

HEALTH AND WELLNESS NEWS ITEMS – November-December 2012

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If any of these abstracts seem relevant to your care, be sure to consult with your personal physician before changing your treatment.

1. AN UPDATE ON THE BENEFITS AND RISKS OF STATIN THERAPY

A *Harvard Health Letter* reminds us that statin drugs lower the risk of heart attack, heart disease, and stroke by lowering LDL cholesterol levels. The higher the risk of cardiovascular risk, the greater is the benefit. Most patients with plaque buildup in the arteries should be on statins. However, cardiologists differ on whether patients with mild heart disease should receive these drugs; whereas the most common side effect is muscle weakness, statins interfere with other drugs and can become dangerous when taken with some citrus fruits.

A recent article in the *Archives of Internal Medicine* reports that people who were given a moderate dose of statin for six months were more likely to report a decline in overall energy and increased fatigue with exertion, as compared to those taking a placebo. The authors point out that these findings need to be confirmed and, since fatigue can result from many causes, individuals should not take themselves off the drug just because they are tired.

A study published in the November issue of the *Canadian Medical Association Journal* states that many doctors and patients do not take seriously enough the interaction of statins (and a great many other drugs) with a compound present in certain citrus fruits. This compound is present in the fruits, juices, and marmalades of grapefruit, limes, pomelos, and Seville oranges (but not sweet oranges). The interaction can result in dramatically elevated levels of drugs with resulting serious consequence.

Sources: *Harvard Health Letter*, October 2012, Pg. 7

Archives of Internal Medicine, published online 11 June 2012

Canadian Medical Association Journal, published online 26 November 2012

2. WHAT TO DO AT THE FIRST SYMPTOMS OF A HEART ATTACK

At the first signs of what could be a heart attack, ***immediately call 911 and then chew and swallow one 325-mg uncoated aspirin tablet!*** Follow this advice, even if you are taking daily low-dose aspirin. Always carry a full-size aspirin tablet in a pillbox in your pocket or purse. Quick action could save your life. If you are not having a heart attack, the one aspirin will not hurt you. Heart attacks are usually the result of a blood clot in a coronary artery and aspirin functions by inhibiting clot formation. Chewing the aspirin is important since it hastens absorption and therefore protection.

Source: Harvard Medical School *Family Health Guide*

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3. CHOOSE HEALTHY DIETARY FATS

Evidence continues to accumulate to show that the type of fats in our diets is critically important to our health. The take-home message: replace saturated fat (in red meats, cheese, cream, butter, and baked goods) with polyunsaturated fat (in oils, nuts, and fish).

A 30-year study of 92,000 women in the Nurses' Health Study, reported in the

Nutrition Action Health Letter, demonstrated that those whose dietary fat intake contained the most polyunsaturated fats had a 43% lower risk of sudden death than those who consumed the least; both omega-3- and omega-6-polyunsaturated fats were linked to a lower risk. Those whose diet contained the most saturated fat had a 44% higher risk than those who ate the least. Sudden death, which accounts for up to 300,000 deaths a year, is caused by an unsustainable heart rhythm (not coronary artery blockage).

A recent Spanish study, reported in the *Harvard Health Letter*, demonstrated that the danger of a diet high in fried foods is not due to the frying, but rather to the saturated and trans fats present in the frying oils. Dietary saturated and trans fats, not only increase the risk of sudden death, but have also been linked to high blood pressure, high cholesterol, and obesity. In contrast, “healthy fat” can counter such effects and reduce inflammation. In the study, foods that were fried in vegetable oils, such as olive oil, did not raise the risk of heart damage or clogged arteries. When it comes to frying, stick with vegetable oils such as olive, canola, corn, or peanut oil, and avoid butter, lard, and palm oils. Moreover, avoid reusing oil for cooking since, during frying, oils deteriorate, losing their unsaturation and increasing in the amount of trans fat.

Sources: *Nutrition Action Health Letter*, October, 2012
Harvard Health Letter, July 2012, Pg. 4

4. MORE EVIDENCE THAT ANTIOXIDANTS PROTECT AGAINST STROKE

An 11-year Swedish study of 36,715 women finds that a diet rich in antioxidants, especially from fruits and vegetables, could reduce your risk of suffering a stroke. For women who were initially free of cardiovascular disease, those who consumed the most dietary antioxidants were 17% less likely to have a stroke; for women who were already diagnosed with cardiovascular disease, those who consumed the most antioxidants were approximately 50% less likely to have a stroke. Those who ingested the most antioxidants did so by eating fruit and vegetables twice as often and by drinking 17-times more tea, high in antioxidant phenolic compounds.

Researchers in this field of research, who critiqued the study, point out that this is only the first study to connect antioxidant intake with risk of stroke among patients already diagnosed with cardiovascular disease. They urge caution in drawing conclusions, pointing out that the calculation of total antioxidant intake is at present complex and imprecise, that quantity of food would provide better data than frequency of eating, and that a dose-response relationship is desirable. Nonetheless, the critics say that “the findings do suggest that eating more fruit and vegetables, whole grains, tea, and dark chocolate might reduce your risk of stroke.”

Source: (Tufts) *Health & Nutrition Letter*, 12G, Pg. 1

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5. BATTLING EDEMA

Edema (water retention) has many causes, but not all of them are alarming. Mild ankle swelling during a long plane ride or mild hand swelling on a hot day are nothing to worry about if they resolve themselves in a day or two. Such peripheral edema can also occur during menstruation and pregnancy and following consumption of too much salt. You should be concerned if swelling worsens or persists, especially if it is accompanied by shortness of breath. This combination of symptoms can indicate serious heart, kidney, liver, or thyroid disease. See a doctor immediately if serious swelling persists or is accompanied by breathing problems, chest pain, cough, or swelling of only one leg (which is a possible indication of thrombophlebitis in the leg).

If you are at risk of edema, you can combat the water retention by reducing sodium

intake. Pharmacological treatment depends on the cause of the retention. Your doctor may prescribe a diuretic. Be cautious with dietary “natural supplements”—their effectiveness often has not been proven and they may have side effects or interactions with other medications. Also be cautious with medications that themselves can cause or worsen edema—the list includes certain non-steroidal anti-inflammatory drugs, ACE inhibitors, estrogens, testosterone, antidepressants, diabetic drugs, and blood pressure medications.
Source: *Consumer Reports on Health*, October 2012, Pg. 8

6. **DWO: DRIVING WHILE OLDER**

The loss of independence that comes with “hanging up the keys” is an important issue, and being an older driver does not automatically mean you are a road hazard. But, a study in the journal *Neuropsychology* has confirmed that older drivers— even if they are healthy— statistically make more errors that can put them, and others, at risk. Driving safely requires good vision, hearing, mobility, and quick decision making, all of which can diminish with age. Moreover, medical conditions such as cataracts, sleep apnea, cognitive problems, and medications can all impair driving ability.

Drivers are urged to assess their fitness to drive. Both AAA and AARP provide self-assessment tools for senior drivers. Or, simply ask yourself the following basic questions:

When merging or changing lanes do you turn to check blind spots?

Do you have trouble seeing pedestrians or cars at night?

Do you ever have trouble braking?

Do you react slowly to sirens or flashing lights?

Do drivers frequently honk at you?

Have you been involved in any crashes or near-misses recently?

If any of these red flags are waving it may be time to hang up the keys, or at least, to assess the situation and make improvements where necessary. Should you have conditions such as angina, TIAs, seizure disorders, diabetes, severe arthritis, arrhythmias, cataracts, or cognitive problems, you should ask your doctor for advice on whether they are affecting your ability to drive.

Source: University of California, *Berkeley Wellness Letter*, October 2012, Pg. 4

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7. **A FAT-BURNING HORMONE ARISES ON THE WEIGHT-LOSS SCENE**

Recent research reported in the journal, *Nature*, establishes that exercising muscles generate a hormone that increases the burning of calories by fat cells. The hormone, named **irisin**, travels throughout the body via the blood stream, increasing the number of **brown fat cells** and decreasing the number of white fat cells. Since the brown cells function to burn fat and the white cells function to store fat, the authors see a potential future role for irisin as a treatment for weight control. The generation of irisin provides yet another explanation for the role of exercise in weight loss.

Irisin generation during exercise may also contribute to the well-recognized role of exercise in preventing the onset of type 2 diabetes. In one study, “a life-style program” that included regular moderate exercise reduced the risk of developing type 2 diabetes by nearly 60%—“more than any medicine yet invented.” The authors suggest that irisin may be playing a role in this protection both by creating more brown fat cells and by helping to prevent or overcome insulin resistance. The bottom line is— **keep exercising!**

Source: *Harvard Health Letter* 37, June 2012, Pgs. 1, 7

8. **STRENGTH TRAINING REDUCES THE RISK OF TYPE II DIABETES**

It is well known that aerobic exercise helps prevent diabetes, but a new study of 32,000 health professionals has found that strength training is also effective and that combining the two is even more effective. Strength training for at least an hour a week reduced the risk of type II diabetes by 25%, as compared to 31% for aerobic exercise. The largest risk reduction- nearly 60%- was seen in men doing both types of exercise, each for at least 2.5 hours a week. For those who do develop diabetes, moderate exercise can reduce mortality rates by almost 40%, according to another study published in the same issue of the medical journal.

Sources: *Archives of Internal Medicine*, 172, 24 September 2012, Pgs. 1306-1312 and 1285-1295

9. **STROKE WARNING SIGNS**

Among the signs of stroke are the SUDDEN occurrence of:

- severe headache,
- vision problems in one or both eyes,
- confusion, trouble speaking or understanding,
- numbness or weakness in the face, arm, or leg (especially unilateral),
- trouble walking, loss of coordination.

The more immediate the treatment, the less severe the damage. While hypertension, diabetes, obesity, and increasing age are well known risk factors, depression and sleep apnea are more recently being implicated.

Source: *Men's Health Advisory*, *Cleveland Clinic*, December 2012