

## HEALTH CARE

# Cardiologist changed views of heart disease

**At 87, Grady physician still treats patients, conducts research.**

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Dr. Nanette Wenger talks with patient Renard Quinn at Grady Hospital while resident physician Brad Witbrodt stands by. Wenger is an 87-year-old cardiologist at Grady who is a pioneering physician. She was one of the first women to graduate from Harvard Medical School. CONTRIBUTED BY JASON GETZ

In 1958, when a young Dr. Nanette Wenger became the chief of cardiology at Grady Memorial Hospital, patients were separated by race.

Over the PA system, white patients and white nurses were addressed as “Mr. or Mrs.” with their last names, while black patients were called by their first names only. Black nurses were simply called, “nurse.” Patient charts had a ‘C’ or ‘W’ next to the names.

For Wenger, a native of New York City, this way of doing things needed to change immediately.

“I was in charge of the clinic, and I said, ‘This is not the way we are going to be doing things,’” Wenger recalled on a recent morning in her office at Grady.



Dr. Nanette Wenger with Dr. William Walters (left) and Dr. Charles Harrison. This was taken when an early NIH grant was awarded for Stadium Coronary Care in 1970.

Wenger insisted black patients — just like white patients — be addressed as “Mr.” or “Mrs.” And all nurses regardless of their race be addressed by their name.

When an administrator warned Wenger she was breaking hospital protocol, she didn’t budge. Then Wenger got called into the director’s office.

“Do you really know what you are doing?” she was asked.

“Yes,” she answered.

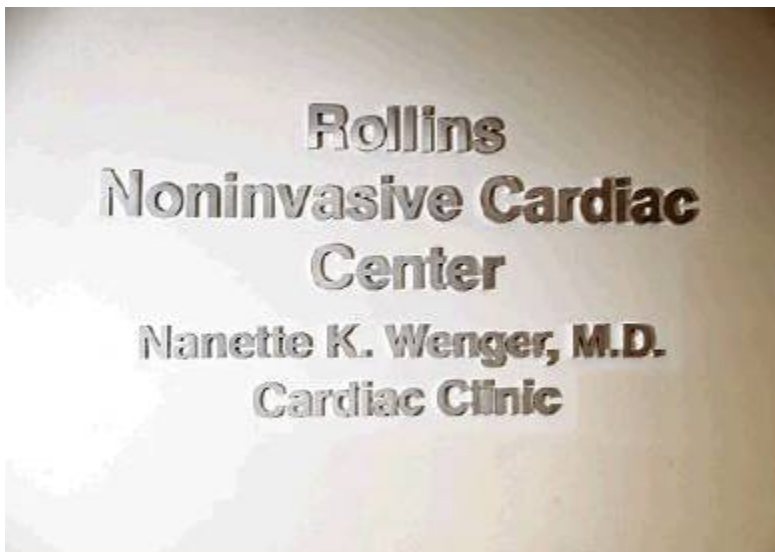
“Are you going to keep doing this?”

The answer again without hesitation: yes.

“You come with a set of core values,” said Wenger. “I had never lived in the segregated South. I couldn’t accept people not being treated as equals.”

Wenger, one of the first women to graduate from Harvard Medical School, would become a giant in the field of cardiology. Wenger’s game-

changing research has led to new medical



Dr. Nanette Wenger’s name is on the Rollins Noninvasive Cardiac Center at Grady Hospital. CONTRIBUTED BY JASON GETZ



Dr. Nanette Kass Wenger is on the faculty at Emory University.

treatments and changed a major paradigm in cardiology: the assumption that heart disease affects only men.

And at age 87, Wenger is still a rock-star physician. She continues to treat patients, research heart disease and flies around the world to give lectures. She was recently in New York to receive a Legacy Award from

the Association of Black Cardiologists.

As a child, Wenger always had a strong interest in science and biology. She had several relatives who were doctors. And when she expressed interest in medical school, “no one ever told me it was a problem.”

After completing a premed program at Hunter College, she enrolled in Harvard Medical School.

At Harvard, in the sixth class that included women, she was introduced to emerging laboratory and research techniques. In 1956, she was the first woman to be named chief resident in cardiology at Mount Sinai Hospital in New York.

Two years later, Wenger moved to Atlanta. Her husband Dr. Julius Wenger, a gastroenterologist, accepted a position with Emory University at the Atlanta Veterans Affairs Medical Center. They raised three daughters — two of whom are physicians, and one is a history professor.

While the 1950s may seem like the dark ages to a modern-day cardiologist, a bleak time to practice this specialty, it was actually an exciting time. In fact, Wenger calls the early years of her time at Grady and Emory University (where she was also appointed as an instructor at the same time) the “golden years of cardiology.” So much was happening, she describes it as “an explosion of information and an explosion of patient care.”

Wenger saw several major improvements in cardiac care during her first years at Emory including the beginning of Emory’s coronary care unit and cardiac catheterizations; diagnostic procedures; and cardiovascular surgery at both Emory and Grady. According to Wenger, it was her “chance to take the physiology I learned in my training and see it play out at the bedside.”

It was also a time of major changes in the care of heart patients. In the late 1950s, most doctors prescribed three to six months of strict bed rest and delayed a cardiac patient’s return to work for up to two years. But Wenger had noticed patients could recover more quickly by getting up and moving around — starting with sitting up in bed, and then walking around the bed, and then walking down the hall and so on. At Grady, she developed a 21-day cardiac rehabilitation program which became a model for programs across the nation. Since then, she and other doctors have been able to decrease the hospital stay even more, with a typical stay for a stable cardiac patient only five days.

Meanwhile, Wenger also saw patients were not being educated about their medications. In fact, patients picked up medications at the pharmacy that were identified with only a number, not even a drug name attached to it. She started introducing pamphlets of information about medications, and booklets about diet, exercise and other ways to help people recover from heart disease.

By the mid-1970s, there was a growing amount of research focused on heart disease, but it was almost all exclusively done on men.

And the assumption, Wenger said, “was that women were just like men, so why bother studying them?”

She zeroed in on the small number of women included in studies, and even by studying that small number, she saw gender differences — in symptoms, risk factors, diagnostic tests and outcomes.

Rather than crushing chest pain, women having a heart attack often experience discomfort in the neck and shoulder, nausea, sweating or unusual fatigue. Other findings: doctors too often fail to take a woman’s risk seriously or treat it aggressively. And doctors often don’t discuss ways to help prevent heart attacks in

women — including eating a diet rich in fruits and vegetables, and risk factors including depression, and carrying extra weight particularly around the abdomen.

A landmark New England Journal of Medicine review article that Wenger co-authored in 1993 that was based on a conference at the NIH summarized many years of research to show just how dire the situation is — Women are more likely than men to die soon after a heart attack and during hospitalization. They are older and sicker when they do receive treatment, and they more often have other health conditions, such as diabetes and hypertension.

By then, it was also becoming clear that women died from heart disease in far greater numbers than men. Many women didn't realize that heart disease is their No. 1 killer.

As doctors started paying more attention to gender differences and public awareness grew about the differences, the mortality rate for women started to decline. In 2013, for the first time ever, fewer women died from cardiovascular disease than men; the same went for 2014, the most recent year for which data is available.

“In this case, we were delighted to be in second place, and we hope to stay there,” Wenger joked.

Wenger she still has more questions: like why does pregnancy complications like preeclampsia raise a woman's risk of heart disease later in life. And much of Wenger's research these days is aimed at understanding more about heart disease and the elderly. In cardiology, many early studies didn't enroll people over 65, despite the fact that physical changes can occur well past 75.

“She is a luminary, and she is extremely well respected to the point of being awe-inspiring,” said Dr. Olivia Hung, who is a cardiology fellow at Emory. “I totally look up to her as a role model, and she is one of those pioneers of being a woman in the field of cardiology, and she moved to Atlanta at a time when Emory was very small, and she helped build it into a powerhouse.”

Hung, who has taken lectures with Wenger during medical school, and now Wenger is Hung's supervising doctor, said she has been impressed with Wenger's huge body of research in the area of cardiology. Hung said Wenger has been discussing with her ways to develop mobile platforms to help cardiology patients, impressive for any physician, but as Hung noted, particularly impressive for someone well into their 80s.

Hung said Wenger is brilliant and hardworking, but she also has another special quality.

“She has a high emotional intelligence, too,” said Hung. “She can read people very well. She knows when to push right now and when to take a different approach.”

Hung said every year this time of year, doctors encourage patients to get flu shots, especially for patients with heart disease who are at more increased risk of serious complications if they get the flu.

“She is remarkable at being able to convince people who initially didn't want to get the flu shot to get the flu shot.”

On a recent morning at Grady's cardiac clinic, Wenger, a petite woman, checked in with Verlyn Brantley, a patient with an irregular heartbeat. Five years ago, Brantley, now 54, was having trouble breathing and turning blue when he arrived at the hospital in distress.

He was fitted with an implantable cardioverter defibrillator (ICD), a small device placed in his upper chest that detects abnormal heartbeats and will automatically shock his heart to help it return to normal.

Every three months, he goes to Grady for checkups.

Wenger, after reviewing a report from the high-tech ICD, which records aerobic activity, heart rates, and other measures of overall health, Wenger told Brantley, everything looked, “boringly normal and that’s just what we want.”

Wenger praised Brantley for keeping up with his medications and adhering to a low-fat diet rich in fruits and vegetables.

“I feel like I am surrounded by the greatest people around me,” Brantley said about Wenger and the other staff at Grady. “They brought me back.”

Wenger smiled.

“We almost lost him, but look at him now,” said Wenger, beaming. “It’s a partnership. We couldn’t have done it without him, and he couldn’t do it without us.”