



betterHEALTH clinic

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March 2007: In this issue!

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● **Benefits of Quitting Smoking**

Smoking damages the lungs, heart, brain, and nearly every other organ of the body. Stopping smoking is one of the greatest benefits you can give your health. Here is a list of benefits that occur when you stop:

1. *20 minutes after quitting:* Your heart rate drops.
2. *8 hours after quitting:* The carbon monoxide level in your blood drops to normal.
3. *24 hours after quitting:* Your chance of a heart attack decreases.
4. *2 weeks to 3 months after quitting:* Your circulation improves and your lung function increases up to 30 percent.
5. *1 to 9 months after quitting:* Coughing, sinus congestion, fatigue, and shortness of breath decrease.
6. *1 year after quitting:* The excess risk of coronary heart disease is half that of a smoker.
7. *5-15 years after quitting:* Your stroke risk is reduced to that of a nonsmoker.
8. *10 years after quitting:* Your lung cancer risk is about half that of a continuing smoker.
9. *15 years after quitting:* The risk of coronary heart disease is that of a nonsmoker.

For more benefits of quitting, go to http://www.cdc.gov/tobacco/sgr/sgr_2004/posters/benefits.htm.

Reference: American Cancer Society. www.cancer.org. Accessed January 2006.

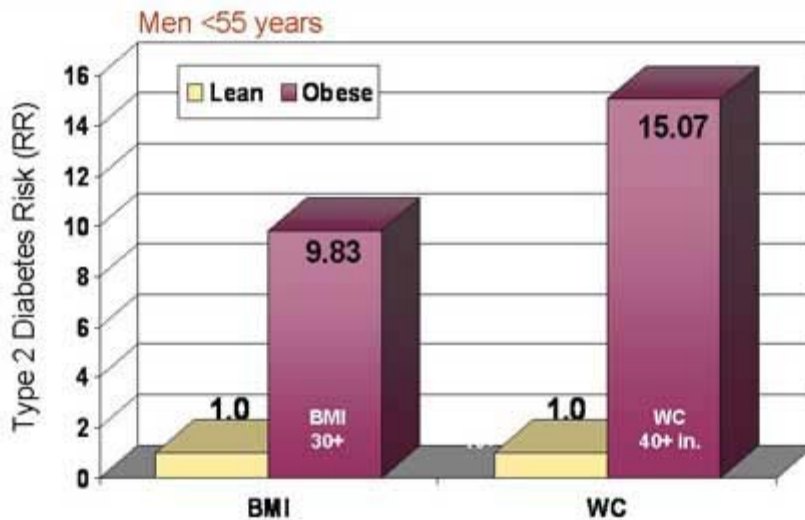
● **Body Fat Measures and Risk of Type 2 Diabetes**

Diabetes continues to increase and is a major concern in most countries of the world. In the year 2000, the worldwide prevalence of diabetes was estimated at 151 million persons. At the current rate of increase, it is estimated that by the year 2010, 221 million people will have diabetes. By 2025 this is expected to climb to 324 million people.

In the United States, babies born this year (2007) are expected to have a 1 in 3 chance of developing diabetes in their lifetime. This rapid increase in a serious disease is of major concern worldwide.

The primary risk factor for diabetes is obesity (or excess fat weight) closely followed by a sedentary life and poor eating habits. To help identify who is at risk, 6,000 people were studied using three different ways to assess weight in relation to risk of diabetes. Researchers used body mass index (BMI) measures, waist circumference (WC), and the waist to hip ratio (WHR).

Weight and Risk of Type 2 Diabetes



Note: In men less than 55, WC was the best predictor of type 2 diabetes.

Source: American Journal of Clinical Nutrition, Sept. 2006.

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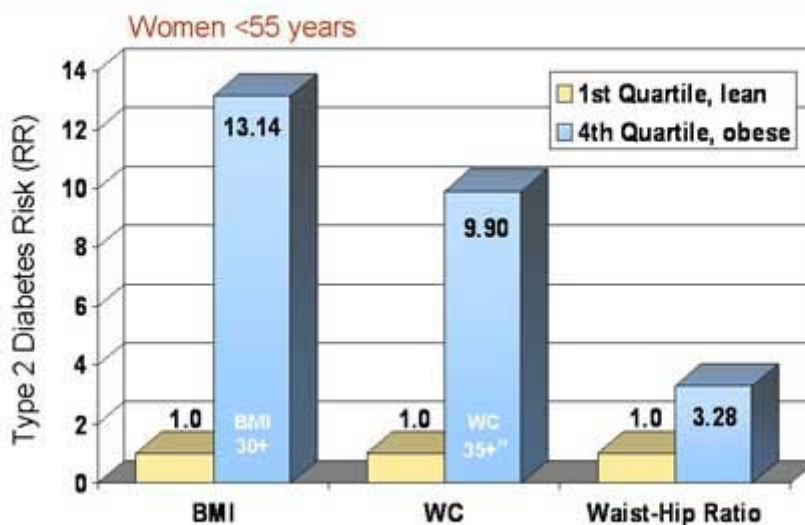
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BMI, WC, and WHR were determined at baseline and then the 6,000 people were followed for more than nine years to see who would develop type 2 diabetes. All 3 weight measures were found to be predictors of diabetes risk. However, in men younger than 55 years, WC was found to be the best predictor of diabetes. In women younger than 55, both BMI and WC were strong predictors.

Using both WC and BMI, however, was the best predictor. BMI and WC were additive, and when both were present, people showed the highest risk. The researchers recommend using both BMI and WC measures to accurately identify persons who are at risk of developing diabetes.

For example, women in the low BMI category had a markedly elevated diabetes risk when they had a high WC. Likewise, women in the high BMI category with a low WC had no significant increased risk of type 2 diabetes. When both were high, women had the highest risk.

Weight and Risk of Type 2 Diabetes



Note: In women less than 55, BMI was the best predictor of type 2 diabetes.

Source: American Journal of Clinical Nutrition, Sept. 2006.

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The authors concluded, "Both overall and abdominal obesity play an important role in the development of type 2 diabetes. Because WC is easy to interpret, it should be measured in addition to BMI to assess the risk of type 2 diabetes in men and women."

Reference: Meisinger C et al. Obesity and Type 2 Diabetes. *Am J Clin Nutr.* 2006;84:483-9. September 2006.

● Glycemic Index and Obesity

One of the theories about glycemic index (GI) is that high-glycemic foods (i.e., rapidly absorbed carbohydrates such as white bread, soft drinks, snacks, etc.) result in a rapid rise in blood sugar followed by an insulin spike and drop in blood sugar. This results in hunger and a tendency to eat more often. This may lead to increased calorie intake and obesity.

New research seems to confirm this theory. The diets of some 6,334 people were analyzed for GI and correlated with body mass index (BMI). After adjusting for possible confounders (i.e., age, smoking, physical activity, energy intake, etc.) GI was found to be positively related to BMI. Persons with high GI diets were significantly more likely to be overweight. The researchers concluded, "Our data suggest that glycemic index may be of importance for the prevalence of obesity."

That means that by choosing lower GI foods you should have higher satiety, be hungry less often, and eat less naturally, thus helping prevent obesity. Examples of low glycemic foods include:

- Whole grains such as sprouted, whole-wheat bread and steel-cut oats
- Legumes such as beans, lentils, peas, and garbanzos
- Soy foods such as soymilk, soy burgers, soybeans, and tofu
- Vegetables such as broccoli, greens, summer squash, salads, cabbage, etc.
- Nuts
- Fresh fruits including cherries, peaches, apples, oranges, and pears

The bottom line. Eating more of these low GI foods in place of refined carbohydrates, sweets, typical snacks, French fries, and white flour products may help you maintain a healthier weight for a lifetime.

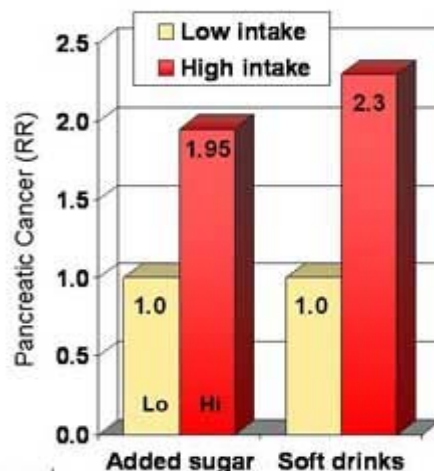
Reference: Lau C et al. Glycemic Index, Glycemic Load, and BMI. *Am J Clin Nutr.* 2006;84:641-5. September 2006.

● Sugar Intake and Risk of Pancreatic Cancer

Pancreatic cancer is one of the most deadly cancers and is the fourth leading cause of cancer death in the U.S. (causing over 32,000 deaths yearly). The 5-year survival rate for pancreatic cancer is only 5%. Because of the high rate and low survivability, primary prevention is an extremely important strategy for combating pancreatic cancer.

Sugar Intake and Pancreatic Cancer

- Added sugar and soft drinks are absorbed quickly resulting in higher blood glucose and insulin levels.
- **Researchers' conclusion:** Sugar and sweetened foods may increase the risk of pancreatic cancer.



n=77,797 men and women, 7.2-yr study

Source: *American Journal of Clinical Nutrition.* Nov. 2006.

A new study in Sweden has identified a high sugar intake as a strong predictor of pancreatic cancer. Researchers studied 77,797 healthy men and women (without diabetes or a history of cancer), aged 45+, for more than 7 years. They looked at the amount of sugar these adults consumed (i.e., high intake versus low intake) and identified 3 major sugar sources that were strong predictors of pancreatic cancer.

- People who ate a high intake of added sugar (i.e., added to coffee, tea, cereal, etc.) were 69% more likely to get pancreatic cancer than those who ate a low intake.
- People drinking the most soft drinks (i.e., 2+/day) were 93% more likely to get pancreatic cancer than those with a low intake of soft drinks.
- A high intake of sugar-sweetened fruit increased pancreatic cancer risk by 51%.

The researchers point out that frequently eating foods high in sugar contributes to high blood sugar levels, higher insulin levels, and increased body weight, all of which tend to increase the risk of cancer.

The bottom line: If you want to reduce your cancer risk, take it easy on added sugars, sugar sweetened soft drinks, and other sources of sugar including a high intake of sugar-sweetened fruits. Learn to enjoy fruit fresh, vegetables, whole grains, low-sugar yogurt, and low-sugar dairy foods or soymilk. Look for foods high in dietary fiber, unrefined, and have a low-glycemic index.

In addition, the American Cancer Society makes the following recommendations for lowering risk of pancreatic cancer:

Pancreatic Cancer Prevention

ACS Guidelines

Best advice

- Avoid using tobacco.
- Maintain a healthy weight.
- Be physically active.
- Eat 5 or more servings of vegetables and fruits each day.



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Source: American Cancer Society, 2006.

Reference: Larrison SC and Wolk A, Consumption of sugar and sugar-sweetened foods and the risk of pancreatic cancer in a prospective study, *Am J Clin Nutr.* 84:1171-6. November 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 March 3rd, 17th & 31st)

Corporate Clinics

Tuesday Transcontinental Media / Rogers Barrie
Thursday Rogers Cable York Mills
Friday Rogers Cable Richmond Hill