

The Newsletter of The Executive Registry<sup>SM</sup>

# Health News

Spring/Summer 2004

## Healthy Diets: Raising the Carbohydrate Question

All protein and no carbs. Lean proteins with only 'good' carbs. Or 'good' carbs, 'good' fats and lean proteins. These are some of the premises behind a recent spate of diet books, all pushing slightly different definitions of the 'good' carbohydrate and questioning their role in the quest for weight loss.

Who's right?

"There is some credence to limiting carbohydrates," says nutritionist **Kathy Isoldi, MS, RD, CDE**, Coordinator of Clinical Nutritional Services for the Comprehensive Weight Control Program of NewYork-Presbyterian Hospital. Americans consume too many refined or 'bad' carbohydrates like those found in muffins, bagels, white rice and white potatoes. "These foods increase your sugar level fairly rapidly, causing a surge of insulin to be secreted from the pancreas. This, in turn, causes rebound hypoglycemia and increased hunger and cravings," Ms. Isoldi explains.

In fact, the rise in obesity rates has been widely attributed to an increased intake of refined carbohydrates that score high on the glycemic index—a measure of how much and how quickly foods cause blood sugar to increase.

Scientifically, carbohydrates are organic compounds that vary in

structure from simple to complex. Many foods contain carbohydrates, from starches such as bread, pasta and white potatoes to fruits and vegetables. Complex carbohydrates, which usually have a low-glycemic index, are essential ingredients in living cells and a source of energy.

"We know there are benefits to carbohydrates as part of a well-balanced diet," notes Ms. Isoldi. "So we limit rather than eliminate them from a weight-loss plan, and emphasize the carbohydrates that are healthier."

Examples of beneficial low-glycemic, healthier carbohydrates include bran cereal, lentils and beans, whole wheat, sweet potatoes and yams. All tend to be more slowly digested and contribute to a steady metabolism. Generally, any food scoring under 55 is considered low-glycemic, and any substance scoring more than 70 is high-glycemic. To find out the glycemic index value of a variety of foods, visit [www.glycemicindex.com](http://www.glycemicindex.com).

## What About Protein?

Protein is also an energy source for the body and needed for the manufacture of hormones, antibodies, enzymes and muscle tissues. However, too much protein may increase the risk for osteoporosis and overwork the kidneys. Eating mostly protein, which is rich in phosphorous, can disrupt the body's 1:1 phosphorous and calcium ratio.

"What your body generally does to compensate is take the calcium from your bones," Ms. Isoldi explains.

A byproduct of protein ingestion is protein breakdown, which must be filtered by the kidneys. The more protein consumed, the harder the kidneys have to work. In fact, Ms. Isoldi points out that one of the first lines of defense against renal failure is to cut protein consumption.

## The Power of Produce

Despite the trend in high-protein and low-carb diets, basic nutritional recommendations have remained the same for weight loss over the years. "Eat more fruits and vegetables and get physical activity," Ms. Isoldi says.

The bottom line on carbs: go for fruits with a low-glycemic index, vegetables, controlled portions of whole grains, and low-glycemic starches.

**Kathy Isoldi, MS, RD, CDE**

*Coordinator*

*Clinical Nutritional Services*

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# Understanding Fibromyalgia: What It Is and What It Isn't

**F**ibromyalgia (FM) may best be defined by first noting what it is not—a psychological disorder. It is, however, a chronic pain syndrome with no known cause or cure that is recognized by the American Medical Association, the National Institutes of Health and the American College of Rheumatology. And it is so common that nearly every primary care physician sees patients with this condition.

“I think there’s a wide spectrum of attitudes toward fibromyalgia syndrome,” says **Sean R. Maloney, M.D.**, Assistant Professor of Neurology at Wake Forest University School of Medicine. “Some doctors feel that it’s a psychiatric illness, an assumption that may stem from stress being a suspected cause. Certainly, in my mind, it’s not.”

Nutritional deficiencies, metabolic problems, traumatic injury, other illnesses and genetics may play a role in triggering FM. “Or it may be that viruses are important,” Dr. Maloney adds, noting that he often tests for the presence of virus antibodies, which indicate a strain on the immune system.

As much as three to six percent of the United States population has fibromyalgia. The syndrome can strike people of all ages, starting in adolescence, but it seems to be more common in women in their late 20s and mid to late 40s. Although diagnostic criteria were only established in 1990, there is evidence that doctors encountered patients with similar symptoms as far back as the 1800s. In fact, older generations complaining of ‘rheumatism’ may have suffered from the syndrome, notes Dr. Maloney.

## Sorting Out a Diagnosis

Fibromyalgia is characterized by widespread, roving pain of varying intensity. Extreme fatigue and sleep problems usually accompany the skeletal and muscle aches. Patients may also become anxious or depressed because of the pain, which can be severe enough to disrupt their home and professional life.

The fluctuating set of symptoms associated with FM can point to any number of diseases, such as lupus or multiple sclerosis, and there is no single diagnostic test available. Often, physicians must first rule out other illnesses. To assist in identifying the syndrome, the American College of Rheumatology developed a map of 18 ‘tender points’ on the body. Discomfort at 11 or more of these usually signals FM. The points include the skull base and neck area, elbows, knees and hips.

## Therapeutic Options

Many factors can perpetuate the condition or make it difficult for the individual to get better. But doctors have found that patients often improve with a combination of behavioral changes, slow aerobic conditioning and medicine.

Dr. Maloney focuses on treating underlying contributing factors in addition to symptoms. For example,

he tests for iron deficiency and thyroid function. In older women, he may suggest suspending estrogen replacement if she is not tolerating it well. He also examines patient routines, looking for ways to reduce stress. For adolescents, coping with FM could mean minimizing extracurricular activities. For others, it may mean cutting back on work or eliminating a job altogether, if possible. For all patients, making time for sleep and quitting smoking are a must.

Most FM patients cannot tolerate prolonged exercise and need aerobic reconditioning. Because overdoing exercise can cause significant physical setbacks, Dr. Maloney recommends water therapy as a gentle and effective first step to regaining physical fitness.

To combat the pain associated with the syndrome, Dr. Maloney prefers antiseizure medications to narcotics because the effects are less severe. Other helpful medications include muscle relaxers, some anti-inflammatory drugs and anesthetic patches placed on areas of the body with severe pain.

“Probably the most important thing to do to overcome fibromyalgia syndrome is to achieve changes in behavior, whether it’s stopping smoking, getting more sleep or reducing stress,” Dr. Maloney says. “We try to look for other conditions that can be treated, but invariably it’s the change in behavior that’s necessary to cope with fibromyalgia.”

**Sean R. Maloney, M.D.**

*Assistant Professor of Neurology  
Wake Forest University  
School of Medicine*

# Diabetes: Are You at Risk?

**D**iabetes currently affects more than 18 million Americans and is increasing at epidemic proportions here and throughout the world.

The two forms of the disease occur when the body does not produce or properly use insulin, a hormone required to convert sugar, starches and other food into energy. Type 1, once known as juvenile diabetes, occurs when the body fails to manufacture insulin, and is relatively rare. About 90 percent of the country's diabetics suffer from Type 2, the variety in which the body stops using the hormone and, as the disease progresses, no longer produces it in appropriate quantities.

"Both types of diabetes have high blood sugar in common. If left untreated, high blood sugar over the years can damage the blood vessels and lead to complications," says **Robin Goland, M.D.**, Associate Professor of Medicine at Columbia University and Co-Director of the Naomi Berrie Diabetes Center at NewYork-Presbyterian Hospital/Columbia University Medical Center. Complications include organ failure, including the eyes, kidneys and nerves.

## Know the Symptoms of Diabetes

- Frequent urination
- Excessive thirst
- Extreme hunger
- Unusual weight loss
- Increased fatigue
- Irritability
- Blurry vision

## Detecting Diabetes

Research shows that both forms of diabetes are caused by genetic predisposition and environmental factors. For Type 2, the outside influences are clear: excess weight combined with physical inactivity.

While a number of the complications associated with the disease can be prevented, diabetes often goes undiagnosed because the symptoms seem harmless and go unnoticed in individuals not receiving regular medical care.

"At the age of 45, we suggest that everybody be screened by their primary care doctor with a simple blood sugar test," Dr. Goland says. "It's also been proposed that screenings start at the age of 10 and then every three years so that blood sugar issues can be caught early when it's only a few points above normal." Individuals who are over age 45, overweight, inactive or who developed gestational diabetes face the greatest risk of acquiring the Type 2 form.

## Changing Lifestyle, Reducing Risk

For those at risk or diagnosed with Type 2 diabetes, there is considerable evidence showing the condition can be prevented and even reversed through permanent lifestyle changes.

"It turns out that even if you are very overweight, losing just a few pounds can sometimes make diabetes either disappear or much more easy to manage," Dr. Goland explains.

There is no quick diet fix, Dr. Goland says, and food plans need to be highly individualized with the help of a nutritionist. "We are all slightly different, and I think for some patients limiting carbohydrates



and increasing fat helps them feel fuller and helps them eat fewer calories," she notes. "For other patients, this type of diet plan raises their cholesterol and they don't feel full, and end up eating more."

Exercise, Dr. Goland says, is key to preventing or managing the disease. Physical activity can lower blood sugar as well as blood pressure and cholesterol. Regular exercise also helps insulin work better while improving blood flow.

Dr. Goland advises, "With support and a multidisciplinary approach, people can make lifestyle changes to prevent the onset of diabetes."

## **Robin Goland, M.D.**

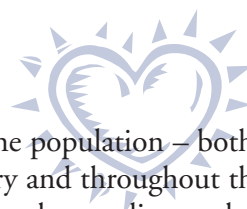
*Associate Professor of Medicine  
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## Are you overweight?

Body Mass Index (BMI) determines whether your weight is right for your height. Desirable BMIs for adults are between 19 and 24. A BMI between 25 and 25.9 is considered overweight; 30 and over is considered obese. To find your BMI, use the following formula:

**Weight in pounds x 700,  
divided by height in  
inches squared**

# Cardiac Corner: Homocysteine — A Cardiac Risk Factor?



An elevated level of homocysteine in the blood has been gaining attention as a risk factor for cardiovascular disease. Yet, despite ongoing research into this amino acid, it has not been identified as a major risk factor.

“Homocysteine is considered one of the ‘novel’ or ‘emerging’ risk factors, but in a relatively small segment of the population,” says **Richard Pasternak, M.D.**, Director of Preventive Cardiology at Massachusetts General Hospital and an Associate Professor of Medicine at Harvard Medical College.

According to Dr. Pasternak, homocysteine has garnered attention because of its ability to damage the blood vessel lining. “It is possible that it acts as a facilitator for other risk factors,” he says. “For example, it may enable bad cholesterol to enter vessel walls where it can be oxidized easier, causing it to become more toxic within those walls.”

In addition, coronary blockages relate to whether the vessels attract portions of the circulating blood platelets that can lead to clots. “Homocysteine may increase the chance of this happening,” says Dr. Pasternak, “by contributing to the stickiness of vessel walls.”

Finally, this amino acid may also enhance the inflammatory response. That becomes particularly significant with current interest in the role of inflammation in vessel damage.

“Some children inherit a fundamentally abnormal metabolism leading to high homocysteine levels early in life, which causes very premature atherosclerosis,” says Dr. Pasternak. “But this particular predisposition affects only a very small part of the population.”

A much greater percentage of people with high levels of homocysteine fall into two groups. One population is deficient in folic acid and other B vitamins (particularly B6 and B12), which break down homocysteine in the body. However, now that bread is being fortified with folic acid, these deficiencies are disappearing in this country and the average homocysteine levels within this particular group are coming down slightly.

The second group includes those who have inherited a genetic abnormality that blocks their ability to metabolize folic acid or B vitamins. This particular population is emerging as the greatest homocysteine risk group. But despite their metabolic problem, says Dr. Pasternak, these people can reach a normal level with sufficient intake of folic acid plus B6 and B12.

While it is understood how to reduce homocysteine through dietary folic acid and other B vitamins, what is not clear is whether the actual treatment of this risk factor makes a significant difference in preventing cardiovascular disease. “That’s always an important issue anytime you’re looking at a risk factor,” says Dr. Pasternak. Studies are underway to investigate whether folic acid and B vitamins actually lead to improved outcomes.

What sometimes gets lost in the attention being paid to homocysteine and other emerging risk factors is the disturbing fact that about 75% of

the population — both in this country and throughout the world — can develop cardiovascular disease due to the conventional risk factors: smoking, high cholesterol, high blood pressure, lack of regular physical activity, excess weight and diabetes.

“As someone engaged in public policy to develop national guidelines for preventing coronary heart disease and as a clinician, this concerns me greatly,” says Dr. Pasternak. “If we could take care of those risks more effectively, we could make a much more positive impact than focusing on new risk factors.”

So, keep in mind that while it is important to have homocysteine levels tested by your physician, the importance of managing the major risk factors continues to play a crucial role in the prevention of cardiovascular disease.

**Richard Pasternak, M.D.**

*Director*

*Preventive Cardiology*

*Massachusetts General Hospital*

*Associate Professor of Medicine*

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## Conventional Cardiac Risk Factors

- Smoking
- High cholesterol
- High blood pressure
- Lack of regular physical activity
- Excessive weight
- Diabetes

## Cardiac Corner: A Drink to Heart Health

Enthusiasm is growing. Wine and other alcoholic beverages—when consumed in moderation—may reduce cardiac disease risk. Red wine, in particular, is thought to counteract harmful effects of dietary cholesterol and saturated fats.

The hypotheses that wine consumption could have a protective benefit grew out of surveys showing lower rates of coronary heart disease in part of Europe where wine is routinely consumed. Known as the “French Paradox,” the theory provides an explanation for why the French—with their cream-heavy diets—don’t have higher rates of heart disease. The phenomenon, however, could also be explained by their other eating habits, which include greater intake of fresh fruit, vegetables, and fish.

An American Heart Association panel, led by **Ira J. Goldberg, M.D.**, Professor of Medicine at Columbia University, is currently examining the possibility that wine and other alcoholic beverages counteract cardiovascular damage from dietary cholesterol and saturated fats. This follows more than 60 studies so far that have pointed to heart-healthy benefits associated with moderate wine and alcohol consumption. The encouraging news is that alcohol can increase the HDL cholesterol, the so-called ‘good’ cholesterol. One or two alcoholic drinks daily may actually increase HDL by about 12 percent, an amount also seen with exercise and medications.

Epidemiological studies point to red wine as containing some beneficial antidote, but it is not certain whether alcohol or another ingredient is the source. One theory attributes the benefits of red wine to flavonoids and other antioxidants

that help to mop up blood-clotting chemicals that can cause heart attacks. Most recently, biologists have found a class of chemicals they hope will make people live longer. One of these, resveratrol, is found in red wines, particularly those made in cooler climates like Burgundy and New York State. But the advisory panel warns that the proposed benefits of alcohol should be weighed against the adverse effects of alcohol consumption on the liver, intellectual performance, and overall lifestyle.

### Preventing Stroke

Studies also suggest that light to moderate alcohol consumption appears to be associated with a reduced risk of ischemic stroke in young women. The Centers for Disease Control and Prevention conducted a survey of 224 women (15-44 years) who had suffered an ischemic stroke within the last year, as well as 392 women who had not had a stroke. The women, whose average intake for the week was two alcoholic drinks a day, had an almost 60 percent lower stroke risk than those who never drank. Wine appeared to have a beneficial effect, while beer and liquor were not as strongly related to stroke risk.

Researchers at Columbia University studying patients with stroke found that moderate consumption—up to two drinks per day—was significantly protective for ischemic stroke in a multiethnic urban population of both younger and older men and

women. On the other hand, heavy alcoholic consumption had deleterious effects. The study also showed that heavy drinkers could reduce the risk of ischemic stroke by decreasing or discontinuing alcohol intake.

The complexity of the association between wine or alcohol and heart disease and stroke is based on the fact that these diseases have multiple causes, and alcohol affects different types of heart disease and stroke in different ways. To date, the ideal study—a large, randomized trial with a placebo group—to answer whether alcohol and wine should be used as a preventative measure as a part of public health has not been conducted. Until this type of study is completed, individuals must answer the question of when enough is enough. Nothing in excess!

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