

# Perspectives of Barry A. Franklin, PhD: A World-Renowned Professor, Author, and Speaker

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## Abstract

In the interview, Prof. Barry A. Franklin discussed his perspectives on physical activity, cardiorespiratory fitness, and cardiovascular health. He also unraveled how soft skills can empower superachievers. His major viewpoints are: (a) exercise benefits cardiac patients; yet, too much exercise may be risky, (b) exercise prescription should be scientifically based and varies by different objectives for each individual, (c) patients' motivation to change their behaviors matters during cardiac rehabilitation, (d) physical activities could play a protective role for dementia prevention, (e) technology and virtual approaches enable more patients to participate in cardiac rehab programs, (f) patients with heart failure may benefit even more from exercise training than other patient populations, (g) psychosocial stressors may partially explain some cardiac events, (h) novel risk factors help identify people at increased risk of cardiovascular disease, such as genetics, coronary calcium score, air pollution, and inflammation, and (i) soft skills are needed by all people, regardless of their field.

**Keywords:** Cardiac rehabilitation, cardiorespiratory fitness, cardiovascular disease, exercise

## FOREWORD

What are the secrets of highly successful physicians? Is there a “Law of Success” that applies to doctors and people in all walks of life? To find a way out for “lost” medical students and junior doctors, we are privileged to interview Prof. Barry A. Franklin. Prof. Franklin is a Professor of Internal Medicine and serves as Director of Preventive Cardiology and Cardiac Rehabilitation, Corewell Health, William Beaumont University Hospital, Royal Oak, Michigan, United States (USA).

As one of the most influential figures in clinical medicine worldwide, Prof. Franklin also boasts three different titles: professor, author, and speaker. He summarized lessons learned and experiences over the past decades and described a shortcut to professional success.

The interview was recorded live and edited as follows. We hope, via the publication of this interview, to keep you informed and inspired. Now, let's start our chat with Prof. Franklin. Please read and enjoy.

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## QUESTION 1

As an exceptional and experienced professor, you have given over 1,200 invited presentations worldwide. What is your secret to delivering a good presentation? Could you please share some suggestions in this regard?

### Prof. Franklin

I'm very fortunate. I've given presentations around the world, actually more than 1,200, in countless cities. When we talk about a good presentation,<sup>[1,2]</sup> I'm reminded of a very famous quote. It was by Lowell Thomas, a writer and broadcaster, who said that *the ability to speak is a shortcut to distinction. It puts a man or woman in the limelight and raises his or her head and shoulders above the crowd.*

### Find a great speaker as a mentor

The individual who can speak acceptably well is usually given credit all out of proportion to what he or she really

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possesses. I had a speech coach many years ago who said to me, *it is not so much the information or data you present, but how you make the audience feel*. Did the talk uplift, motivate, or inspire the listener? Did it evoke a range of emotions? And did it stimulate your attendees to take action? For young people, I typically recommend that they observe extraordinary speakers with specific reference to how organized the talk is, the enthusiasm of the speaker, their voice modulation, and eye contact. Find a great speaker to mentor you.

### *Prepare, prepare, and prepare*

The more you prepare, the better the talk! I think it is important when a speaker goes to the podium, they initially stand there for at least 3 s. As they stand at the podium, their stature grows without saying anything. The first 90 s are also critical.<sup>[1]</sup> I try to open the talk dramatically, with an attention grabber, to build a people connection, making them laugh or smile.

### *Capturing your audience*

The PowerPoint presentation should include great slides and eye-catching pictures, avoiding tiny print and excessive empty space. Very, very important, when you talk to the audience, tell them, early on, how many topics you are going to cover. For example, today, I'm going to cover seven topics, and this is topic number one.<sup>[3]</sup> In addition, I tend to use a build slide. A build slide includes different sections of the talk and highlights each new section that comes up. When you're talking to a large group, use the word "you" often, maintain eye contact, smile throughout your talk, and repeat key points. At the end of the talk, I often reiterate an important practice. The magic number in speaking, is three. During your talk, try to incorporate three-word phrases, "Just Do It" or "Coke Is It," that people will remember.

### *Great speaker portrait*

If you read your talk, you lose credibility! Always give the talk as if you're telling a story.<sup>[3]</sup> The best speakers are storytellers, dressed for power or authority: for men, a white or blue shirt and red tie; for women, a smart suit. You should stay on time, and finally, welcome questions. Questions suggest that your audience has been engaged by your presentation.

## QUESTION 2

Authoring more than 700 publications, including 591 papers, 103 book chapters, and 27 books, you are one of the most influential figures in clinical medicine. Could you please briefly describe the most important research/publications to you?

### **Prof. Franklin**

Your question pertains to my major publications; not to brag, but I've been publishing for almost 50 years and have over 700 publications. It would be very difficult to select the most important. What I've decided to do is highlight, over the last 3 years, the six most enlightening publications that I have authored or coauthored.

The first appeared in the journal *Circulation*, in March 2020.<sup>[4]</sup> I was the lead author. We reviewed exercise-related cardiovascular events and the potential deleterious adaptations that can occur with long-term, high-intensity, high-volume exercise training. We found that people who do excessive amounts of exercise may demonstrate increased levels of coronary calcification and an increased likelihood to develop an arrhythmia called atrial fibrillation, which markedly increases the risk of stroke. In essence, the more exercise you do, the lower your cardiovascular risk. But, if you do excessive exercise, the risk may start going up again, referred to as a reverse J-shaped curve.<sup>[4]</sup> Our conclusion was that even though exercise is good for most people, it may be possible to get too much of a good thing, that is, in some people, high-volume, high-intensity training may lead to physiologic maladaptations.

The second paper, published in 2022, appeared in the *American Journal of Preventive Cardiology*. It was a two-part scientific statement that I spearheaded as the lead author.<sup>[5,6]</sup> In my humble opinion, it is one of the most comprehensive articles ever written on physical activity, cardiorespiratory fitness, cardiovascular disease, and cardiovascular health. In this article, we reviewed the benefits and risks of exercise and provided contemporary exercise guidelines. We discussed bioenergetics, ATP (adenosine triphosphate, the foundation of energy and exercise), potential maladaptations, including atrial fibrillation and coronary calcium, extreme exercise regimens, and special patient populations.

The third article out of the six is one we published in September 2022 in the preeminent journal, *JAMA Cardiology*.<sup>[7]</sup> We reviewed the role of behavioral counseling for the patient with known or suspected cardiovascular disease and highlighted the importance of assessing – are they ready to change their behaviors? We detailed the essence of motivational interviewing and the five "A's" for evaluating patients – assess, advise, agree, assist, and arrange. We also discussed using downscaled goals to make it easier for the patient to achieve early success.

The fourth article was published in *eClinicalMedicine*,<sup>[8]</sup> which is the electronic version of a renowned European journal called *Lancet*. In this report, we evaluated temporal changes in Personal Activity Intelligence, which is a metric for how much exercise a person does, on the risk of incident dementia and dementia-related mortality. What we found in this large study was that the more physical activity someone did, particularly vigorous physical activity, the lower their risk for developing dementia over time.

The fifth article was published in January 2023 in the journal *Circulation*.<sup>[9]</sup> In it, we discussed a new era in cardiac rehabilitation, specifically emerging research, goals, questions, strategies, and priorities. We discussed using technology and a virtual approach to reach more patients with cardiovascular disease who can't drive long distances to cardiac rehab programs in the hospital or in the community setting. We

also discussed who benefits the most from the varied delivery models.

The last paper, which I'm very excited about, was published in April 2023 in the journal *Circulation*.<sup>[10]</sup> It took 2 years of research, writing, and revision before the article was published. The review pertains to supervised exercise training for patients with chronic heart failure with preserved ejection fraction. This was an update of an American Heart Association (AHA)/American College of Cardiology (ACC) scientific statement. We reviewed literally all relevant randomized controlled trials of supervised exercise training in patients with heart failure. We found beneficial effects in terms of improved functional capacity, increased quality of life, and reduced symptoms that were equal to or greater than other cardiac patient populations. This is an important paper which could open up the door, at least in the USA, for patients with heart failure with preserved ejection fraction to have exercise-based cardiac rehabilitation covered by their health insurance. Presently, only heart failure patients with reduced ejection fraction are covered.

### QUESTION 3

Can you comment on the role that regular physical activity and cardiorespiratory fitness have on varied health outcomes – information that primary care physicians and cardiologists may be unaware of?

#### Prof. Franklin

The question is an excellent one and represents a topic that was recently addressed in a manuscript we published in the *Mayo Clinic Proceedings*, in February 2023.<sup>[11]</sup> We evaluated the role of physical activity and cardiorespiratory fitness in treating and preventing chronic disease and infectious diseases, including COVID-19, as well as the exercise thresholds needed to achieve these benefits. In a nutshell, what were the “take-home” messages in this paper?

Let me share with you 10 key points:

- Epidemiological studies have consistently shown that inactive people have up to twice the incidence of cardiovascular disease.<sup>[12]</sup>
- A recent landmark study, which included thousands of middle-aged and older adults, reported that the most physically active men and women in this study enjoyed 7–8 years gained in life expectancy.<sup>[13]</sup> The bottom line? The more physically active and fit people are, the more likely they are to live longer.
- Numerous studies now suggest that physical activity and cardiorespiratory fitness have an inverse relationship with chronic diseases.<sup>[14]</sup> The more active you are, the more fit you are and the less likely you are to develop diabetes, hypertension, chronic kidney disease, atrial fibrillation, and heart failure.
- Vigorous physical activity like running confers greater survival benefits than moderate-intensity exercise like walking.<sup>[15]</sup> On the other hand, for people with asymptomatic, underlying heart disease, unaccustomed vigorous exercise can be riskier as it can trigger heart attack or sudden cardiac death. We always tell people if you would like to start exercise, don't start running, don't start sprinting, start walking. Vigorous exercise confers greater survival benefits. If somebody asked me – which is more cardioprotective? The superior one is vigorous exercise, but don't start with vigorous exercise, start with moderate, and gradually progress to vigorous activity.<sup>[5,6]</sup>
- Fitness is inversely related to mortality. For each 1-metabolic equivalent (MET) increase in exercise capacity, there is about a 15%–20% reduction in mortality.<sup>[16]</sup> In general, the higher the fitness, the lower the mortality, but the benefits largely plateau beyond 10 METs.<sup>[17]</sup>
- At any given risk factor profile<sup>[18]</sup> or coronary artery calcium score,<sup>[19]</sup> low-fit people have about 2–3 times the death rate than the higher-fit counterparts.
- Fitness is inversely related to annual health-care costs.<sup>[20]</sup> The more fit you are, the lower your health-care costs. In fact, a recent report from the U.S. Veterans Exercise Testing Study showed that for every 1-MET increase in exercise capacity, there is a ~1,600 USD decrease in health-care costs.<sup>[21]</sup> So, the more fit, the lower the health-care costs, which I'm sure is not only of interest in the U.S. but in China as well.
- Physically active people who are hospitalized with chest pain have better short-term outcomes.<sup>[22]</sup> That is, they're less likely to die in the hospital or be hospitalized for prolonged periods. We believe that's in part related to a phenomenon called exercise preconditioning.<sup>[23]</sup> If you're a regular exerciser and you experience a cardiac event, it tends to be less severe.
- Fit people going into elective or emergent surgery, like bypass surgery<sup>[24]</sup> or bariatric surgery,<sup>[25]</sup> also have fewer complications and better short-term outcomes. We tell our patients if you're regularly physically active, if you need to undergo elective or emergent surgery, you will generally handle the surgery with fewer complications and a more rapid hospital discharge.<sup>[26]</sup>
- The greatest benefits for an exercise training program involve getting people out of the least fit, least active cohort of the population, which we refer to as the bottom 20%.<sup>[5,6,27]</sup> People can be divided into quintiles, and those who are in the bottom 20% are most likely to die, and most likely to have health problems, which means you've got to get them above a 5-MET exercise capacity. To do that, you need to train them slightly above 3-METs. What does that correspond to? It corresponds to walking on the treadmill at 3 mph, 0% grade. If the patient says that's too fast, 2 mph up a 3.5% grade will suffice. If they use a stationary cycle ergometer, for the average person, training workloads should approximate 300–400 kg/min. Or if they prefer outdoor cycling, what do they need to achieve above 3-METs? Cycling



at a slow pace, 6 mph, will correspond to this aerobic requirement.

In summary, what are the salutary effects of exercise? There are five that I think physicians and patients should be aware of. These include anti-atherosclerotic, antithrombotic, anti-ischemic, anti-arrhythmic, and psychological benefits.<sup>[5]</sup>

## QUESTION 4

Non-traditional risk factors, including psychosocial stressors, air pollution, and inflammation, have been linked with heart disease prevention. Can you discuss the risk-reducing strategies for people with known or at a high risk for cardiovascular disease?

### Prof. Franklin

First and foremost, we need to earlier identify people at greater risk.<sup>[28]</sup> I tell patients, if your mother or father had a heart problem under the age of 60, you may be predisposed to heart problems. So, genetics does play a role.<sup>[29]</sup> Also, people who report exertional chest discomfort, or individuals who have multiple risk factors, including high cholesterol, diabetes mellitus, cigarette smoking, and obesity, are at greater risk for coronary disease.

Coronary calcium scoring has become increasingly popular in the U.S. and in China. It is an important prognostic indicator which quantitates how much calcium is in the coronary arteries. A classic study by Raggi *et al.*<sup>[30]</sup> evaluated symptom-free patients who had numerous coronary risk factors. The researchers measured their coronary calcium score and followed the cohort for 32 months for incident myocardial infarction or sudden cardiac death. What did they find? Three major findings: (1) The higher their coronary calcium score, the greater the likelihood of a coronary event at follow-up. (2) The higher the score, the greater the risk. When the coronary calcium score was zero, the risk over the next 10 years was <1%. If the coronary calcium score was 1–99, over the next 10 years, the risk was 20%. If the coronary calcium score was 100–400, the risk was 40%. If it was over 400, there was a 50% likelihood over the next 10 years that patient would suffer an acute cardiac event. (3) Interestingly, a coronary calcium score >100 was associated with a cardiac event rate higher than in patients with known cardiovascular disease.

The point I'm making is, in addition to conventional risk factors, the coronary calcium score provides independent and additive evidence suggesting underlying cardiovascular disease.

We also need to evaluate lifestyle habits for all our patients.<sup>[31]</sup> I advise patients to eat 6–8 servings of fruits and veggies every day to help prevent heart attacks. Second, cut back on your salt. A good general rule is evaluating the calories per serving in a product versus the milligrams of salt. Try to limit the sodium in mg to no more than the number of calories in each serving. Eat more fish, more water, more

chicken, and turkey. Avoid unhealthy bakery goods, such as donuts, cinnamon rolls, chocolate chip cookies, and cakes, since they contain trans fats; and generally avoid eating meat. The late Dr. William C. Roberts once said: *We fatten our cows and pigs, we kill them, we eat them, then they kill us.*<sup>[32]</sup> Avoiding cigarette smoking is also critical to a healthy lifestyle. Lifetime smokers lose, on average, 10–12 years. We have to get young people to stop cigarette smoking, under 40 years of age, and ideally under 30. Regularly breathing others' secondhand smoke also increases the likelihood of heart disease by ~30%.

Besides, people should know their numbers and attempt to favorably modify risk factors with lifestyle changes and drug therapy, if appropriate. For diabetes, know your blood glucose, and know your hemoglobin A1C; for hypertension, know your blood pressure; for obesity, we have good data that people at greatest risk have a body mass index over 35, at least in the U.S. That's very significant obesity. The good news is that for people who lose just 5% of their body weight, there are significant health benefits. There is a "rule of 40": whatever your blood cholesterol level is (in mg/dL), reduce it by 40 points, and you cut your cardiovascular risk in half.<sup>[32]</sup> Apart from lifestyle, we need to consider cardioprotective medications. We have good data to suggest that aspirin, statins,  $\beta$ -blockers, and angiotensin-converting enzyme (ACE) inhibitors each reduce mortality in people with or at risk for heart disease by about 23%.

When patients ask me, doctor, what should my cholesterol, high-density lipoprotein (HDL), low-density lipoprotein (LDL), and triglycerides be? I respond: cholesterol should be <150 mg/dL. HDL, the helpful form of cholesterol, should be over 40, ideally over 60. LDL, the lousy cholesterol, should be under 100 and ideally <70. Triglycerides should be in the range of 50–80 mg/dL.<sup>[31]</sup> People who sleep 7.5 h or more each night are at lower risk for cardiac events than people who routinely get 5 h of sleep or less. So, lower the cholesterol with diet, exercise, and statin therapy, if necessary. There is a new drug called proprotein convertase subtilisin/kexin type 9 (PCSK-9) inhibitors. If the statins don't work or people are intolerant to them, PCSK-9 inhibitors reduce the LDL and mortality by about 50%. Fitness should be >5-METs. To achieve this level, you have to train at 3-METs or higher.<sup>[5,6]</sup> Even higher fitness levels confer greater survival benefits.<sup>[17]</sup>

Next, identify psychosocial risk factors; the major ones are depression, chronic stress, anxiety, and social isolation.<sup>[33,34]</sup> Last but not least, if you're experiencing exertional chest pain or pressure from your belly button on up when you're walking up a hill or doing strenuous activities, stop exercising and let your doctor know. It may suggest you have underlying heart disease [Central Illustration].

## QUESTION 5

Psychological factors also play a role in the development,

### Key question

What are the benefits of exercise in treating and preventing chronic disease? What are the exercise thresholds needed to achieve the benefits?

### Key finding

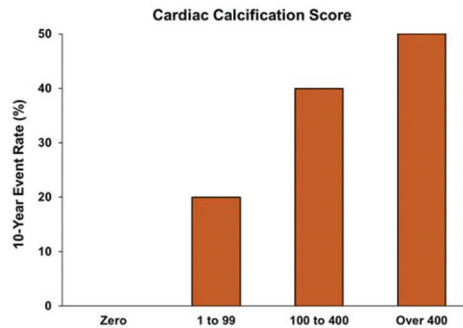
Exercise has an inverse relationship with chronic diseases. The exercise thresholds to achieve benefits vary by age, sex, and fitness. Moderate-to-vigorous exercise both provide benefits. For people with hidden or known heart disease, vigorous exercise, particularly when unaccustomed, can trigger acute cardiac events.

### Message for readers

Scientifically based and individually-tailored exercise prescriptions confer significant benefits in treating and preventing chronic disease.

#### Exercise Applications: Underlying Heart Disease, Prescriptive Considerations, and Health Outcomes

**Hidden Heart Disease?** Previous studies suggest that 42 to 85% of people over 50 have underlying heart disease. Accordingly, don't assume you don't have potentially life-threatening heart disease. Bad genes can double the risk of heart disease, but a favorable lifestyle cuts it in half.



#### Minimum and Goal Intensities for Exercise Training?

##### Minimum

MVPA corresponding to > 3 METs



Treadmill: 3.0 mph, 0% grade *or* 2.0 mph, 3.5% grade  
 Cycle ergometer: 300 kg/m/min (70 kg-man)

##### Goal

Men: Training METs = 12.48 – 0.092 (Age, yrs)  
 Women: Training METs = 8.975 – 0.065 (Age, yrs)



Walking      Jogging      Running

#### Benefits Versus Risks of Regular Moderate-to-Vigorous Physical Activity

##### Benefits

- ↓ CVD events (up to 50%)
- ↓ Annual health care costs
- Fewer surgical complications
- More favorable ACS outcomes
- Anti-aging effects
- ↑ Life expectancy/survival (7-8 yrs)
- ↓ Incident chronic disease
- ↓ Adverse outcomes from COVID
- Exercise preconditioning cardioprotective phenotype
- ↓ Cardiovascular risk at any given risk factor profile or coronary calcium score
- ↑ Quality of life/ psychologic well-being

##### Risks

- Musculoskeletal complications
- Accelerated coronary artery calcification\*
- ↑ Incident atrial fibrillation\*
- Triggered acute cardiac events (MI, SCD)



\* High-volume, high-intensity training regimens

**Central Illustration:** The prevalence of cardiovascular disease and the prognostic significance of coronary calcium scoring, the minimum and goal intensities for exercise training, expressed as METs, and the benefits and risks of exercise training.<sup>[5,6]</sup>

MVPA=Moderate-to-vigorous physical activity; METs=Metabolic equivalents; CVD=Cardiovascular disease; ACS=Acute coronary syndromes; COVID=Coronavirus disease; MI=Myocardial infarction; SCD=Sudden cardiac death.

prevention, and treatment of cardiovascular disease. Yet, many patients, even cardiologists themselves, are not aware of the importance of the “heart–mind” connection. Could you please advise cardiovascular specialists on this topic?

### Prof. Franklin

Excellent question. Researchers in the U.S. and throughout the world have shown that 75%–90% of all cases of coronary heart disease are explained by conventional risk factors.<sup>[35]</sup> These include hypertension, hypercholesterolemia, cigarette smoking, obesity, diabetes, and physical inactivity. That means 10%–25% of all the cases are unexplained. I believe some of the unexplained reasons why people develop cardiovascular disease are psychosocial risk factors. For example, anger, hostility, depression, social isolation, and chronic stress, especially in combination. We know that psychosocial stressors can do two things: (1) worsen behavioral risk factors. If you’re under stress, you may have unhealthy dietary habits and may not exercise regularly; and (2) trigger acute coronary events or heart attacks.<sup>[33]</sup> Dr. Redford B. Williams, a world-renowned scientist at Duke University, said, “When psychosocial risk factors occur together in the same person, the impact on cardiovascular disease is compounded. If we see a patient who is socially isolated, depressed, or chronically stressed, his/her risk of a coronary event may be markedly elevated.”<sup>[34]</sup>

What are some key psychosocial risk factors that scientists have related to heart disease? The first one is called type A behavior. Type A behavior characterizes people who are aggressive, ambitious, competitive, and time-oriented. They are constantly overcommitted, pursuing deadlines. A classic study, published in 1975 in the prestigious journal, *JAMA*, showed that in a group of U.S. citizens aged 39–59, Type A individuals demonstrated twice the incidence of coronary artery disease than their Type B counterparts (more relaxed).<sup>[36]</sup> No study has ever been able to substantiate that report. Today, we are less concerned about Type A personality, *per se* we now believe that some Type A’s, not all but a small portion, may have concomitant anger and hostility. The problem is the anger and hostility, not the fact that they are competitive, aggressive, ambitious, or time-oriented.

Number two is anger. Dr. Murray A. Mittleman, a colleague at Harvard University, reported in a major study of the triggers of heart attacks that a significant number of myocardial infarctions are triggered by an episode of anger.<sup>[37]</sup> An episode of anger can double or triple the risk of a heart attack in the ensuing 2 h. So, I tell patients learn to respond intelligently to acute stress or anger, rather than react to it.

Number three, what’s the most important psychosocial risk factor? I would say depression. Depression produces the greatest deterioration in health.<sup>[38]</sup> Depressed patients soon after a heart attack have three times the incidence of death as nondepressed patients. We now know the major reason for that is that depressed patients are less likely to follow a healthy diet, not likely to stop smoking or start exercising, not likely to take their prescribed cardiac medications, and not likely to

go to cardiac rehab. We try to identify every new depressed patient coming into our cardiac rehab program. We have them fill out a survey called the Patient Health Questionnaire-9 (PHQ-9), which tells us if they are depressed. If they are, we try to get them to see a behavioral counselor. We have good data to suggest that acute and chronic emotional stress can also lead to a cascade of physiological and clinical responses that are potentially hazardous, including myocardial ischemia, arrhythmias, more vulnerable plaque, and the potential for thrombosis.<sup>[33]</sup> What is the most dangerous day of the week for heart attacks? Monday, and the least dangerous day of the week is Sunday when people aren’t at work and are relaxing with family.

Two other studies I’d like to share with you. One, on January 17, 1994, we had a huge earthquake in Los Angeles, California. It was called the Northridge earthquake. Scientists believe if stress is a triggering factor, they should have seen more heart attacks and deaths in response to the earthquake. That day, the number of sudden cardiac deaths increased 5 folds! Normally, there are five deaths in the Los Angeles area per day; yet, on that day, there were 25 deaths!<sup>[39]</sup> So, simply the stress of an earthquake for people with underlying heart disease can trigger fatal cardiac events. Second, *The New England Journal of Medicine* reported that during a World Cup soccer tournament in July 2006, which was held in Munich, Germany, researchers found that on days that the German team played, the number of heart attacks increased twice over the days that the German team did not play.<sup>[40]</sup> The conclusion? Simply viewing a stressful soccer match doubles the risk of heart attacks among local spectators cheering for their team.

Finally, social isolation. People who live alone after a heart attack have twice the mortality as those living with others. If a man has suffered a heart attack, his wife will say, *you have to eat healthy, exercise regularly, take your medications, and periodically see your doctor*. If he lives alone, those protective lifestyle habits oftentimes aren’t adhered to. Thus, simply living with a loving spouse can reduce the risk of future heart attacks.

Last but not least, we get what we expect, and we attract what we fear. I advise physicians in the U.S. to, “Encourage your patients to take care of themselves and promote hope and optimism in the patients you consult, to increase their recovery expectations.” Many people think that because they had a heart attack, they’re going to die soon. Most patients with heart attacks in our program live to their 70s, 80s, and 90s if they eat healthy, take cardiac medications as prescribed, and regularly exercise.<sup>[31]</sup>

### QUESTION 6

You have a hobby (really a passion) – the study of highly successful people in all walks of life. Further, that you started this investigative work in your late 20s, and you are now in your mid-70s! Moreover, you are invited to lecture on this topic all over the world and that you summarized the essence



of all you've learned in a book published last year titled, "gravitational positional system (GPS) for Success: Skills, Strategies, and Secrets of Superachievers" (Productivity Press, NY, NY, USA). Could you briefly summarize the 10–15 key skills and strategies that you detail in the book for our readers?

### Prof. Franklin

This is a topic that regardless of whether you're a teacher, work in a supermarket, or you're an editor of a major journal, these apply to everyone. I became interested in this topic 50 years ago. I graduated after 10 years of college, started working in the real world, and realized that I was poorly trained for the world of work. I could take heart rates, I could take blood pressures, and I understood oxidative enzymes, but I lacked many of the soft skills that you need to really thrive in the workplace. These skills include goal setting, people skills, communication skills, serving others, understanding the law of attraction, the law of sow and reap, and the benefits of organizational membership, to name just a few.

I became fascinated with the management guru Peter Drucker. Drucker said, "Regardless of what your primary field is, find something else that's of interest to you and make it more than just a hobby." For me, that interest became studying highly successful people in all walks of life. For example, Bill Gates, Warren Buffett, Tiger Woods, and countless others. What are these people doing that I'm not doing? I started identifying some behaviors that when I started applying them to my own life, I began attracting good luck, but in an exponential manner.

If you ask me, what I found in my research over the past 50 years, I found there are four foundational factors in people who are highly successful: (1) They love what they do. The late Steve Jobs said *the only way to do great work is to love what you do*. (2) Realize to a large extent that you make your own luck in life. Mark Myers wrote a book that said *95% of things that happened to us happened because of things we did or didn't do*. Most things happen because of your daily behaviors. (3) Take 100% responsibility for your life. Don't blame the supervisor, and don't blame the manager. You have to find the way. Ten most empowering two-letter words "If it is to be, it is up to me." (4) Focus on serving others. Via a boomerang effect, rewards come back to you by admirably serving other people. Albert Einstein, a brilliant scientist, was once asked why were we put on this earth. Einstein replied that *we are here to serve other people*. Rick Warren, author of *The Purpose-Driven Life*, was once asked how do you measure success. He said, *by the number of people you serve in your lifetime*. Leo Tolstoy was a great writer whom I admired. He said, *we love people not for what they can do for us, but for what we can do for them. It is the fundamental ingredient in the recipe for success.*<sup>[3]</sup>

As for specific behavioral skills, I'll give you 10:<sup>[3]</sup>

- Look for the good in people and situations. Be optimistic. Don't walk around complaining how bad things are
- Activate the law of attraction. Believe you're going to get something, act, and then you ultimately will achieve it. Believe, act, and achieve. It is called the law of attraction
- Program your GPS. In other words, write down your goals every day. *If it's not on paper, it's vapor*, said Sir John Hargrave. *If you can think it, ink it*, said Mark Victor Hansen.
- Take action. Just do it. Get up and go after your goals. Billionaire A. L. Williams said that *your life is a direct result of what you DO, not necessarily what you say you are going to do*. I love this quote☺.
- Ask for things you want. Don't assume people are going to read your mind, just ask for what you want
- Be persistent, recognize that setbacks line the road to success. If things aren't always working out for you as planned, don't get discouraged.
- Work on improving your communication skills. Become an expert writer, speaker, and be able to adeptly interview for new jobs. What's the best way to do that? Read. Read, so your vocabulary enlarges. The more depth and breadth of your vocabulary, the more successful you're going to be.
- Be a member and become a fellow of professional associations and get active in them. I'm a fellow of the AHA, the American Society for Preventive Cardiology, the American College of Sports Medicine, and the American Association of Cardiovascular and Pulmonary Rehabilitation. These are priceless experiences. I've befriended leaders from all over the world who became esteemed colleagues and collaborators. Many opened up unimagined doors for me. Don't just stay in your own hospital, get to know leaders around the world. Similarly, work with and learn from them.
- People skills. Be nice, be a person of integrity. If you tell somebody that you are going to do something, do it; and, routinely exceed people's expectations. Try to surround yourself with people you'd like to emulate 20 years from today.
- Work hard. It is called the law of sow and reap. As you plant seeds, ultimately, you reap the harvest (rewards). If there is anything you can do to make yourself a little bit better, do it. Here is an example. I studied the professional golf tour. In 2002, Tiger Woods was the #1 golfer in the world. He could shoot 68.56 shots for 18 holes. The #10 golfer was Sergio Garcia who averaged 70 shots. That means Tiger Woods would beat Sergio Garcia by just 1.5 shots for 18 holes. Tiger Woods won 3.5 times the prize money that Sergio Garcia earned that year. But, a company called Nike gave Tiger Woods a 60–80 million USD marketing contract for the title of #1 Golfer in the world.<sup>[3]</sup> The bottom line? Do anything you can do to make yourself a little bit better, such as more education, more practice, and more training. Get in the habit of getting up early, before your competitors, to work on advancing your career.

## QUESTION 7

You were the past chair of the AHA's Council on Nutrition, Physical Activity, and Metabolism and hold editorial board appointments with 15 scientific and clinical journals, including the *American Journal of Cardiology*, *American Journal of Lifestyle Medicine*, and *Journal of Cardiopulmonary Rehabilitation and Prevention*. Could you please give some advice for the development of *Heart and Mind*?

### Prof. Franklin

I think several suggestions will be helpful to you, your editorial staff, and those working on *Heart and Mind*.

First, formulate a "mission statement" that highlights the uniqueness of your journal and the "void" it fills. This should be printed on every issue. Second, ask the authors of every article to summarize it in a brief and simple paragraph in lay language for patients. Third, every article should include a central illustration. Fourth, strive to double the number of submissions you have in hand so that you'll never run short on articles.

In addition, partner with other journals that are better known and more widely read. If you can partner with another journal to simultaneously publish an article with *Heart and Mind*, your articles will get far greater exposure.

Furthermore, hold in-person editorial board meetings, maybe not every year, but at least every 2 years, bringing foreign experts (editorial board members) to China. Also, strive to get a major professional society or association to adopt *Heart and Mind* as their flagship journal.

Last but not least, seek Index Medicus and other quality endorsements for your journal. Get as much free or low-cost visibility for your journal that you can. Consider sending hard or electronic copies of certain issues to selected government agencies, decision-makers, hospitals, doctors, major universities, and preeminent medical associations. The more visibility you have, the more your journal is going to flourish.

## EDITOR'S NOTE

Prof. Franklin is passionate about his research career and life, enjoying digging into the complexity of physical activity and the human body, as well as the behavior patterns of highly successful people around the world. During the interview of over 1 h, Prof. Franklin showed great patience and kindly elaborated on the latest views for all questions. Here are nine significant viewpoints in essence:

1. More exercise enables lower cardiac risk, but too much exercise may trigger the risk to increase. It is described as a reverse J-shaped curve.
2. Exercise prescription should be scientifically based and varies by different objectives for each individual. Physical activity and the level of cardiorespiratory fitness confer

significant and optimal cardioprotective benefits.

3. Patients' motivation to change their behaviors matters during cardiac rehabilitation. Doctors are urged to conduct motivational interviews and set downscaled goals for patients to achieve and adhere to easily.
4. More physical activities, vigorous physical activities in particular, lower the risk of developing dementia over time. Although vigorous exercise is superior, starting with moderate intensity exercise is always recommended.
5. Cardiac rehabilitation is a multidisciplinary program for patients with cardiovascular disease. Technology and virtual approaches enable more patients to take part in such programs.
6. Exercise training elicits improved functional capacity and increased quality of life. Such benefits in patients with heart failure are equal to or even greater than other patient populations.
7. Psychosocial stressors may partially explain some cardiac events, including anger, hostility, depression, social isolation, and chronic stress.
8. Novel risk factors help identify people at increased risk of cardiovascular disease, such as genetics, coronary calcium scores, air pollution, and inflammation.
9. Soft skills are needed by all people, regardless of their field. These skills include goal setting, communication skills, serving others, understanding the law of attraction, the law of sow and reap, and the benefits of organizational membership.

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Nil.

### Conflicts of interest

Prof. Barry A. Franklin is an Editorial Board Member of the *Heart and Mind* journal. Prof. Meiyuan Liu is the Executive Editor-in-Chief of the *Heart and Mind* journal. Icey Zhang is an editorial staff of the *Heart and Mind* journal. The article was subject to the journal's standard procedures, with peer review handled independently of Prof. Barry A. Franklin and the research groups. There are no conflicts of interest.

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