

# Get Into **betterHEALTH!**

with Dr. Derek Lee

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## **betterHEALTH clinic**

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November 2005: In this issue!

- Losing lean weight.
- Diet Composition and Weight Loss
- Obesity Epidemic Promises Continued Increases in Healthcare Costs
- Eating Fish May Delay Dementia
- Blood Glucose Levels and Coronary Heart Disease
- Fruits and Vegetables and Bone Health
- Looking for Easy Ways to Add More Whole Grains to Your Diet?

**Lots of diet info for you to take a look at. If you have any specific questions just email me at [drlee@yourbetterhealthguide.com](mailto:drlee@yourbetterhealthguide.com).**

**Dr. Derek Lee**

### ● **Losing lean weight.**

In a 4-year study of 2,163 older adults, researchers found that for every 10 pounds of fat weight a person lost in a weight loss program, they also lost about 4-5 pounds of lean (primarily muscle) tissue. When you gain the weight back, however, you gain very little lean functional tissue (muscle) - it is almost all fat tissue. People who diet frequently (lose weight and gain it back) may be losing functional tissue and getting progressively fatter. During and following weight loss, aerobic and anaerobic exercise is the solution to maintaining muscle mass.

Reference: Newman AB et al. Weight change and the conservation of lean mass in old age: the Health, Aging and Body Composition Study. *Am J Clin Nutr.* 2005;82:872-878. October 2005.

## ● Diet Composition and Weight Loss

Weight loss is very important for decreasing diabetes risk. Researchers tried 2 diets to see which might be most helpful in reducing weight in obese subjects. Both diets had the same number of calories and were low in carbohydrate (110 g/day). One diet was high in protein and low in fat, the other diet was high in fat and moderate in protein.

After 12 weeks of calorie restriction, both diets had similar losses in weight and similar improvement in insulin resistance and cardiovascular risk. Neither diet had any detrimental effect on bone turnover or renal function. With equal calorie intake, weight loss was similar. The high protein intake had no added benefit in weight loss.

**Bottom line:** for weight loss, it's the calories that count! Those eating the higher protein intake, however, experienced less hunger between meals, and had less of a tendency to overeat the next meal. It appears that a low glycemic meal with more protein in the diet may be helpful in appetite control in a weight loss program. Healthy protein sources include legumes, soy products, nuts, fish, low-fat dairy, and skinless poultry.

### Reference:

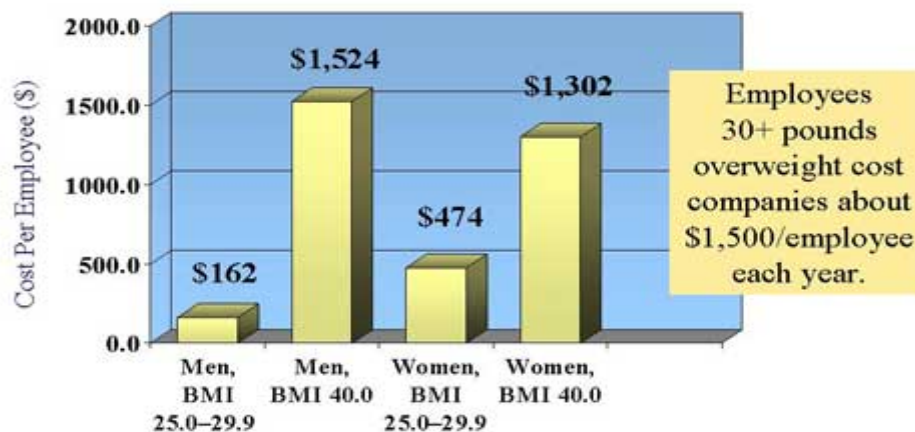
Luscombe-Marsh ND et al. Carbohydrate-restricted diets high in either monounsaturated fat or protein are equally effective at promoting fat loss and improving blood lipids. *Am J Clin Nutr.* 2005;81:762-72. April 2005.

## ● Obesity Epidemic Promises Continued Increases in Healthcare Costs

Results from the 3-decade Framingham Offspring Study offer discouraging news for the future, concluding that 9 of 10 men and 7 of 10 women will eventually be overweight. In the 4,117 adults studied, more than 1 in 3 became obese in the 30-year period. The long-term risks for overweight or obesity exceeded 50% and 25% respectively, indicating a large public health burden, wrote the authors.

Obese employees (defined as 30+ pounds overweight) cost companies about \$1,500 per employee per year in medical expenses, according to research published in the September/October issue of the *American Journal of Health Promotion*. The authors estimated the annual excess cost of medical expenditures related to obesity using nationally representative datasets of 20,329 and 25,427 adults of full-time employed persons aged 18-64.

### Medical Costs Related to Obesity



Excess annual absenteeism costs ranged from \$6 to \$440 for men and \$94 to \$812 for women. Based on the typical prevalence of overweight and obesity among employed people, obese employees would cost a company with 1,000 employees about \$277,000 annually in medical costs and absenteeism.

- Normal weight men miss an average of 3 days per year, compared to 5 days for men 60+ pounds overweight.
- On average, normal weight women miss 3.4 days per year, compared to 5.3 days for women who are 30+ pounds overweight.
- Extremely obese women (100+ pounds overweight) miss an average 8.2 days annually.

It's time to be proactive in your organization. Lifestyle change strategies and incentives are most effective in persons with a BMI 25-40. More intensive strategies are necessary for severely obese persons (BMI 40). Preventing overweight and obesity in currently normal weight persons is also important. Making it to middle age without extra pounds was no guarantee for staying at a healthy weight - even in the short term.

Key weight management strategies should focus on dietary improvements, physical activity, emotional health, stress management, social support, readiness to change, and more. Form a taskforce to look for ways to prevent or reduce overweight in your organization. Wellness efforts can be simple:

- Stock vending machines with healthy alternatives.
- Offer a day off with pay for those overweight employees who lose 10-15% of their weight.
- Encourage walking during breaks.
- Email motivational messages.

A study of 2,121 employees from 5 large worksites tested the efficacy of email interventions. They found that participants who received 1 physical activity and 1 nutrition message by email per week experienced more improvement than those who received no weekly email messages.

## ● Eating Fish May Delay Dementia

Eating fish, such as salmon or tuna, once a week may keep your mind sharper as you age, according to a 6-year study of more than 6,000 older Americans living in Chicago, IL. Fish contains omega-3 fatty acids, shown to be essential for brain function and memory. Other omega-3 sources include flaxseed oil, canola oil, pumpkin seeds, walnuts, tofu, and other soy foods.

In those elderly persons eating 2 or more fish meals a week, the rate of mental decline was reduced by 10-13% per year compared with those with less than weekly consumption. "The rate reduction is the equivalent of being 3-4 years younger in age," the researchers report. These rate differences did not change after adjusting for consumption of fruit and vegetables.

These findings correlate with previous studies showing strong reductions in Alzheimer's disease among persons with high intakes of omega-3s, DHA, and alpha-linoleic acid. To keep the brain and body active as you age, eat omega-3 foods and exercise regularly.

### Reference:

Morris MC et al. Fish Consumption and Cognitive Decline With Age in a Large Community Study. *Arch Neurol.* 2005;62:(doi:10.1001/archneur.62.12.noc50161). October 10, 2005 [early release].

## ● Blood Glucose Levels and Coronary Heart Disease

The presence of diabetes has long been known to be a strong predictor of coronary heart disease (CHD). New research now also implicates moderately elevated blood glucose as an independent risk factor for heart disease in people without diabetes.

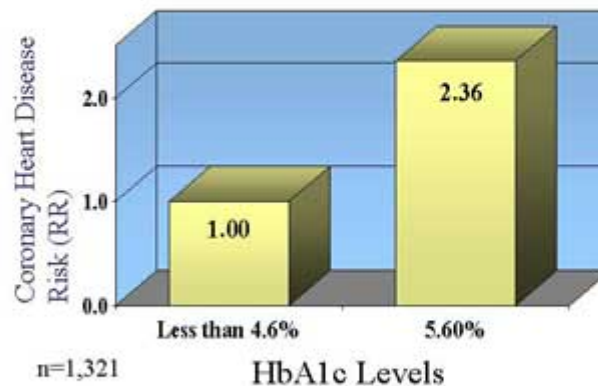
The best measure of glycemic control over time is hemoglobin A1c (HbA1c). This test reflects average glucose levels over the past 3 months. HbA1c levels predict risk of heart disease in persons with diabetes as well as nondiabetics, according to a cohort study of nearly 16,000 persons. In the study, those people without diabetes but with 5-6% HbA1c levels were at increased risk, independent of other risk factors. Nondiabetic persons with levels 6% or higher almost doubled their heart disease risk.

In a group of 1,321 nondiabetic individuals, HbA1c levels below 4.6% were not related to coronary heart disease. In nondiabetic persons above this level, however, the risk of coronary heart disease increased by 2.36 times for every 1% increase in HbA1c. This is a large increase in risk, similar to smoking! This high risk remains even after controlling for other major coronary risk factors.

### Glycemic Control and Heart Disease

A high blood sugar level, even in nondiabetics, is an independent risk factor for CHD.

Every 1% increase in HbA1c (above 4.6%) increases the risk of coronary heart disease by 2.36 times.



Source: *Arch of Intern Med.* 2005;165:1910-16. Sept 14, 2005.

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**In summary**, moderately elevated blood sugar levels, as indicated by an HbA1c level of 5.6% or higher, is a significant, independent risk factor for coronary heart disease. An HbA1c less than 4.6% indicates low risk for CHD. An HbA1c of 5.6% or higher more than doubles the risk of CHD. To keep blood sugar levels and HbA1c levels low:

- Maintain a healthy weight.
- Get regular aerobic exercise.
- Choose healthy carbohydrates; unrefined, high in fiber, and a low glycemic index (absorbed more slowly).

**Reference:**

Selvin E et al. Glycemic Control and Coronary Heart Disease Risk in Persons With and Without Diabetes: The Atherosclerosis Risk in Communities Study. *Arch Intern Med.* 2005;165:1910-1916. September 12, 2005.

## ● Fruits and Vegetables and Bone Health

One of the major health benefits of eating fruits and vegetables is their high potassium content. Potassium is protective against high blood pressure and a new study shows that potassium is also protective to the bones.

The Western diet, high in animal proteins, increases calcium excretion and bone resorption. A high intake of fruits and vegetables helps counteract this problem. A recent study looked at bone mineral content of 337 women in relation to their potassium intake (potassium is a marker for intake of fruits and vegetables). Those women with the highest potassium intake (top quartile) had 8% greater bone mineral content than the women eating the lowest intake of potassium (bottom 25%) or lowest intake of fruits and vegetables.

This study gives evidence that a high intake of fruits and vegetables over a lifetime contributes to stronger, healthier bones and decreases the risk of osteoporosis later in life.

### Reference:

Macdonald HM et al. Low dietary potassium intakes and high dietary estimates of net endogenous acid production are associated with low bone mineral density in premenopausal women and increased markers of bone resorption in postmenopausal women. *Am J Clin Nutr.* 2005;81:923-33. April 2005.

## ● Looking for Easy Ways to Add More Whole Grains to Your Diet?

A national wellness goal in *MyPyramid*, the new food pyramid, is to eat more whole grains. Consumers can easily add whole grains to their meals, often using favorite recipes they've always enjoyed. Try some of the following:

- Substitute half the white flour with whole-wheat flour in your regular recipes for cookies, muffins, quick breads, and pancakes. Or be bold and add up to 20% of another whole grain flour such as sorghum.
- Add half a cup of cooked bulgur, wild rice, or barley to bread stuffing.
- Add half a cup of cooked wheat or rye berries, wild rice, brown rice, sorghum, or barley to your favorite canned or homemade soup.
- Use whole corn meal for corn cakes, corn breads, and corn muffins.
- Make risottos, pilafs, and other rice-like dishes with whole grains such as barley, brown rice, bulgur, millet, quinoa, or sorghum. • Enjoy whole grain salads like tabbouleh.
- Try whole grain breads. Kids especially like whole grain pita bread.
- Buy whole grain pasta, or one of the blends that's part whole-grain, part white.
- Look for cereals made with grains like kamut, kasha (buckwheat), or grano.

### Reference:

Whole Grains Council. 2005.

## Office Hours.

### [betterHEALTH Clinic](#)

Monday	9:15 - 12:00/2:30 - 7:00
Wednesday	9:15 - 12:00/2:00 - 5:30
Friday	9:15 - 10:30/4:00 - 6:00
Saturday	9:00 - 12:00 (every other Saturday)

### [Corporate Clinics](#)

Tuesday	Kraft Canada,
Thursday	Rogers Cable York Mills
Friday	Rogers Cable Richmond Hill