumed that I was slowing down because of normal aging.

It is impossible to follow an optimal personal life extension program without having annual blood tests. There are too many individual variables to account for when deciding what supplements, hormones and drug therapies are needed.

While I take huge quantities of supplements to reduce my risk of contracting disease, I would be shooting in the dark if I did not have my blood checked at least once a year to fine tune my program.

The most effective way of preventing heart attack

Looking back on the history of coronary heart disease in the United States, the death rate peaked in 1963 and has dropped continuously since.²³ The future may hold a reversal in this trend, in part because more people are living longer and therefore are more vulnerable to coronary heart disease.

The FDA's Safety Charade

The FDA claims to be a consumer protection agency, yet it continues to permit the sale of a drug (Tambocor®) that is proven to cause twice as many heart attacks than if patients take nothing at all.

On the flip side, the FDA argues against allowing any drug to come in from Canada because this is "**exposing the public to significant potential risks.**" Here is a news bulletin obtained from the FDA's Website on March 31, 2003:

FDA Supports Oklahoma Action Against Pharmacy Obtaining Canadian Drugs

FDA is supporting Oklahoma's petition for an injunction seeking to stop RxDepot from violating state law by obtaining unapproved drugs from Canada for customers in the United States. FDA says the company is exposing the public to significant potential risks associated with unregulated imported prescription medicines. FDA is concerned that the company has made misleading assurances about the safety of the drugs. More Info

The FDA admitted to ABC News in 1995 that drug company lobbying caused Tambocor® and similar drugs to be approved before adequate safety data could be compiled. Drug company lobbying again is motivating the FDA to pretend that prescription drugs imported from Canada are "dangerous," when the FDA knows these are the identical medications sold in American pharmacies. The FDA's actions substantiate that the agency is a puppet of the drug industry.

Americans are being defrauded out of their money because the FDA won't let lower cost imports to freely enter the United States. Thousands of Americans are

Although overall heart attack prevalence and mortality rates have been declining during the past two decades, statistics from the American Heart Association²⁴ indicate that, with the aging of the population, the actual number of patients afflicted with heart disease will increase. In addition, sudden death is the only manifestation of coronary heart disease in nearly one-third of cardiac patients. Considering these facts, the prevention of heart disease should be a major focus of health conscious people.

There are numerous components of the blood that reveal underlying risks for contracting cardiovascular disease. These include C-reactive protein, HDL/LDL cholesterol, triglycerides, homocysteine, fibrinogen, fasting insulin and free testosterone. Correcting these risk factors is the most effective way of protecting yourself against developing heart disease.

Since 1996, members of The Life Extension Foundation have been able to order their own blood tests. If abnormalities are found, they can take the results of these tests to their doctors or make lifestyle changes in an attempt to correct underlying risk factors for future disease.

Life Extension has a staff of physicians to assist members when questions arise about the results of their blood tests. Until June 1, 2003, members can order their own blood tests at significantly discounted prices. The test results are mailed directly to the member and they can then call for a free consultation with a Life Extension physician.

This unique program, whereby a member has toll-free access to licensed medical doctors, is the only one of its kind in the world. The objective of offering this personalized professional service is to keep Life Extension members alive so that they don't miss out on pending anti-aging breakthroughs. The next page provides information about how to obtain these discounted blood tests.

I have heard members complain that they are too busy to have their blood tested. When this excuse is raised, I ask the member to try to imagine what will happen to their busy schedule if they are sidelined for 60 days with a severe heart attack - assuming that they are lucky enough to survive the heart attack.

losing their lives each year because the FDA allows the sale of drugs that have been proven to kill. This is not consumer protection.

As a personal beneficiary of having my blood tested each year, I can attest to the fact that the findings from these tests have enabled me to make adjustments to my life extension program that statistically reduce my future risk of contracting age-related

disease.

Why I am so optimistic

There has never been a time in scientific history as exciting as today. As you will read in this issue Life Extension magazine, a multi-million dollar project that we funded has resulted in the discovery of a drug that can alter some of the genes involved in aging. This may enable us to stay biologically younger for decades longer, thus possibly increasing the human life span to over 120 years!

As a Life Extension member, you are the first to learn about what may be the most significant anti-aging breakthrough ever made. This groundbreaking research was funded through your membership dues, donations and product purchases. Foundation members should be proud to have contributed to this unparalleled scientific venture.



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