

Get Into betterHEALTH!

with Dr. Derek Lee

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June 2005: In this issue!

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● Supplement of the Month, “TAD+”

This is an excellent supplement for STRESS because it supports the Adrenal Glands.

TAD+ Adrenal Forte provides a synergistic vitamins and herbs along with a high concentration of adrenal tissue extract, which contains biologically-active proteins, hormones, enzymes and nucleic acids, necessary for the support of proper adrenal functions. Deficient kidney mineralization and function, overuse of stimulants, environmental pollution and stress contribute to adrenal toxicity and exhaustion, leading to adrenal atrophy. TAD+ Adrenal Forte is indicated for symptoms associated with stress and adrenal exhaustion, including allergies, hypoglycemia, asthma, hemolytic anemia, hypotension, chronic fatigue syndrome, adrenal atrophy; and for premenstrual symptoms such as depression, irritability, sugar cravings and bloating.

Each Tablet Contains

Vitamin A (<i>Palmitate</i>)	3500 IU	Pantothenic Acid (<i>d-Calcium Pantothenate</i>)	8 mg
Vitamin C (<i>Ascorbic Acid</i>)	170 mg	Zinc (<i>Aspartic Acid Chelate</i>)	8 mg
Thiamin Hydrochloride (<i>Vitamin B1</i>)	8 mg	Dioscorea villosa (<i>Wild Yam</i>)	15 mg
Riboflavin (<i>Vitamin B2</i>)	8 mg	Glycyrrhiza glabra (<i>Licorice</i>)	15 mg
Niacinamide (<i>Vitamin B3</i>)	50 mg	Adrenal Concentrate (<i>New Zealand Bovine</i>)	175 mg
Pyridoxine Hydrochloride (<i>Vitamin B6</i>)	18 mg	Spleen Concentrate (<i>New Zealand Bovine</i>)	175 mg

● Healthy Recipe of the Month “Tortellini and Bean Soup”

Tortellini and Bean Soup

1 teaspoon olive oil
2 cups roughly chopped white onions
1 small red bell pepper, seeded and roughly chopped
3 cloves garlic, minced
1 teaspoon Italian seasoning
2/3 cup water
2 cups roughly chopped raw spinach
1 (16-ounce) can no-salt-added navy beans, drained
1 (14.5-ounce) can low-sodium chicken broth
1 (14.5-ounce) can no-salt-added whole tomatoes
1 (14-ounce) can artichoke hearts packed in water, drained
9 ounces cheese tortellini

1. Heat the oil in a soup pot over medium-high heat.
2. Add the onions, bell pepper, garlic, and Italian seasoning to the pot.
3. Sauté, stirring occasionally, for 5 minutes or until the ingredients are tender.
4. Add the water, spinach, beans, broth, tomatoes with their juice, and artichokes to the pot.
5. Raise the heat to high and bring to a boil.
6. Lower the heat and simmer for 2 minutes.
7. Add the tortellini to the pot and cook until thoroughly heated, about 7 minutes.
8. Serve

Makes 6 servings. Serving size: 1½ cups.

Nutrition Facts

Per Serving:

Calories	254	Sodium	230 mg
Total fat	4 g	Calcium	163 mg
Saturated fat	2 g	Magnesium	112 mg
Cholesterol	36 mg	Potassium	869 mg
Carbohydrates	44 g		
Fiber	5 g		

● Walking Survey and Weight Gain

Two significant trends have been occurring gradually in recent years. People are becoming less active, and people are gradually getting heavier. The State of Colorado wants to change that trend and has started a statewide initiative called, "Colorado On the Move". The objective is stop weight gain in their state by:

- Increasing daily physical activity by 2,000 steps (measured by a pedometer)
- Decreasing caloric intake by 100 calories daily (cutting out some food items such as soft drinks, choosing smaller portions, or eating a lighter dinner).

The idea is based on information that most people gain weight slowly over the years and that making small changes in these two areas should stop or slow weight gain. To establish a baseline from which to measure progress, a representative sample of 1,098 state citizens completed a walking survey. Each person completed a short physical activity and health survey and then measured the number of steps they took daily using a pedometer. They averaged the steps taken over 4 days; one of the days was on a weekend.

Here is what they found in Colorado, which already happens to be one of the leanest states in the U.S.

- The average person took 6,804 steps daily
- One-third took less than 5,000 steps daily (considered sedentary)
- People of normal weight average about 7,500 steps per day
- Only 16% reached 10,000 steps daily, considered by many to be the goal for high fitness
- 61% of the people were rated sedentary or low activity based on number of steps per day but only 3% felt they were very inactive

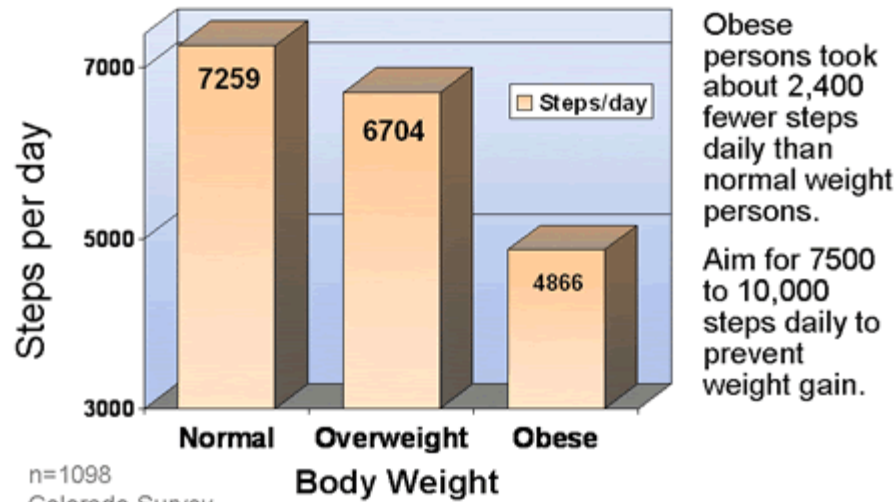
This established a baseline to compare with results in the future to see if they actually increased activity levels in their state. This model would work well for a company fitness program as well (e.g. "ABC Company On The Move")

Other interesting information they learned:

- 70% of the population reported that they did want to be more active
- 49% reported that they were actively trying to lose weight
- Obese persons take more than 2,000 fewer steps per day than normal weight people
- People who reported watching a lot of TV daily took 2,000 to 3,000 fewer steps daily than those who watched little TV

The researchers suggested that for sedentary people, a goal of 10,000 steps a day is probably too high and could be discouraging. They recommend adding an extra 2,000 steps daily to start (this is equivalent to about 1 mile), then gradually working up to 7,500 steps daily. This is a “good health” goal. Those wanting to reach high fitness can aim for 10,000+ steps.

Steps and Prevention of Weight Gain



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Med & Science in Sport & Exercise 37:724-30, May 2005

Researchers suggest the following “fitness categories” based on number of steps per day.

Steps per day	Fitness category
Less than 5,000	Sedentary
5,000 – 7499	Low active
7,500 – 9999	Somewhat active (<i>good first goal if sedentary</i>)
10,000 – 12,499	Active (<i>good goal for weight loss and high fitness</i>)
12,500+ steps	Highly active

It is interesting to compare these step goals to data that was gathered on 98 Amish people living in southern Ontario. The Amish lifestyle is similar to average activity levels before there were cars, TVs, etc. Amish men take an average of 18,425 steps daily. Amish women take 14,196 steps daily. This is more than twice the average for Colorado citizens today (6,804 steps a day). This drop in daily activity more than explains the increase in weight gain over the years. Add to this fast food restaurants and abundant, highly refined foods and it is very easy to see why we have an epidemic of excess weight.

Bottom line: To prevent gradual weight gain you need to be walking at least 7,500 steps daily. For weight loss and the best health, aim for 10,000 steps daily and learn to enjoy lower calorie foods. These two simple steps may help *you* prevent creeping weight gain!

Reference: Wyatt HR et al. A Colorado Statewide Survey of Walking and Its Relation to Excess Weight *Medicine and Science in Sports and Exercise*. 37:724-730.

● What Are the Best Foods to Lower Cholesterol Levels?

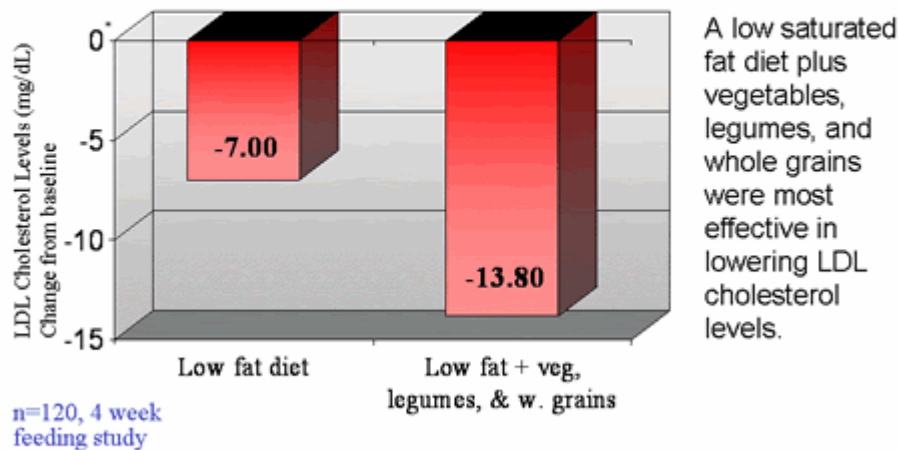
High blood cholesterol levels are a primary cause of coronary heart disease, our nation's leading cause of death. Dietary guidelines for lowering cholesterol have focused primarily on “low fat diets” such as the former American Heart Association’s STEP-1 Diet (limiting total fat to less than 30% of calories and saturated fat to less than 10% of calories).

A new study, conducted by Stanford University Prevention Research Center, points out that the kind of foods eaten is as important as the saturated fat level. Researchers formulated two intervention diets, a “low fat” diet and a “low fat plus” diet. Both diets restricted total fat to less than 30% of calories and saturated fat to less than 10% of calories and were identical in total fat, saturated fat, protein, carbohydrate, and cholesterol content.

- The “low fat diet” was typical of a low fat U.S. diet and included low fat cuts of meat, low fat dairy, white bread, etc.
- The “low fat plus” diet incorporated considerably more vegetables, legumes, and whole grains.

These two diets were fed to two groups of test subjects for four weeks to see which would be most effective in lowering blood cholesterol levels. After four weeks cholesterol levels fell on both, but the “low fat plus” diet with the emphasis on plant-based foods (vegetables, legumes, and whole grains) lowered cholesterol levels the most. In fact, they were twice as effective, lowering LDL cholesterol levels -- 14 mg/dL vs 7 mg/dL on the traditional “low fat” diet.

Plant Based Foods Lower Blood Cholesterol Levels



Annals of Internal Medicine, 142:725-33, May 3, 2005

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The bottom line. If you want to be most effective in lowering blood cholesterol levels with diet, you should not only reduce saturated fat and cholesterol in the diet, but also emphasize “nutrient-dense plant-based foods” such as vegetables, fresh fruits, whole-grain breads and cereals, and legumes (peas, beans, lentils, garbanzos, and soy beans).

Reference: Gardner CD et al. The effect of a Plant-Based Diet on Plasma Lipids in Hypercholesterolemic Adults. *Annals of Internal Medicine.* 142:725-733.

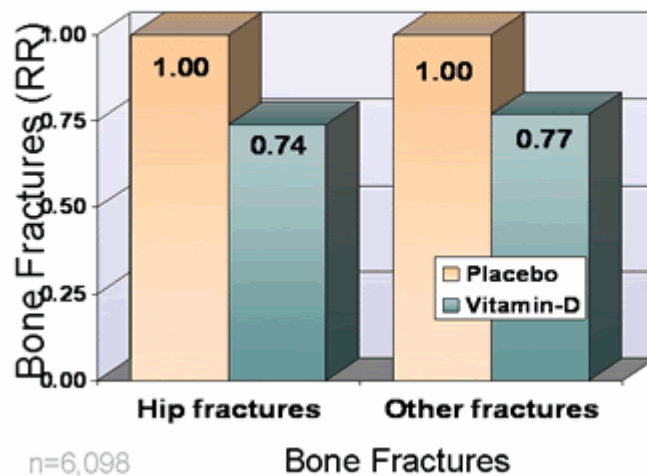
● Fracture Prevention with Vitamin D Supplementation

Vitamin D has been shown in several studies to be important for bone health. Vitamin D is essential for absorption of calcium and for depositing calcium in the bones.

With an aging population, fractures in older people have become a very common and serious health problem. By the age of 90, 1 in every 3 women and 1 in every 6 men will have experienced a hip fracture. The health care costs add up to about \$10 billion a year! You can quickly see how important it is to take preventive steps to build strong bones and prevent fractures.

Researchers at Harvard University and other medical centers wanted to see how effective vitamin D supplements might be in preventing fractures in the elderly. They conducted a “meta-study” (combined the results of 5 large random, controlled trials already conducted) including more than 6,000 people followed for several years. The people were randomly divided into two groups: those who took vitamin D daily, and those who took a placebo.

Vitamin-D and Risk of Fractures



Persons taking 700-800 IU of vitamin-D daily had about a 25% decrease in bone fractures compared to the placebo group.

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JAMA 293:1082-1088, Mar 2, 2005

Researchers found that taking 700 to 800 IU of vitamin D daily reduced the risk of fractures by about 25% (26% for hip fractures, 23% for non-spinal fractures). Reducing 1 out of every 4 fractures by simply taking a vitamin D supplement is a very cost effective intervention. The researchers estimated that one hip fracture is prevented for every 45 elderly people who take vitamin D daily. One non-spinal fracture is prevented for every 27 persons taking a vitamin D supplement daily.

Persons taking calcium (along with vitamin D or by itself) showed no additional benefit (no decrease in fractures) in this study. People taking only 400 IU of vitamin D daily did not show any benefit either; 700 to 800 IU seems to be needed to get a measurable decrease in fracture rate.

How does vitamin D help? Many studies have shown that vitamin D decreases mineral loss in older bones by improving calcium absorption and utilization. Vitamin D also appears to have a beneficial effect on muscle strength and balance. One study, looking at this issue, found vitamin D supplements decreased falls by 22%. Another review of several studies showed that vitamin D decreased falls by 35%. Both of these benefits result in fewer fractures.

Summary: This data suggests that taking 700 to 800 IU of vitamin D daily should reduce the risk of fractures in elderly individuals by 25%.

Conflicting Data? Two other large British studies 2,3 found no decrease in fracture rates from giving either vitamin D or extra calcium (1,000 mg/day) in the diet. These studies, however, were both done on high-risk individuals. One study included only people who had already had a fracture recently so researchers were looking for prevention of secondary fractures.

What can we learn? Simply giving high intakes of calcium doesn't appear to have measurable benefits in elderly, high-risk persons (70+). Perhaps they are already getting adequate levels, so adding more doesn't help. The review of multiple studies did show, however, that vitamin D makes a significant difference in reducing fracture rates. Taking 700 to 800 IU daily seems to be beneficial in reducing fractures. Getting adequate calcium and vitamin D are both essential for building healthy bones in young individuals and are especially important for young women before the age of 21. Trying to add extra calcium in old age appears to be of little benefit.

References

1. Bischoff-Ferrari HA et al. Fracture Prevention with Vitamin D Supplementation. *JAMA*. 293:2257-64.
2. Porterhouse J et al. Randomized controlled trial of calcium and supplementation with vitamin D for prevention of fractures in primary care. *British Medical Journal*. April 28, 2005.
3. Oral vitamin D and calcium for secondary prevention of low-trauma fractures in elderly people, *The Lancet*. April 28, 2005

● Breast Cancer Screening -- Outcomes

Breast cancer is the second leading cause of cancer death for women (lung cancer is first). Breast cancer is first in terms of numbers of new cases for women, with a one in eight chance that a woman will develop breast cancer during her lifetime. Certainly anything you can do to lower the risk of breast cancer is advisable.

Mammography screening for breast cancer has been recommended for many years. Currently the American Cancer Society estimates that 70% of women age 40 plus are taking advantage of this preventive opportunity. In a recent issue from the *Journal of the American Medical Association*, research on breast cancer screening was reported. Here are some of their interesting findings 1:

- Mammography is recommended every 1 to 2 years for all women over 40 (as your doctor recommends) and is especially important for women over 50.
- Screening mammography reduces breast cancer mortality by 20% to 35% by finding small cancers early while they can be successfully treated. Currently about two-thirds (63%) of all breast cancers are still localized (haven't spread) and have a 5-year survival rate over 97%.
- Breast self-exam has not been shown to be effective in reducing breast cancer mortality but does increase the number of breast biopsies due to "false-positives."
- The majority of women with abnormalities noted on screening mammograms (about 95%) do not have breast cancer.
- Having a "negative" mammogram does not insure that you don't have breast cancer, either. Results from screening 463,000 women with mammograms found that 25 out of 100 women who developed breast cancer had "normal" mammograms 1 to 2 years prior to diagnosis. This is why yearly exams are beneficial.
- After 10 years of screening 1 in 2 women will have at least 1 false positive mammogram, which can result in increased anxiety and possible breast biopsy.
- The benefits, however, outweigh the harm. It is estimated that 48.5 lives are saved from mammography for every 1 life lost due to radiation exposure and treatment complications for false positives.
- To prevent one death from breast cancer clinicians must screen 500 to 1800 women for 14 to 20 years.

Another article on breast cancer screening appeared in the *British Medical Journal*. Researchers estimated findings from mammography based on screening 1000 women (to help people more easily understand the true risks involved). Results shown are real data from screening more than 1.25 million women yearly compared to women of the same age who were not screened. Here is what they found:

- Among 1000 50 year old women who are screened with mammography biennially for 10 years, 242 will receive abnormal results, 178 will repeat mammography, 64 will undergo a breast biopsy, 33 breast cancers will be found, and 4 of these women will die from breast cancer.
- Among 1000 women who do not have mammograms for 10 years, 20 breast cancers will be found and 6 of these women will die from breast cancer.
- Comparing women in their 60s and 70s shows similar results in breast cancer deaths. 2 or 3 more women per 1000 will die from breast cancer in a 10-year period in those who are not screened compared to those getting mammograms.

The difference in mortality is small (generally 2 more deaths per 1000 women for every 10 years) but a significant survival advantage from having regular mammograms. This information can help women make informed decisions. They summarized their findings, "The decision to be screened is a gamble; there is only a small chance of benefit (to offset the risks of radiation, worry from false negatives, expense, and trauma of unneeded biopsies) but the stakes are high." Each woman needs to weigh the benefits and consider the costs for herself.

Primary prevention 2. According to the American Cancer Society, there are several other less expensive, beneficial, low risk preventive steps you can take to lower your risk of breast and other cancers. These options offer the hope of a much greater reduction in deaths from breast cancer than through screening alone. These primary prevention options include:

- Maintaining a healthy weight. One in 5 cancer deaths in women and 1 in seven for men are due to excess body weight.
- Getting regular physical activity. Aim for 30 to 60 minutes of moderate activity daily or at least 5 days per week. Activity is especially helpful in preventing both breast cancer and bowel cancer.
- Eating a variety of healthy foods with an emphasis on plant sources. About one-third of all cancers are related to poor nutritional habits.
- Moderation in drinking alcohol. If you drink alcohol beverages, limit consumption. Alcohol, even in moderate amounts, increases the risk for breast cancer.

In addition to regular medical care including mammograms, consider implementing these simple lifestyle interventions that are inexpensive and can significantly reduce your risk of breast cancer and other serious disease. By following these simple preventive steps the American Cancer Society estimates that at least half of all cancers could be prevented.

References

1. Elmore JG et al. Screening for Breast Cancer. *JAMA*. 293:1245-56.
2. American Cancer Society. Cancer Prevention and Early Detection, 2005
3. Barret A et al. "Model of outcomes of screening mammography: information to support informed choices. *British Medical Journal*, March 8, 2005.

● Alcohol and Women's Health

Two new studies show the detrimental effects of alcohol on women's health. The first study 1 looked at the effect of drinking on the brain. Researchers compared 76 women with 82 age-matched men (drinkers and non-drinkers). They found that alcohol damaged the brains of both men and women (causing atrophy or a wasting away of brain tissue), but women's brains more readily damaged than men's.

This study supports previous studies that also found women to be more susceptible to the effects of alcohol including: cognitive deficits, alcoholic cardiomyopathy (heart damage), liver disease, and now brain atrophy.

The second study 2 looked at alcohol intake and risk of breast cancer. In the large nurses health study (122,000 nurses), women who consumed even modest amounts of alcohol (less than a glass of beer or wine a day) had an increased risk of breast cancer (especially breast cancer that is estrogen sensitive) compared to non-drinkers.

Researchers caution women to consider the possible effects of alcohol on breast cancer risk when considering the risks and benefits of alcohol consumption.

References:

1. Alcoholism: *Clinical and Experimental Research*. May, 2005
2. Food Navigator.com Newsletter. May 16, 2005

Office Hours. (Effective January 1, 2005)

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