Get Into betterHEALTH with Dr. Derek Lee

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June 2006: In this issue!

DRIVE-IN to betterHEALTH clinic??!

Well… I get a call last Thursday, June 8th, and I'm told, "Someone has driven a car into your clinic". Of course, my first reaction is, "What?!" It turns out that the driver pushed the gas pedal instead of the brake pedal and launched the car through the low wall and window into the clinic.

Fortunately, no one was injured. Actually, if this had to happen, it couldn't have happened at a better time. The clinic was closed and it wasn't the middle of winter. Unfortunately, we had to close the clinic for 2 days but we are back to regular hours starting today. Life is full of surprises!

Dr. Derek Lee

Calcium, Vitamin D, and Fractures

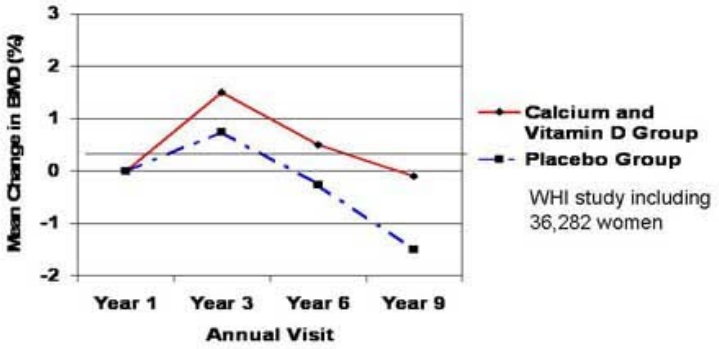
Is calcium helpful in building stronger bones and preventing fractures? News reports from the Women's Health Initiative at first glance appear to say no. The study included 36,282 women 50 and older. Half received 1,000 mg of calcium and 400 IU of vitamin D daily. The other half received a placebo. After 7 years fracture rates were compared between the two groups. For the whole study, fracture rates were 12% lower in those receiving the calcium and vitamin D but the difference was not quite statistically significant. Some concluded that calcium was not helpful in preventing fractures.

Looking at the research a little closer may explain why. At the start of the study, people in the control group were already getting 1,200 mg of calcium daily in their diets and 400 IU of vitamin D. When you are already getting the recommended amount, taking more would not be expected to make a very big difference.

If you looked at certain subgroups, however, you did find a significant drop in fractures. In those women who took calcium + D at least 80% of the time found a 21% decrease in hip fractures, and women aged 60 and older (those most at risk) saw a 29% lower risk in hip fractures.

A sample of the women also took bone density measurements regularly. In these women who took the calcium + D they found a significant increase in hipbone density suggesting stronger bones.

Calcium + D and Hip Bone Density



Hip bone density was significantly higher in women taking calcium and vitamin D compared to the placebo group.

Source: *NEJM*. 2006;354:669-83 Feb. 16, 2006.

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What's the bottom line? Women aged 60 and older will probably have stronger bones by taking calcium and vitamin D daily. However, it isn't necessary to take extra amounts if you are already getting adequate amounts. Here is what the *Nutrition Action Healthletter* recommends for good bone health after interviewing the researchers in this study:

Building Bone Health -- Summary

Food or Nutrient	Aim for This Much Every Day	What You Need to Know
Calcium	1,000 mg if 19-25 years old 1,200mg if over 50	To protect the prostate, men shouldn't exceed 1,500 mg.
Vitamin D	400 IU if 50-70 years old 600-1,000 IU if over 70	Shoot for 1,000 IU if you are over 70 and do not get sun exposure.
Vitamin K	150-250 mcg	Talk to your doctor if you take blood thinning drugs.
Protein	At least 46 grams (women) At least 56 grams (men)	Older people may need more. Vegetable proteins spare calcium loss.
Potassium	4,700 mg	Get from foods, not supplements.
Fruits & Vegetables	4 ½ cups	These are good sources of potassium and vitamin K!
Exercise	30 minutes or more	To get or stay trim, you may need 60-90 minutes per day.

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Source: *Nutrition Action Healthletter*. April 2006.

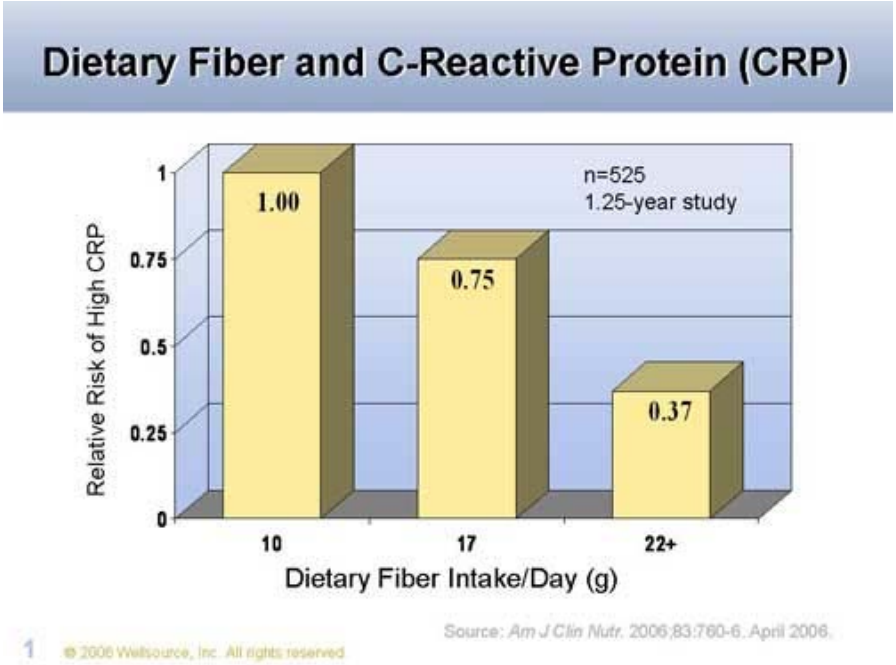
There was one interesting footnote to the study. There was a small increase in kidney stones (5 more cases per 10,000 years of study in those taking extra calcium than those taking the placebo). Keep in mind that many of the women who were already getting plenty of calcium took an additional 1,000 mg/day raising their intake to 2,200 mg of calcium daily and 800 IU of vitamin D. That's more than is needed. Taking the recommended amounts should eliminate any increased risk.

References:
1. Nutrition Acton Healthletter. *Behind the Headlines: Calcium & Vitamin D.* Apr. 2006. (*NEJM*. 2006;354:669-83. Feb 16, 2006.)
2. NIH. *Calcium and Vitamin D Supplements Offer Modest Bone Improvements* [news release]. Feb. 15, 2006.

Dietary Fiber and Heart Health

One of the new markers for heart disease risk is high sensitivity C-reactive protein, commonly referred to as CRP. CRP is a marker for acute inflammation in the arteries, which is often the critical reason for artery plaques rupturing causing heart attacks and strokes. Anything that can lower CRP is believed to reduce the risk of a serious cardiovascular event.

The University of Massachusetts studied CRP and dietary factors to see if diet could reduce CRP levels and inflammation. They reviewed the diets of 524 subjects quarterly for 5 quarters and also checked their blood CRP levels. They found a protective effect of dietary fiber. Persons eating higher levels of fiber in their diet were 63% less likely to have elevated CRP levels in both cross-sectional and longitudinal analysis.



Both soluble and insoluble fibers were linked to lower CRP levels. Foods that reduce CRP levels or inflammation may have an immediate risk lowering effect on heart health.

The researchers concluded, "Our results suggest that dietary fiber is protective against high CRP, which supports current recommendations for a high fiber diet." Persons with the lowest CRP levels were eating at least 22 grams of fiber daily; 25-36 grams of fiber are recommended daily by the Institute of Medicine (for women and men). Had their fiber intakes been higher, perhaps there would have been even a greater decrease in risk.

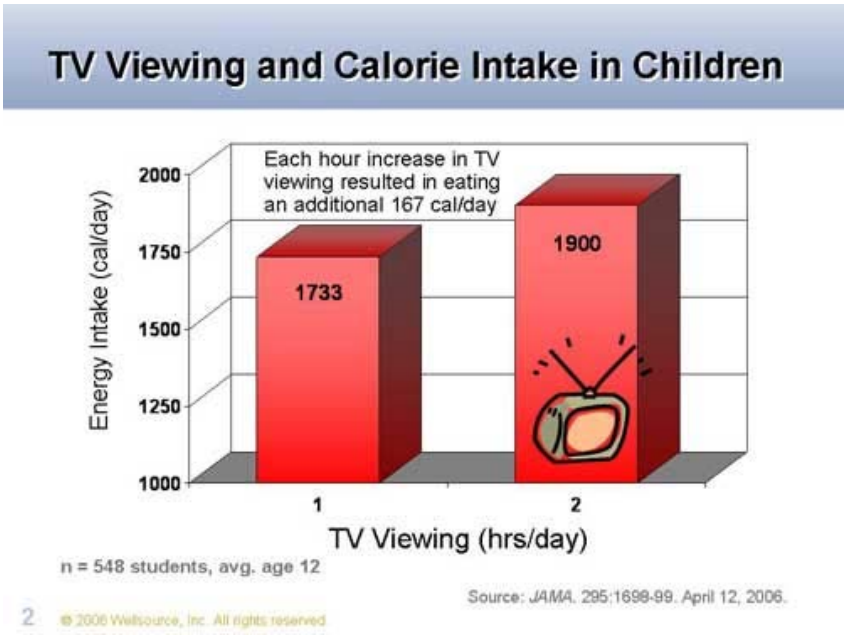
The concept that dietary fiber has an anti-inflammatory effect is intriguing and helps explains why whole grains, fruits, vegetables and other high fiber foods help prevent heart attacks.

Reference: Ma Y, et al. Association between dietary fiber and serum C-reactive protein. *Am J Clin Nutr*. 2006;83:760-6. Apr.

TV Watching and Calorie Intake in Children

TV has become a dominant influence in the lives of most Americans, especially children. On average, children watch more than 3 hours of television every day (often more on weekends). During this time children see about 40 000 television commercials per year. Programs designed for children show one food commercial every 5 minutes. Then we wonder why our children are become obese at an alarming rate.

In a study reported in the *Archives of Pediatric and Adolescent Medicine* researchers studied the eating and TV viewing habits of 548 students (average age of 12 years). They found that each hour increase in television viewing resulted in eating an additional 167 calories daily. They also observed that they ate more unhealthy foods and were more sedentary.



Another study, also done on students, found similar results. On the days they watched television, the students ate an additional 163 calories daily. A study in Canada recorded hours of television children watched and then counted the boxes of sugar coated cereals the family had in their homes. Those children who watched only 1 hour of TV daily had 1.2 boxes of sugar sweetened cereal. Those who watched 4 hours of TV daily had on the average 3.8 boxes of sugary cereals. Advertising does have a strong impact on behavior.

The bottom line of their research was this. Kids ate more of the foods advertised on TV. The kinds of foods advertised tend to be less healthy, highly processed, and higher in calories. As hours of TV viewing increased, calorie intake went up and the nutritional value of food went down. That should cause parents to be doubly concerned.

But TV ads promote more than junk food and fast foods. Children and teenagers are also exposed to some 2,000 alcohol ads yearly. There are at least 7 alcohol ads daily during prime time viewing; certainly more during sporting events on weekends. Other research looking at this problem in teenagers found that for each exposure to an alcohol ad their alcohol consumption increased by 1%.

If we are really serious about the growing epidemic of obesity in our children we need to take two major actions. First, limit total TV viewing time which increases food consumption and decreases activity time. Second, we need to be more proactive about the kinds of ads aired on TV. What if TV stations were required to have equal time for ads that promoted healthy eating, physical activity, and other positive health messages? If we are serious about the health of our nation, we need to become more proactive in creating environments that support good nutrition and good health for our families, not just profits for junk food and fast food companies.

Reference: Christakis DA. The Hidden and Potent Effects of Television Advertising. *JAMA*. 2006;295:1698-99. Apr. 12, 2006.

Office Hours.

betterHEALTH Clinic

Monday	9:15 - 12:00/2:30 - 7:00
Wednesday	9:15 - 12:00/2:30 - 7:00
Friday	2:00 - 6:00
Saturday	9:00 - 12:00 (every other Saturday including May 6th and 20th)

Corporate Clinics

Tuesday	Rogers Barrie
Thursday	Rogers Cable York Mills
Friday	Rogers Cable Richmond Hill