

Learn how to interpret CardiaX Panel markers to **detect heart disease and related conditions early and accurately,** so you can implement clinical strategies based on your patient's unique genetics.

	Gene	Metabolic Consequence—What is it?	Risk Associations with Polymorphisms/Variations	Clinical Implications/ Recommendations
Hypertension	ADRB2	B2 Adrenergic Receptor A receptor protein that binds with epinephrine to control smooth muscle relaxation.	Associated with: • Obesity and type 2 diabetes • High blood pressure • Ischemic stroke • Idiopathic thromboembolism • Asthma	*Therapeutic Lifestyle Changes (TLC) for cardio-metabolic disease risk reduction, including: • Reduced sodium/ <u>DASH diet</u> • Weight loss • High-fiber diet • Avoiding unhealthy fats • Alcohol moderation • Aerobic exercise
	Corin	A key enzyme in the biosynthesis of atrial natriuretic peptide (ANP) and brain natriuretic peptide (BNP) , which regulates salt and water balance, intravascular volume, and blood pressure.	 Increased risk of hypertension and preeclampsia in pregnant women Increased risk for cardiovascular disease (CVD) and congestive heart failure (CHF) 	 *TLC Optimize dietary sodium/potassium ratio Pregnant women: consult with a medical professional before making changes ACE inhibitors or Angiotensin blockers

(continued on next page)



Phone: 1 (866) 364-0963 Email: support@vibrant-wellness.com



	Gene	Metabolic Consequence—What is it?	Risk Associations with Polymorphisms/Variations	Clinical Implications/ Recommendations
Hypertension (cont)	CYP1A2	Gene responsible for 95% of caffeine metabolism in the liver.	 Genetic polymorphisms can result in increased or decreased caffeine metabolism. Dose and age-related response: Homozygotes are slower metabolizers than heterozygotes Fast metabolizers Decreased risk for hypertension (HTN) and myocardial infarction (MI) Slow metabolizers Represents 50% of the population Risk of hypertension and heart attack is directly based on amount of caffeine consumption and age Moderate increased risk for: HTN MI Congenital heart defects (CHD) Tachycardia Stiff aorta Pulse wave velocity Aortic insufficiency Vascular inflammation Increased catecholamines 	Slow metabolizers should consume no more than 200 mg of caffeine per day, if any. Possible caffeine sources include: • Coffee, tea, soda, and other caffeinated beverages • Chocolate • Medications
H	CYP11B2	Aldosterone Synthase The gene responsible for aldosterone synthesis in the adrenal glands.	 Polymorphisms associated with increased aldosterone. Higher aldosterone levels increase blood pressure (BP) Increased risk for HTN and aldosterone enzyme disorder 	 Spironolactone treatment for resistant hypertension. *TLC to reduce HTN
	ACE I/D	Angiotensin Converting Enzyme Enzyme found in the lungs that is a major player in the speed and regulation of renin- angiotensin-aldosterone system (RAAS).	 Insertion/deletion genomics Mutation stimulates the RAAS Higher risk for CVD and MI Higher salt sensitivity Higher risk of HTN with sodium intake 	 *TLC to reduce HTN and cardiometabolic disease risk Low sodium/DASH diet

(continued on next page)



	Gene	Metabolic Consequence—What is it?	Risk Associations with Polymorphisms/Variations	Clinical Implications/ Recommendations
Hypertension (cont)	CYP4A11	Gene that codes for an enzyme that produces a metabolite 20-HETE , an eicosanoid metabolite of arachidonic acid	 20-HETE is a potent vasoconstrictor and contributes to elevations in: Oxidative stress Endothelial dysfunction 20-HETE also increases peripheral vascular resistance associated with some forms of hypertension—particularly salt-sensitive hypertension 	 Amiloride use in conjunction with other diuretics to control HTN *TLC to reduce HTN
	CYP4F2	Codes for an enzyme that starts the process of inactivating and degrading Leukotriene B4 , a potent mediator of inflammation.	 Polymorphisms associated with: Decreased degradation of Leukotriene B4 Higher levels of Leukotriene B4 ncreased inflammation Increased risk of HTN and MI 	*TLCDASH diet
	AGTR1	Angiotensin II Receptor Type 1 Involved in the regulation of blood pressure and renal function.	Variations directly affect the RAAS system, which controls blood pressure, depending on potassium intake.	 Use ACE inhibitors and angiotensin blockers to control HTN *TLC to control HTN Optimize sodium: potassium ratio in diet



Phone: 1 (866) 364-0963 Email: support@vibrant-wellness.com Visit us online: www.vibrant-wellness.com 1360 Bayport Ave. Ste. B San Carlos, CA 94070



	Gene	Metabolic Consequence—What is it?	Risk Associations with Polymorphisms/Variations	Clinical Implications/ Recommendations
Disease	ADRB2	Beta-2 Adrenergic Receptor Interacts with epinephrine and adrenaline to indirectly control smooth muscle relaxation and bronchodilation.	Associated with: • Obesity and type 2 diabetes • High blood pressure • Ischemic stroke • Idiopathic thromboembolism • Asthma	 *TLC Lots of plant-based foods
Dyslipidemia and Metabolic Dise	АроЕ	 ApoE is a gene that codes for Apolipoprotein E, produced primarily by the liver and brain. ApoE-containing lipoproteins transport lipids (fats) from the diet to other tissues for storage and transport cholesterol from those tissues to the liver for excretion. The genetic variation influences susceptibility to dietary fat and other lifestyle factors. There are three variations (alleles) of Apo E2, E3, and E4, and individuals carry two alleles for a variety of genetic combinations: E2/2 E2/3 E2/4 E3/3 E3/4 E4/4 E4 allele is found in 25% of the population and predisposes an individual to: Elevated levels of LDL cholesterol and triglycerides Increased risk of atherosclerosis 	 ApoE e4 genotype (E3/4, E 4/4, or E3/e4) is associated with increased cholesterol, absorption rates, higher serum LDL, and delayed clearance Increased CVD risk with smoking and alcohol intake Reduced ability to repair vascular endothelium due to inability to activate Apo E2 receptor to produce nitric oxide (NO) Lowered response to statin Increased risk of CHD, CVD, MI, Alzheimer's, and dementia 	 Individualized omega-3 treatment/supplementation Diet low in trans fats, refined oils, and conventional saturated fats Avoid refined, high glycemic foods Diet high in plant-based foods and fiber Apo E4's: Avoid smoking and alcohol intake Daily physical activity is particularly important for Apo E4's Simvastatin may be a better choice than statin therapy, as Apo E4's are less responsive to statin therapy May need to combine statins with other lipid-lowering agents

(continued on next page)

Phone: 1 (866) 364-0963 Email: support@vibrant-wellness.com



	Gene	Metabolic Consequence—What is it?	Risk Associations with Polymorphisms/Variations	Clinical Implications/ Recommendations
Dyslipidemia and Metabolic Disease (cont)	SCARB1	A liver protein receptor involved in HDL clearance.	 HDL cannot attach to receptor for breakdown, leading to decreased HDL clearance and elevated levels of dysfunctional (nonprotective) HDL 	 *TLC Exercise Moderate alcohol Healthy fats and oils
	1q25	 Variation on chromosome position 1q25. Important in: Cell proliferation and signaling Inhibition of apoptosis Insulin and glucose metabolism Incretin Enterocyte health Endothelial cell metabolism 	 Reduced expression of glutamine synthase, which converts glutamic acid to glutamine Higher risk for diabetes and insulin resistance 	Optimize diet for glycemic control with: • Exercise • Low sugar/high fiber • Low glycemic index Consider glutathione supplement
	АроА1	Gene that provides instructions for making Apo A1 Lipoprotein Found on HDL lipoprotein and is involved with a reaction called cholesterol esterification that converts cholesterol to a form that can be fully integrated into HDL and transported through the bloodstream.	 Results in impaired reverse cholesterol transport Dyslipidemia risk 	 *TLC Increase in omega-3's Moderate alcohol consumption
	АроА2	Gene that provides instructions for making Apo A2 lipoprotein , the second most abundant high-density lipoprotein particle.	Increased risk for obesity, dyslipidemia, and diabetes	*TLC
Dyslip	АроСЗ	ApoC3 protein is a component of VLDL . It inhibits lipoprotein lipase and hepatic lipase and is thought to delay catabolism of triglyceride-rich particles.	Results in increased levels of ApoC3, which can result in: • Hypertriglyceridemia • Dyslipidemia • CHD • NAFLD	Aggressive management and treatment of lipids



	Gene	Metabolic Consequence—What is it?	Risk Associations with Polymorphisms/Variations	Clinical Implications/ Recommendations
Advanced Predictive Markers	9p21	A chromosomal region for which there are 4 SNPs. Discovered in 2007 and said to be "a genetic revolution for cardiovascular disease". Involved in regulation of inflammatory pathways and significantly correlated with adverse events independent of other lifestyle factors.	Associated with: Increased risk for inflammation Plaque rupture Thrombosis Abdominal aortic aneurysm Atherosclerotic cardiovascular disease CHD MI Diabetes mellitus Insulin resistance	 Aggressive early detection, prevention, and risk factor control Aggressive dietary management (anti- inflammatory) and emphasis on plant-based foods
	4q25	Chromosomal regions with 2 SNPs .	 Increased risk for atrial fibrillation and ischemic stroke 	 *TLC Emphasis on sodium restriction (<1500 mg per day)
	6p24.1	A gene that codes for a peptide that is a potent vasoconstrictor.	Increased risk for venous thrombosis and CHD	 Early detection and preventative treatment *TLC Emphasize lower fat and high plant-based foods/fiber



	Gene	Metabolic Consequence—What is it?	Risk Associations with Polymorphisms/Variations	Clinical Implications/ Recommendations
ation and Methylation	MTHFR	 Methylene Tetrahydrofolate Reductase Enzyme that catalyzes the methylation (activation) of folic acid to L methyl folate, which is involved in: Homocysteine clearance And the formation of tetrahydrobiopterin (BH4), an important cofactor in the production of neurotransmitters, synthesis of nitric oxide, and detoxification of ammonia 	 2 SNPs possible: 677 and 1298 Increased risk for: Endothelial dysfunction Hypertension Thrombosis CVD CHD MI Hyper-homocysteinemia Neurological diseases such as depression and anxiety 	 Methylation treatment as appropriate Emphasize foods high in dietary folate, vitamins B12, B6 and B2, zinc TMG (trimethylglycine) or betaine supplement can be considered
	GSHPx	Glutathione Peroxidase enzyme "Master detoxifier" Increased levels help lower BP and decrease risk for MI, LVH, and CHF	Low levels associated with: • Decreased enzyme activity • Less detoxification • Increased risk for CVD	 Supplementation with selenium and glutathione *TLC High antioxidant diet
Detoxification	NOS3	Nitric Oxide Synthase 3 Nitric oxide, an important molecule to quench free radicals, is synthesized by NOS from L-arginine	3 polymorphisms possible Leads to a decreased production of NOS and less nitric oxide availability, resulting in higher free radical accumulation	 Nitric oxide precursor supplements Upregulate nitric oxide with exercise (very important) Diet high in dietary nitrates that act as precursors to nitric oxide (leafy greens, beets)

(continued on next page)



Phone: 1 (866) 364-0963 Email: support@vibrant-wellness.com



	Gene	Metabolic Consequence—What is it?	Risk Associations with Polymorphisms/Variations	Clinical Implications/ Recommendations
Detoxification and Methylation (cont)	СОМТ	Catechol-o-Methyltransferase An enzyme that breaks down neurotransmitters Particularly prominent in the region of the brain that processes: • Personality • Abstract thinking • Emotion • Aggressive behavior • Short-term memory	Variations result in reduced enzyme activity, leading to elevated norepinephrine and prolonged stimulation of sympathetic nervous system. May be at the root cause of aggression, anger, and hostility, and increased risk for HTN	 Evaluate use of Vitamin E and aspirin based on COMT mutation. Give aspirin or Vitamin E to met/met (A/A-homozygous mutant) but neither to val/met(G/A) nor val/val (G/G-homozygous wild)

***TLC: Therapeutic Lifestyle Changes**

Diet Recommendations

- · Limit refined carbohydrates from dietary sugar and processed grains
- Maximize plant-based fiber with a wide range of vegetables and fruits in a range of colors
- Optimize dietary sodium and potassium ratio
- Incorporate healthy dietary oils and fats as appropriate for energy requirements
 - Non-refined/expeller pressed oils such as olive and avocado oil
 - Foods that supply unsaturated fats, including olives, avocado, raw nuts and seeds, natural nut butters, and nut milks
 - Omega-3 fats from oily fish and plant-based sources
 - Saturated fats in moderation from high-quality sources such as grass-fed butter, game meats, eggs, grass-fed beef, organic dark meat chicken, cheese, coconut oil, and coconut milk
- NO hydrogenated or partially hydrogenated oils (trans fats)
- · Consume high-quality protein as appropriate for energy requirements
- Consider prebiotic and probiotic food sources
- Choose organic foods recommended by the Environmental Working Group

Lifestyle Modifiers

- Tobacco cessation
- Exercise according to <u>ACSM (American College</u> of Sports Medicine) guidelines
- Adequate hydration with clean water
- Stress management
- Sleep hygiene

Abbreviations:

HTN = Hypertension CVD = Cardiovascular Disease RAAS = Renin Angiotensin-Aldosterone System SNS = Sympathetic Nervous System

Published 2/22/2023



Phone: 1 (866) 364-0963 Email: support@vibrant-wellness.com