Grounded in lifestyle changes in four pillars of daily life

- A whole foods, plant-based diet naturally low in fat and refined carbohydrates
- Moderate aerobic exercise
- Stress management techniques
- Psychosocial support

For nearly four decades, Dr. Ornish has directed randomized controlled trials and demonstration projects which document for the first time that these comprehensive lifestyle changes may stop and even reverse the progression of coronary heart disease. These results have been published in leading peer-reviewed journals.

Medicare now reimburses accredited providers for 72 hours of Dr. Ornish’s Program for Reversing Heart Disease as “Intensive Cardiac Rehabilitation.” Many major commercial insurers reimburse the program as well.

For more information, visit OrnishProgram@mednet.ucla.edu or contact an Ornish Care Specialist, 310.794.1800.

References
6. 2011 Outcome data managed by Highmark Inc.
7. 2009 Cost Effectiveness data managed by Highmark Inc.

Evidence-Based Medicine Redefining the Standard of Care in Coronary Heart Disease

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The first and only lifestyle change program proven in randomized controlled clinical trials to:
- Regress coronary stenosis,
- Increase myocardial perfusion, and
- Reduce cardiac events in patients with coronary heart disease. 1-4

Lifestyle Change – A Direct Alternative to Revascularization

Ornish Lifestyle Medicine™

The Multicenter Lifestyle Demonstration Project
- Included patients with coronary artery disease with insurance approval for revascularization

First-year savings* per Intervention patient: $29,529†
*Versus matched controls, based on Mutual of Omaha data
†Number of events per patient-year of follow up was not significantly different for Intervention group vs. controls for MI, stroke, noncardiac death, and cardiac death 10

At 3 years10 77% of Intervention patients avoided revascularization, with no increased frequency of cardiac events

Fast Improvement of Angina
96.5% of Highmark patients reported improvements in angina severity after 1 year

"The major reason that most stable patients undergo CABG or PICA is to decrease the frequency of angina, and comparable results may be obtained by making comprehensive lifestyle changes alone." 10

At 3 Months At 1 Year At 2 Years At 3 Years
49% 61%65% 61%

Intervention patients with angina at baseline reporting no angina at all in the preceding 30 days:
- At 3 Months
- At 1 Year
- At 2 Years
- At 3 Years

These results are comparable to what can be achieved with revascularization. 10

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Highmark Blue Cross Blue Shield’s Experience
Real-World Results
Thousands of Patients
Have Achieved Rapid, Real-World Results

Key findings from multiple analyses of these patients:
- Overall program adherence after 1 year was 85 to 90% at all sites
- The average patient lost 13.7 pounds in the first 12 weeks and 15.9 pounds after 1 year
- Significant reductions in systolic blood pressure, diastolic blood pressure, total cholesterol, triglycerides, and LDL cholesterol after 12 weeks were still significant after 1 year
- 50% reduction in overall health care costs in the first year and a 96.5% of patients reported improvement in severity of angina after 1 year
- In patients with diabetes, hemoglobin A1C decreased from 7.4% at baseline to 6.5% after 12 weeks and 6.8% after 1 year
- Exercise capacity increased from 8.7 to 10.6 METS after 12 weeks and 10.8 METS after 1 year (24% increase)
- Depression scores were reduced by almost 50%
- 99% of patients in Intervention group stopped or reversed their CHD as measured by cardiac PET scans and showed a 300% average improvement in myocardial perfusion

Regression of stenosis at 1 year (by quantitative angiography)

82% of patients achieved improvement in mean diameter stenosis at 1 year

All of the patients in both groups had at least one coronary artery with at least 75% stenosis at baseline

The Intervention group also achieved a 24-pound average weight loss and a 91% average reduction in angina frequency after 1 year

At 5 years, the Usual Care group was at 2.5 times greater risk of experiencing a cardiac event than the Intervention group

The first randomized, controlled clinical trial assessing the lifestyle changes underlying Ornish Lifestyle Medicine in patients with coronary disease. Primary results were published in The Lancet and JAMA

Changes in quantitative coronary arteriography

In the Intervention group, size and severity of perfusion abnormalities on dipyradomole PET images improved, compared to worsening with usual care

99% of patients in Intervention group stopped or reversed their CHD as measured by cardiac PET scans and showed a 300% average improvement in myocardial perfusion

The Intervention group, size and severity of perfusion abnormalities on dipyradomole PET images improved, compared to worsening with usual care

Multisite Cardiac Lifestyle Intervention Program
In another large insurance-based study of 1,152 patients with coronary artery disease participating in the lifestyle intervention program, 74% became free from CHD after 12 months

The Landmark Lifestyle Heart Trial
Lifestyle Change as Treatment for Reversing Heart Disease
...And Improving Outcomes

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Other Results from the Randomized, Controlled Lifestyle Heart Trial
Effects of lifestyle change and usual care on LDL cholesterol and angina frequency

Other Results from the Randomized, Controlled Lifestyle Heart Trial
Effects of lifestyle change and usual care on LDL cholesterol and angina frequency

High LDL-C Angina Frequency

There was a 40% average reduction in LDL cholesterol after 1 year in the Intervention (lifestyle change) group, without lipid-lowering drugs

Angina Frequency

Similar differences in stenosis by level of adherence were observed at 5 years

91.2% reduction

91.2% reduction

Intervention group

165.5% increase

165.5% increase

Usual Care group

There was a 40% average reduction in LDL cholesterol after 1 year in the Intervention (lifestyle change) group, without lipid-lowering drugs

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