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August 2007: In this issue!



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● Healthy Eating – How Are We Doing?

Eating habits of 300 women from the Framingham Offspring-Spouse study were analyzed for their nutritional and health status over a 12-year follow-up. They were all free of disease and metabolic syndrome at the start of the study, so they were healthier than average. The researchers divided them into 3 groups based on nutritional goals established by the National Cholesterol Education Program (NCEP). The women who ate the best cut their risk of developing obesity and metabolic syndrome over the 12 years by a factor of 2-3 times. That is a significant benefit of eating more healthfully.

It's interesting to look at their nutritional statistics. Even though they were rated as the best third in their eating habits, here is how they fared compared to current NCEP guidelines

NCEP Guideline	Percent meeting this goal
Saturated fat intake less than 7% of calories	2%
Total fat intake 25-35% of calories	58%
Carbohydrate intake 50-60%	40%
Fiber intake 20-30 grams/day	19%
Protein intake (15%)	38%
Cholesterol less than 200 mg/day	48%

As you can see, even though this group of women was healthier than average women their age, and even though they were rated as the third of women eating the best, they were, as a group, still a long ways from what is recommended. It simply illustrates how poorly we are eating in America and how much more could be accomplished in improving health and preventing disease if we did follow the guidelines recommended.

● Healthy Eating Self-Test

It's good to check your own eating habits periodically to see how you might improve. Take the quick [Healthy Eating Self-Test](#) as one way to evaluate your current eating habits. Recommendations are listed on the second page to help you develop healthy eating habits.

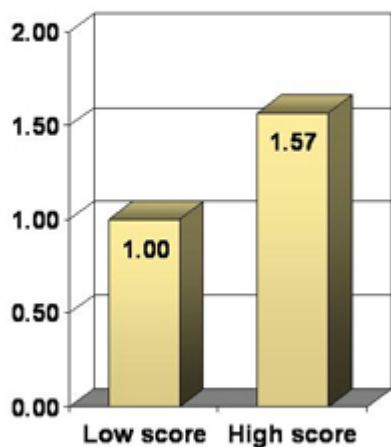
Reference: Millen BE, Pencina MJ, et al. Nutritional Risk and the Metabolic Syndrome. *American Journal of Clinical Nutrition*. 2006;84:434-41. August 2006.

● Depression and Risk of Type 2 Diabetes

A new study shows a significant association between people with high scores on a depression assessment and the risk of developing diabetes. The study included 4,681 men and women aged 65 and older. Anyone with diabetes at the start of the study was not included. After 10 years of follow-up those who had high depression scores were 57% more likely to develop type 2 diabetes than those with low or normal scores.

Depression Scores and Risk of Developing Type 2 Diabetes

Risk of Diabetes (RR)



- This was a 10-year prospective study of 4,681 men and women.
- Those with high depression scores were 57% more likely to develop type 2 diabetes than those with low to normal scores.

Source: *Archives of Internal Medicine*. 2007;167:802-807. April 23, 2007.

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This increased risk for developing diabetes in those with depression symptoms was independent of other risk factors for diabetes including age, weight (BMI), physical activity level, alcohol intake, and smoking. It appears that one's mood or mental state may be a factor in developing type 2 diabetes.

The bottom line. If you want to prevent diabetes, you should not only eat well, be active, and not smoke, but you should also maintain a positive, hopeful outlook on life. The mind-body relationship is a powerful factor influencing health. Paying attention to mental health (keeping your stress load manageable, developing supporting relationships, and adding balance to your life with time to relax and enjoy life) can help you feel better and may actually help you prevent a serious disease such as diabetes.

Reference: Carnethon MR, Biggs ML, et al. Longitudinal association between depressive symptoms and incident type 2 diabetes mellitus in older adults. *Archives of Internal Medicine*. 2007;167:802-7. April 23, 2007.

● Sugary Soft Drinks and Weight Gain

A review of 30 studies provides strong evidence for the independent role of the intake of sweetened beverages – particularly soft drinks – in the promotion of weight gain and obesity in children and adolescents. Soft drinks now are the single largest intake of sugar in children's and adolescent's diets (8-9% of all calories eaten). Experimental studies indicate that they lead to weight gain because they do not provide satiety (like regular food), bypassing the body's natural control for regulating calorie intake, and thus increase over-consumption of calories.

The study authors conclude with these major points: Sugar sweetened beverages, especially soft drinks:

- Provide little or no nutritional benefit
- Increase weight gain
- And may increase the risk of diabetes, fractures, and dental carries

They further recommend: "Consumption of sugar-sweetened beverages such as soda and sweetened fruit drinks should be discouraged, and efforts to promote the consumption of other beverages such as water, low-fat milk, and small quantities of fruit juice should be made a priority."

Reference: Malik VS, Schulze MB, Hu FB. Intake of sugar-sweetened beverages and weight gain: a systematic review. *American Journal of Clinical Nutrition*. 2006;84:274-288. August 2006.

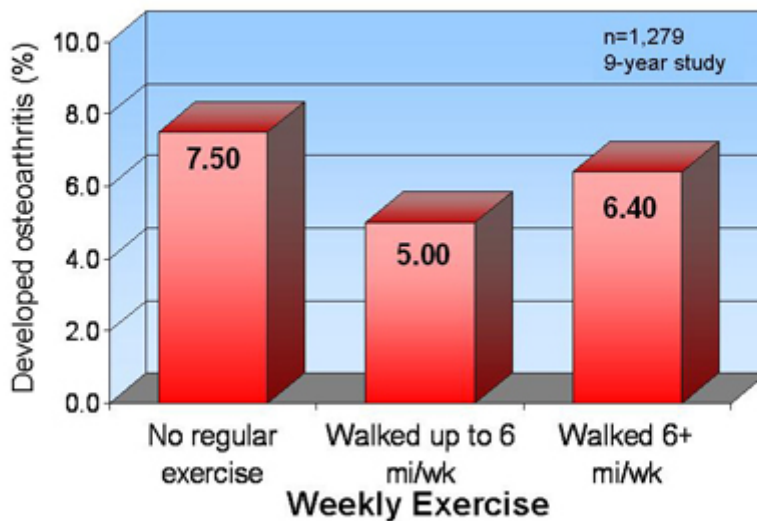
● Exercise Doesn't Cause Knee Arthritis

Knee osteoarthritis affects a large portion of the older U.S. population. A common concern expressed by some seniors is the question, "If I exercise daily, will it increase my risk of arthritis?" A new study looked at this question in detail. Dr. Felton and colleges at Boston University School of Medicine followed 1,279 middle-aged to older individuals, free of osteoarthritis at the beginning of the study, over a period of 9 years to see if exercise would increase the risk of arthritis. They recorded any symptoms of joint pain, x-rayed the joints, and carefully assessed joint health during these 9 years. Here is what they found.

- 7.5% of those who did no regular exercise developed osteoarthritis (OA).
- 6.4% of those who walked 6 or more miles per week developed OA.
- 5% of those who walked up to 6 miles per week developed OA.

In other words, there was no significant difference in OA after 9 years between those who exercised regularly and those who did not. The researchers' conclusions were that in middle aged to older adults who do not have OA, moderate exercise does not cause OA, nor does it protect from developing OA.

Exercise and Risk of Osteoarthritis



Source: Duke University School of Medicine. *Healthnews*. April 2007.

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The researchers were quick to point out that moderate exercise, such as walking, is beneficial for people with OA of the knee. Exercise is important to maintain joint and overall mobility. It can also help decrease bone loss and reduce stiffness and pain. Exercise also helps in maintaining a healthy weight. Overweight is strongly linked to increased risk of OA.

If you have worried whether you should exercise or not with arthritis, or if exercise would increase your risk, Dr. Felton says you should not be concerned. And, you should start or continue to exercise to reduce symptoms of knee osteoarthritis.

Reference: Duke University School of Medicine. *Healthnews*. April 2007.

Office Hours

betterHEALTH Clinic

Monday 9:00 - 12:00/2:00 - 6:00

Wednesday 9:00 - 12:00/2:00 - 6:00

Friday 2:00 - 5:00

Saturday 9:00 - 12:00

Corporate Clinics

Tuesday Transcontinental Media / Rogers Barrie

Thursday Rogers Cable York Mills

Friday Rogers Cable Richmond Hill