

A Race to the Start

Long-time runner and cyclist Steve Gregory learned that a healthy heart runs on more than just exercise

If anyone should not have had heart trouble, it was Steve Gregory. Or so you'd think. The 50-year-old entrepreneur was a cardio-workout wonder. Serious cyclist since college days. Avid runner since 2005, good enough to run the 5K Amy Thompson Run. He'd climbed a 14,000-foot mountain and been just fine.

But in the summer of 2006, he'd felt a twinge. That's all it was—"a very minor twinge in the crook of my left elbow," Gregory said.

It was the timing that worried him: seven minutes into his exercise routine, every time, like clockwork. "I had a scientific background, with a degree in pharmacy," he said. "I was concerned about its being a repeatable event occurring at the same time."

Surely it couldn't be his heart. Arthritis, perhaps, or the result of the Gregorys' large chocolate Lab tugging hard on his leash. Nevertheless, that August Gregory went into Saint Luke's for an angiogram—"basically to rule out heart trouble," he said.

But that's exactly what it was.

What lies beneath

"Even with a healthy exterior, a person can be at risk," explained David Safley, M.D., a cardiologist at Saint Luke's Mid America Heart Institute. "Steve was reasonably fit, but other factors besides a rigorous exercise regimen come into play."

Gregory's angiogram results were proof. A major artery of his heart had an 80 percent blockage.

A medicated stent corrected it, but when Gregory developed another blockage early in 2007, Dr. Safley recommended surgery. In March, A. Michael Borkon, M.D., performed a triple bypass.

"Four days later, I was up and walking around," Gregory said. After two weeks in rehab, he could easily walk a block. Even so, he faced some setbacks before his full recovery began.

"The cardiac events that I experienced were a wake-up call," Gregory said. He had always assumed that because of his exercise regimen, he'd be shielded from heart trouble. But other elements of his lifestyle were working against him.

Before Gregory purchased the dry cleaning business that he and his wife run, "I had been a corporate road warrior," he confessed. "Lots of late nights and big, heavy dinners with clients."

All that's changed. "I practice portion control now, eat more fish and less red meat, and am home at a decent hour," he said. He's also 35 pounds lighter—and credits his wife, Kim, both for changing their menus and his habits.

His cardiac rehab played a vital role, too. "It was a critical part of Steve's recovery," Dr. Safley said. By late April, Gregory was up to 60 minutes of cardiac exercise three times a week. It was time, he decided, to put on his running shoes again.

"I set a goal to compete in the Amy Thompson Run again," Gregory said. "It was a way to celebrate one small victory of recovery."

Setting his heart on the goal

But although he finished the race, Gregory had just begun to reclaim his lifestyle.

"When I was 40, I set a goal to do a triathlon," he said. "So in four weeks, I trained for it." He had the cycling and running aspects mastered; he now added swimming to his regimen.

"My goal was not to be last, and to finish," Gregory said. A triathlon after a triple bypass?

"Steve is not your typical heart patient," Dr. Safley explained. "For him, a triathlon was essentially getting back to where he was pre-surgery. It was a good goal to shoot for."

In the long run, Gregory's high-octane exercise regimen paid off. "Being in shape before surgery made his recovery easier," Dr. Safley said.

In August 2007, Gregory entered the Jackson County Triathlon sprint course: one-third-mile swim, three-mile run, 12-mile cycle. His time: one hour and 30 minutes.

He wasn't last, and he finished. In fact, he's just getting started.

"There's a trick to getting in and out of the transition areas quickly," he said. "I've already figured out how to shave off 15 minutes for the next time." +

The Hidden Heart

What you don't see can hurt you

Obesity, smoking, and couch-potato-syndrome are only the outward signs of potential heart trouble. Unseen factors can play a part. Two of the most common:

Inheritance tax. Despite a healthy lifestyle, "you can inherit a familial predisposition to coronary disease," said David Safley, M.D., Consulting Cardiologist at Saint Luke's and a member of Cardiovascular Consultants, managers of the Mid America Heart Institute.

Cholesterol scores. "Having a cholesterol level that's borderline or just OK isn't always good enough," Dr. Safley advised. "I recommend that patients over 30 know their cholesterol levels and try to get it as low as possible. If you can lower your cholesterol in your 30s and 40s, you can slow the progression of any blockages and maybe even keep them from forming."

Have your doctor assess your risk and, if needed, prescribe a test. +



From triple bypass to triathlon
Changing other aspects of his lifestyle allowed Steve Gregory to go more than the extra mile.

"A very minor twinge" worried Steve Gregory.

	AGE	TEST
<p>* Start early to test your ticker.</p> <p>Even the relatively young should take testing to heart.</p>	30s >	<p>CardioScan: detects calcium buildup in the heart</p>
	<p>Some guidelines:</p> <p>40s and 50s ></p>	<p>Noninvasive procedures: stress test (treadmill and EKG); imaging procedures (nuclear stress test and echocardiogram); noninvasive angiogram</p> <p>Invasive: heart catheterization (angiogram with placement of a stent)</p>