

HEALTHSTYLES

Preventive Medicine News

Clinical Nutrition Center • James Berry, M.D., Medical Director • 7555 E. Hampden Ave., Ste 301, Denver, CO 80231 • (303) 750-9454 • June 2001

Cholesterol Alert SHOULD YOU BE TAKING MEDICATION TO LOWER YOUR CHOLESTEROL?

For millions of Americans who never dreamed they had a heart condition, the answer to that question changed abruptly last week.

Impressed by mounting evidenced that aggressive treatment can significantly reduce death from heart disease, a panel of experts from the National Heart, Lung and Blood Institute issued new guidelines for treating high cholesterol. In one stroke, the panel nearly tripled—from 13 million to 36 million—the number of adults it recommends should be taking daily doses of powerful cholesterol-lowering drugs. They also raised the number of Americans who should go on a cholesterol lowering diet by 25% (from 52 to 65 million).

In addition, the panel recommended treating cholesterol even more aggressively for those with diabetes. Diabetes has proven to be as high a risk factor for having a heart attack as having heart disease! It is also helpful to identify and treat risk factors linked to insulin resistance such as too much abdominal fat, elevated blood pressure, elevated triglycerides and low HDL. (The normal action of insulin is impaired in insulin resistance.) Insulin resistance dramatically increases the risk for heart attacks and is one of the underlying causes of type II diabetes.

What should you do? The first step is to be tested, early and often. Beginning at age 20 and every five years thereafter, all adults should have their blood screened by having a lipoprotein profile (HDL, LDL, total cholesterol and triglycerides)—even if they don't show any sign of heart disease.

You may recall that HDL is the “good” cholesterol, LDL is the “bad” cholesterol. Not having healthy levels of HDL, LDL, cholesterol and triglycerides results in heart disease for an increasing number of Americans. The heart disease preventors are diet, exercise and a class of drugs called statins. Statins cut cholesterol levels sharply by blocking a liver enzyme involved in cholesterol production.

The last guidelines were issued in 1993. Since then, we have learned a lot about the role of HDL, the “good” cholesterol. A level of 60 or more is still considered protective against heart disease, but now we know that low levels can actually be dangerous. Before, doctors believed we should have a minimum level of 35; now the bar has been raised to 40.

LDL has always been the bad guy behind the buildup of plaque in the arteries. However, the revised recommendations draw new lines in the sand. Now the optimal level is 100 and a level of 190 is considered off the charts. Borderline is 101 to 129; high borderline is 130 to 159. A level of 160 to 189 is considered high. *Anyone with LDL levels between 101 and 189 can benefit from some level of treatment. Reducing LDL levels to within normal limits can reduce the risk of a heart attack as much as 40%!*

Triglycerides circulate in our blood transporting fats for storage and metabolism. They were given little attention eight years ago. However, recent studies show that elevated triglyceride levels significantly increase the risk of heart disease. It is now

recommended that even borderline-high triglyceride levels (150-199) be treated through diet, weight control, increased physical activity and, in some cases, with medication.

How do you find out where you stand? Once you have your test results, calculating your level of risk is straightforward. The National Institute of Health has devised a formula that weighs the factors and tells you how likely you are to have a heart attack in the next 10 years. Easy to use computerized versions of this formula can be found at various websites, including Time magazine's <time.com/cholesterol>.

If you fall into a “needs treatment” category, your doctor can tell you whether you are a candidate for cholesterol lowering drugs. Aggressive treatment does not mean drugs alone. You may also need to increase your physical activity, eat more fiber-rich foods and cut back on saturated fats and cholesterol.* These are familiar recommendations, but now they apply to a lot more people. (As reported in the Journal of the American Medical Association, May 16, 2001.)

* The panel recommends less than 7% of calories come from saturated fat and less than 200 mg of dietary cholesterol. It also allows up to 35% total fat in the diet provided 93% of this fat comes from unsaturated oils. (The 35% fat level may help people with high triglycerides or low HDL levels keep them from getting worse.) Recommendations also include sizable increases in dietary fiber.

CHANGING THE GUIDELINES

Number of Americans who should be:	1993	2001
Taking cholesterol lowering drugs	13 million	36 million
Watching their diet and exercising more	52 million	65 million

WELCOME BACK LYNN!

Lynn Umbreit, MS, RD, who was on the CNC staff for 18 years, left a year and a half ago to take her turn in the corporate world. After a stint as a Design Engineer and Strategic Planner for US West/Qwest Communications, she realized that her real love is teaching patients. We are delighted Lynn has decided to bring her experience and skill back to CNC. We would also

like to congratulate Lynn on her recent marriage. Best wishes to the bride and groom for many years of happiness!

Lynn is available by appointment Wednesdays, Thursdays and Fridays.



Globesity?

The growing waistlines of America's children make the headlines on a regular basis. It is widely accepted that obese children grow into obese adults. Moreover, childhood obesity is not limited to the USA. In countries as diverse as Japan, Brazil, Western Samoa and Mauritius, overweight and obesity are becoming the norm for men, women and children alike. In fact, more than 1.2 billion people worldwide are classified as overweight, while another 250 million are classified as obese. The number of people who are morbidly obese (100 pounds or more over desirable body weight for sex, height and age) is also increasing at an alarming rate. Morbid obesity is now seen in children—a rarity 50 years ago.

(Continued on reverse)

Globesity

(Continued from front.)

In the United States, the Centers for Disease Control (CDC) report that of children ages 2 to 20 at least 25% will become obese. Ten years ago, this risk was only 12%!

Around the world malnutrition and over-nutrition, as evidenced by obesity, often co-exist. For example, although the majority of India's population is under-nourished, there is a growing sector of mostly wealthy Indians who are obese.

A similar dichotomy can be seen in China, Malaysia, Chile, Japan and Brazil. While large segments of the populations in these countries suffer from malnutrition, a growing number of middle and upper class citizens are becoming obese.

The common variable in obese populations worldwide is under activity. This worldwide decrease in activity is often attributed to technological advances such as television, computers and the Internet which are more available worldwide.

Global Childhood Obesity Facts:

- Approximately 30% of American children are overweight or obese.
- Approximately 20% of Australian children are currently overweight or obese.
- Obesity is highest in the wealthy, city-dwelling Chinese, where one out of ten children is obese.
- In Chile, 30% of children are overweight or obese.
- About 50% of European adults will be obese by 2030, partly due to the emerging epidemic of obesity among children and adolescents in Europe now.
- In Great Britain, only 45% of 11-year-old boys and 37% of girls report exercising two hours or more per week.

Beat the Heat Exercise Strategies

1. The most important summer exercise strategy: *Always take a bottle of water with you!*
2. Drink water *before, during and after* exercise.
3. Invest in a shoulder strap or fanny pack for your water bottle so it will be convenient to carry and use.
4. Consider a backpack-type of water reservoir system (such as the Camelback) if you like having your hands free or want to drink water while moving. (These systems allow you to sip water from the reservoir through a straw-like tube while you are moving. Bicyclists and skaters favor backpack water systems, but they also work well for moms pushing baby joggers, dog walkers, etc.)
5. Apply sunscreen to exposed areas of skin.
6. Wear a hat to shade your eyes, face and neck.
7. Wear good quality sunglasses to protect your eyes. Wrap-around styles may help prevent windburn.
8. Schedule outdoor exercise early or late in the day, so that the sun is not directly overhead. Before 10:00 or after 4:00 are often good guidelines.
9. When exercising out of doors, be sure to wear light, loose, breathable clothing.
10. Head for the nearest swimming pool and swim laps. Try water exercise classes if you are not a swimmer.
11. Walk indoors where you can take advantage of air conditioning. For example: walk laps on a health club track or walk laps in a mall. Many malls allow exercise walking before stores open when there is less congestion. (Call the mall information desk for details.)



THE ANSWER?

MOVE MORE!

Moving more is not about getting everyone to walk on a treadmill. Rather, moving more just means walking more, bending more, doing more things manually! (Does this sound like regression?) We now have gadgets that help with kneading bread, washing dishes, opening the garage door and drying laundry. We make fewer trips to the trash can or dumpster thanks to trash compactors. We use the drive up window at the bank, the post office, the coffee shop and fast food restaurants rather than park our car and walk a few feet. We shop on the Internet rather than go to a store. All these time-savers decrease daily activity. Although conveniences may represent advances in technology, they can be detrimental to our health when they interfere with activity!

Can you think of one small task a day that you could do differently in order to move more? Maybe carry the grocery bags in the house one at a time? Or make two or three trips upstairs with the clean laundry? A good rule of thumb: If the task will take less than two minutes, do it now. Try to do household tasks individually to give yourself a chance to walk more. Don't save things until they pile up; your house will be neater and you will be more active without even thinking about exercising!

At work, walk to the bathroom farthest from your desk or stand up when you talk on the phone. Sounds silly, but each movement adds up. You can increase your caloric expenditure 300 calories a day without much effort. This adds up to weight loss or weight maintenance versus weight gain over time.

Take advantage of warmer weather and longer daylight hours to help you move more now. By fall, you will have some of these habits in place, just in time for the holidays!

CLINICAL NUTRITION CENTER
James Berry, M.D., Medical Director
7555 East Hampden Avenue, Suite 301
Denver, Colorado 80231
(303) 750-9454
NEWS FLASH:
Beware of Those
"Too Good to Be True"
Diet Schemes

PERMITTED STANDARD
U.S. POSTAGE PAID
AURORA, CO
PERMIT NO. 610

Address Service Requested