



## Preface

Health is a complex matter and requires many kinds of efforts. According to researchers at the Center for Disease Control and Prevention, **chronic diseases** (including heart disease, cancer, and diabetes) **cause more than 70% of the deaths in the United States** (2000). Most of these diseases, as well as some other causes of death, can be related to lifestyle factors. These factors are defined as “individual practices that are part of an established pattern of long-term behavior.”

**You make the decision** on what to eat, when to exercise, whether to consume alcohol or drugs, to smoke, to be promiscuous, and how to cope with a sudden crisis. These choices are not always easy to make, but you have both the capability and responsibility to preserve your own health.

Research indicates that a number of simple health habits significantly affect health and wellness. These habits include **regular exercise, no smoking, moderate or no use of alcohol, proper nutrition, moderate weight, and 7-8 hours of sleep at night**. These choices along with immunizations, annual physicals, and health screenings can help increase the quality and longevity of life!

At the Center for Management Development, we prefer to think of Health Awareness in terms of **moderation, choice, and consequence**. For example, ice cream is not bad, but rather something which needs to be managed in terms of balance within the overall nutrition plan. We will share information to enable you to make informed choices about your health, but as always, the choice is yours.

Your Health Awareness affects your job performance. CMD is committed to fostering good health in the FAA. We feel that you and the people you work with are our most valuable resource.

This book is intended to supplement a Health Awareness discussion, however, most of the pages do stand alone and can be understood without assistance. If you have any questions about this book, or how to start your own wellness program, please don't hesitate to call us at 386-446-7202.

Angela Lee, CHES  
*CMD Health Awareness Coordinator*





## Statement of Purpose

The Center for Management Development's (CMD) Health Awareness Program (HAP) supports the Federal Aviation Administration's continuing efforts to ensure a safer, more efficiently managed National Airspace System. Toward this end, the CMD Health Awareness Program promotes the benefits of a healthy lifestyle, which supports maximum productivity in the workplace. With this goal, HAP augments CMD's efforts to increase awareness of management responsibilities by working to:

- Promote the importance of being a "healthy" leader or manager;
- Improve stress management skills that enhance organizational effectiveness;
- Promote open and honest communication that motivates employee involvement in health awareness and healthy lifestyles;
- Encourage use of CMD's health products and services (bloodwork, body composition, blood pressure, grip strength, flexibility) to reinforce the importance of self-awareness; and
- Advocate the use of the FAA's National Health Awareness Program components available for FAA facilities.



# Health Awareness Program (HAP)

The Health Awareness Program (FAA Order 3900.53) is part of the agency's continuing effort to meet the health needs of FAA employees and to achieve greater employee awareness and knowledge of health-related subjects. The Health Awareness Program offers preventive medical services and strives to promote job performance through fostering wellness at work.

The National Manager of the Health Awareness Program is located in the Washington Headquarters Employee Health Branch (AAM-230). Each of the nine regions, the Mike Monroney Aeronautical Center (AMC), the FAA Technical Center (ACT) and the Center for Management Development (CMD) appoints a program coordinator.

The objective of the Health Awareness Program is to ensure that FAA personnel have the opportunity to receive specific information regarding a wide range of health topics. Four broad health topics are identified to be covered each fiscal year by the Health Awareness Program.

First Quarter	→	Substance Abuse
Second Quarter	→	Healthy Lifestyle
Third Quarter	→	Cancer
Fourth Quarter	→	Cardiovascular

A health awareness manual, used nationally by the medical staff, provides lectures appropriate to the specified major topics and ensures that consistent, medically correct information is distributed nationally. Because some regions are comprised of very large geographic areas, local community health organizations frequently will participate in the presentation of educational and screening programs. The community organizations' educational programs will be consistent with the Health Awareness manual.

Educational and most screening programs are offered free to FAA employees; occasionally some special screening programs such as blood chemistries and mammography will require a small fee. For additional information concerning the Health Awareness Program in your geographical area, contact the HAP coordinators for your region (pages vi – viii).

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# health assessment opportunities

During this course, you will have the opportunity to receive information on your current health status, through a variety of health assessments.

Free Health Assessments: In many cases, the equipment will be brought to the classroom and set up as a “mini” health fair.

➤ **Body Composition**

- Body Fat % (Futrex: Near Infrared)
- Height/Weight
- Body Frame Size Testing
- Waist/Hip Measurements

➤ **Personal Wellness Profile**

- Health Questionnaire resulting in overall current health profile along with “Health Age.”

➤ **Grip Strength**

➤ **Low Back Hamstring Flexibility**

➤ **Blood Pressure**

➤ **Bloodwork** (Note: Bloodwork is subject to a nominal fee, contact the Health Awareness Coordinator by phone at 386-446-7202 or via e-mail, [angela.ctr.lee@faa.gov](mailto:angela.ctr.lee@faa.gov), for cost and additional information.)

- Cholesterol
- Triglycerides
- HDL
- Glucose

➤ **Other Health Awareness and Recreational Opportunities:**

- Exercise Room (A-102)
- Aerobics Room (B-202)
- Bicycles (Check out at Front Desk)
- Pedometers (Check out at Front Desk)
- Swimming Pool
- Racquetball
- Basketball
- Volleyball
- Health Trail  
(Maps Available in Room C-202)

# Health Assessment

<b>DATE</b>	<b>CLASS</b>		<b>AGE</b>
<b>HEIGHT</b>	ft	in	
<b>WEIGHT</b>	lbs		
<b>BODY COMPOSITION</b>	%		
<b>RESTING PULSE</b>	bpm		
<b>BLOOD PRESSURE</b>	Systolic Diastolic		
<b>GRIP STRENGTH</b>	kg		
<b>LOW BACK HAMSTRING FLEXIBILITY</b>	in		
<b>WAIST</b>	<b>HIP</b>	<b>WAIST/HIP RATIO</b>	

<b>Waist-to-Hip Ratio (WHR) Classification</b> <i>(Refer to Page 62 for more information.)</i>		
<b>Waist-to-Hip Ratio</b>		
<b>Overall Health Risk</b>	<b>Men</b>	<b>Women</b>
Low	Less than .85	Less than .75
Moderate	.85 – .95	.75 – .80
High	More than .95	More than .80

<b>Body Fat Norms Based on Percent of Body Weight That is FAT</b>		
<b>Classification/Population</b>	<b>Women</b>	<b>Men</b>
Athletes	15 – 20%	5 – 15%
General Population	20 – 25%	15 – 20%
At Risk for Development of Chronic Diseases.	>29%	>26%

## Sit and Reach Test for Low Back Hamstring Flexibility (Measurements are in inches)

Flexibility	Men / Age (years)						Women / Age (years)					
	18-25	26-35	36-45	46-55	56-65	65+	18-25	26-35	36-45	46-55	56-65	65+
<b>Excellent</b>	> 20	≥ 20	> 19	≥ 18	> 17	≥ 17	> 24	≥ 23	≥ 22	≥ 21	≥ 20	≥ 20
<b>Good</b>	18-20	18-19	17-19	16-17	14-17	13-16	21-23	20-22	19-21	18-20	18-19	18-19
<b>Above Average</b>	17-18	16-17	15-17	14-15	12-14	11-13	20-21	19-20	17-19	17-18	16-17	16-17
<b>Average</b>	15-16	15-16	13-15	12-13	10-12	9-11	18-19	18	16-17	15-16	15	14-15
<b>Below Average</b>	13-14	12-14	11-13	10-11	8-10	8-9	17-18	16-17	14-15	14-15	13-14	12-13
<b>Poor</b>	10-12	10-12	9-11	7-9	5-8	5-7	14-16	14-15	11-13	11-13	10-12	9-11
<b>Very Poor</b>	< 10	< 10	< 8	< 7	< 5	< 5	< 13	< 13	< 10	< 10	< 9	< 8

Source: The above table was reproduced from YMCA's *Y's Way to Physical Fitness*.

## Grip Strength for Combined Right & Left Hand (Measurements are in kilograms)

Research has determined that mid-life hand grip strength is highly predictive of disability in old age.  
(Source: JAMA 1999; 281: 558-560)

Grip Strength	Men / Age (years)					Women / Age (years)				
	20-29	30-39	40-49	50-59	60-69	20-29	30-39	40-49	50-59	60-69
<b>Excellent</b>	≥ 124	≥ 123	≥ 119	≥ 110	≥ 102	≥ 71	≥ 73	≥ 73	≥ 65	≥ 60
<b>Above Average</b>	113-123	113-122	110-118	102-109	98-101	65-70	66-72	65-72	59-64	54-59
<b>Average</b>	106-112	105-112	102-109	96-101	86-92	61-64	61-65	59-64	55-58	51-53
<b>Below Average</b>	97-105	97-104	94-101	87-95	79-85	55-60	56-60	55-58	51-54	48-50
<b>Poor</b>	≤ 96	≤ 96	≤ 93	≤ 86	≤ 78	≤ 54	≤ 55	≤ 54	≤ 50	≤ 47

Source: Fitness Canada. CSTF Operations Manual (Third Edition). Ottawa. Fitness and Amateur Sport, 1986. The Canadian Standardized Text of Fitness was developed by, and is reproduced with the permission of, Fitness Canada, Government of Canada.

## Classification of Blood Pressure (BP)

Category	Systolic Blood Pressure (SBP mmHg)	and	Diastolic Blood Pressure (DBP mmHg)
<b>Normal</b>	< 120		< 80
<b>Prehypertension</b>	120 – 139	or	80 – 89

<b>Hypertension, Stage 1</b>	140 – 159	or	90 – 99
<b>Hypertension, Stage 2</b>	$\geq 160$	or	$\geq 100$

Source: U.S. Department of Health and Human Services, National Institutes of Health, NIH Publication No. 03-5231, May 2003

# ~Notes~



Proper nutrition, which includes balance, moderation, and variety is essential to maintaining good health:

- Maintain healthy weight
- Proper intake of vitamins, minerals, fiber
- Stress Management

Now with increasing numbers eating out, especially fast food, we are trying to learn how to make better choices.

# The Healthy Eating Pyramid



A decade ago, the U.S. Department of Agriculture created a powerful and enduring icon - the Food Guide Pyramid. This simple illustration can convey in a flash the elements of a healthy diet. Today it is taught in schools, appears in countless media articles and brochures, and even shows up on cereal boxes and food labels. If the only goal of the Food Guide Pyramid is to give us the best possible advice for healthy eating, then it should be grounded in the evidence and be independent of business.

Instead of waiting for this to happen (which should finally occur by 2005), nutrition experts from the Harvard School of Public Health created the **Healthy Eating Pyramid**. It is based on the best available scientific evidence about the links between diet and health. This new pyramid fixes fundamental flaws in the USDA pyramid and offers sound information to help people make better choices about what to eat.

The **Healthy Eating Pyramid** sits on a foundation of daily exercise and weight control. Why? These two related elements strongly influence your chances of staying healthy. They also affect what and how you eat and how your food affects you. The other bricks of the Healthy Eating Pyramid include the following areas:

- **Whole Grain Foods (at most meals).** The body needs carbohydrates mainly for energy. The best sources of carbohydrates are whole grains such as oatmeal, whole-wheat bread, and brown rice. They deliver the outer (bran) and inner (germ) layers along with energy-rich starch. The body can't digest whole grains as quickly as it can highly processed carbohydrates such as white flour. This keeps blood sugar and insulin levels from rising, then falling, too quickly. Better control of blood sugar and insulin can keep hunger at bay and may prevent the development of type 2 diabetes.
- **Plant Oils.** Surprised that the Healthy Eating Pyramid puts some fats near the base, indicating they are okay to eat? Although this recommendation seems to go against conventional wisdom, it's exactly in line with the evidence and with common eating habits. The average American gets one third or more of his or her daily calories from fats, so placing them near the foundation of the pyramid makes sense. Note, though, that it specifically mentions plant oils, not all types of fat. Good sources of healthy unsaturated fats include olive, canola, soy, corn, sunflower, peanut, and other vegetable oils, as well as fatty fish such as salmon. These healthy fats not only improve cholesterol levels (when eaten in place of highly processed carbohydrates) but can also protect the heart from sudden and potentially deadly rhythm problems.
- **Vegetables (in abundance) and Fruits (2 to 3 times).** A diet rich in fruits and vegetables can decrease the chances of having a heart attack or stroke; protect against a variety of cancers; lower blood pressure; help you avoid the painful intestinal ailment called diverticulitis; guard against cataract and macular degeneration, the major cause of vision loss among people over age 65; and add variety to your diet and wake up your palate.
- **Fish, Poultry, and Eggs (0 to 2 times).** These are important sources of protein. A wealth of research suggests that eating fish can reduce the risk of heart disease. Chicken and turkey are also good sources of protein and can be low in saturated fat. Eggs, which have long been demonized because they contain fairly high levels of cholesterol, aren't as bad as they're cracked up to be. In fact, an egg is a much better breakfast than a doughnut cooked in an oil rich in trans fats or a bagel made from refined flour.
- **Nuts and Legumes (1 to 3 times).** Nuts and legumes are excellent sources of protein, fiber, vitamins, and minerals. Legumes include black beans, navy beans, garbanzos, and other beans that are usually sold dried. Many kinds of nuts contain healthy fats, and packages of some varieties (almonds, walnuts, pecans, peanuts, hazelnuts, and pistachios) can now even carry a label saying they're good for your heart.
- **Dairy or Calcium Supplement (1 to 2 times).** Building bone and keeping it strong takes calcium, vitamin D, exercise, and a whole lot more. Dairy products have traditionally been Americans' main source of calcium. But there are other healthy ways to get calcium than from milk and cheese, which can contain a lot of saturated fat. Three glasses of whole milk, for example, contains as much saturated fat as 13 strips of cooked bacon. If you enjoy dairy foods, try to stick with no-fat or low-fat products. If you don't like dairy products, calcium supplements offer an easy and inexpensive way to get your daily calcium.

- **Red Meat and Butter (Use Sparingly):** These sit at the top of the Healthy Eating Pyramid because they contain lots of saturated fat. If you eat red meat every day, switching to fish or chicken several times a week can improve cholesterol levels. So can switching from butter to olive oil.
- **White Rice, White Bread, Potatoes, Pasta, and Sweets (Use Sparingly):** Why are these all-American staples at the top, rather than the bottom, of the Healthy Eating Pyramid? They can cause fast and furious increases in blood sugar that can lead to weight gain, diabetes, heart disease, and other chronic disorders. Whole-grain carbohydrates cause slower, steadier increases in blood sugar that don't overwhelm the body's ability to handle this much needed but potentially dangerous nutrient.

### Use Sparingly

This revised pyramid lumps red meat, butter, white rice, white bread, potatoes, pasta, and sweets into one category at the very tip of the pyramid, only to be used sparsely. Red meat and butter contain a lot of harmful saturated fat, whereas potatoes, refined grain products, and sweets contain 'empty calories' that may contribute to weight gain and diabetes.

Keep in mind that not all scientists buy into the theory that potatoes and pasta are bad for you, but most agree that loading up on one kind of food, like pasta, while shunning other kinds of foods, like vegetables, is an unhealthy way to eat. Regardless of how they package it, though, their nutrition advice is basically the same:

- Eat a diet high in fruits, vegetables, and whole grain foods.
- Eat less red meat and more fish.
- Choose low-fat dairy foods if you include dairy in your diet.
- Go with vegetable oils and spreads over animal fats like butter.

<http://nutrition.tufts.edu/news/matters/2001-10-02.html>

Tufts University, Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy

- **Multiple Vitamin:** A daily multivitamin, multimineral supplement offers a kind of nutritional backup. While it can't in any way replace healthy eating, or make up for unhealthy eating, it can fill in the nutrient holes that may sometimes affect even the most careful eaters. You don't need an expensive name-brand or designer vitamin. A standard, store-brand, RDA-level one is fine. Look for one that meets the requirements of the USP (U.S. Pharmacopeia), an organization that sets standards for drugs and supplements.
- **Alcohol (in moderation):** Scores of studies suggest that having an alcoholic drink a day lowers the risk of heart disease. Moderation is clearly important, since alcohol has risks as well as benefits. For men, a good balance point is 1 to 2 drinks a day. For women, it's at most one drink a day.

## Other Alternatives

The Healthy Eating Pyramid summarizes the best dietary information available today. It isn't set in stone, though, because nutrition researchers will undoubtedly turn up new information in the years ahead. The Healthy Eating Pyramid will change to reflect important new evidence.

This isn't the only alternative to the USDA's Food Guide Pyramid. The Asian, Latin, Mediterranean, and vegetarian pyramids promoted by Oldways Preservation and Exchange Trust are also good, evidence-based guides for healthy eating. The Healthy Eating Pyramid takes advantage of even more extensive research and offers a broader guide that is not based on a specific culture. The Healthy Eating Pyramid is described in greater detail in *Eat, Drink, and Be Healthy: The Harvard Medical School Guide to Healthy Eating*, published by Simon and Schuster (2001).

Source: <http://www.hsph.harvard.edu/nutritionsource/pyramids.html>

# Check the Food Label Before You Buy

Food labels have several parts, including the front panel, Nutrition Facts, and ingredient list. The front panel often tells you if nutrients have been added – for example, “iodized salt” lets you know that iodine has been added, and “enriched pasta” (or “enriched” grain of any type) means that thiamin, riboflavin, niacin, iron, and folic acid have been added.

The ingredient list tells you what’s in the food, including any nutrients, fats, or sugars that have been added. The ingredients are listed in descending order by weight.

Refer to the label at right to learn how to read the Nutrition Facts. Use the Nutrition Facts to see if a food is a good source of a nutrient or to compare similar foods – for example, to find which brand of frozen dinner is lower in saturated fat, or which kind of breakfast cereal contains more folic acid. Look at the % Daily Value (%DV) column to see whether a food is high or low in nutrients. If you want to limit a nutrient (such as fat, saturated fat, cholesterol, sodium), try to choose foods with a lower %DV.

If you want to consume more of a nutrient (such as calcium, other vitamins and minerals, fiber), try to choose foods with a higher %DV. As a guide, foods with 5%DV or less contribute a small amount of that nutrient to your eating pattern, while those with 20% or more contribute a large amount. Remember, Nutrition Facts serving sizes may differ from those used in the Food Guide Pyramid or other dietary recommendations. For example, 2 ounces of dry macaroni yields about 1 cup cooked, or two (½ cup) Pyramid servings.

## HOW TO READ A NUTRITION FACTS LABEL

### Macaroni & Cheese

Nutrition Facts	
Serving Size 1 cup (228g) Servings Per Container 2	
Amount Per Serving	
<b>Calories</b> 250	Calories from Fat 110
% Daily Value*	
<b>Total Fat</b> 12g	<b>18%</b>
Saturated Fat 3g	15%
<b>Cholesterol</b> 30mg	<b>10%</b>
<b>Sodium</b> 470mg	<b>20%</b>
<b>Total Carbohydrate</b> 31g	<b>10%</b>
Dietary Fiber 0g	0%
Sugars 5g	
<b>Protein</b> 5g	
Vitamin A	4%
Vitamin C	2%
Calcium	20%
Iron	4%
*Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs:	
	Calories 2,000 2,500
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g

Start Here

Limit these Nutrients

Get Enough of these Nutrients

Footnote

#### Quick Guide to % Daily Value

**5% or less is Low**  
**20% or more is High**

Source: *Nutrition and Your Health: Dietary Guidelines for Americans*, United States Department of Agriculture & United States Department of Health and Human Services, Fifth Edition, 2000, Home and Garden Bulletin No. 232.

“A survey of shoppers found that nearly 70% base their buying decision on what a label says.”

(AHA Choose to Move; 4/25/00)

# A Well-Balanced Diet

A well-balanced diet includes seven elements that work together to satisfy your body's needs for calories and essential nutrients. They are: Water, Carbohydrates, Protein, Vitamins, Minerals, Electrolytes, and Fat. Most foods have a combination of these elements.

<i>Food</i>	<i>Function</i>	<i>Recommendation</i>
<b>Water</b>	Maintains ability to deliver energy and oxygen to working muscles; maintains body temperature	6-8 glasses/day
<b>Carbohydrates</b>	Provides energy to the body	50-55% of total calories (or more if you're exercising an hour or more each day)
<b>Protein</b>	Builds, repairs and maintains body tissues	15% of total calories
<b>Vitamins</b>	Helps regulate the body's chemical reactions	100% of USRDA*
<b>Minerals</b>	Forms structures of the body and regulates body processes	100% of USRDA*
<b>Electrolytes</b>	Helps maintain fluid balance	Sodium – no more than 2400 mg per day; Potassium – eat lots of fruits & vegetables
<b>Fat</b>	Provides a long-term source of energy	Total fat intake should be no more than 30% of total calories: <i>Saturated</i> fat – no more than 8-10% <i>Polyunsaturated</i> fat – up to 10% <i>Monounsaturated</i> fat – between 10-15%

\*The United States Recommended Daily Allowances are based on the RDA that meet the known nutrient needs of almost all healthy people. The USRDA are listed on food labels. They are a standard for nutrient intake based on the population group with the highest RDA for that nutrient.

*Adapted from the American Heart Association pamphlet, Nutrition for Fitness, No. 51-1068, 11-96, 96 10 08 E*

The primary dietary concern for Americans should be the consumption of too many calories, and particularly, too much fat. While overall calorie intake vs. calorie output results in weight gain or loss, fat calories are simply easier to store as body fat.

<b>Fat:</b>	<b>1 gram = 9 cal</b>
<b>Carbohydrates:</b>	<b>1 gram = 4 cal</b>
<b>Protein:</b>	<b>1 gram = 4 cal</b>
<b>Alcohol:</b>	<b>1 gram = 7 cal</b>

# What is Fat?

Fat, like protein and carbohydrate, is a principal and essential component of the diet. Fat is the body's most concentrated source of energy. Some dietary fat is vital to enable the body to function properly. Fat is responsible for transporting "fat-soluble" vitamins A, D, E and K.

Dietary fats also are a source of fatty acids, including essential fatty acids that are necessary to assure good health. Essential fatty acids must be obtained from dietary sources (primarily vegetable oils) because the body cannot make them.

Fatty acids are separated by their structure as either saturated, monounsaturated or polyunsaturated. Although naturally occurring fats in food are a mixture of many different fatty acids, fats can be characterized by their origin:

- ***Saturated fats*** are mainly found in foods of animal origin. These include the fats in whole milk, cream, cheese, butter, meat and poultry. Saturated fats also can be found in large amounts in some vegetable products, such as cocoa butter, coconut oil and palm oil. Saturated fats are usually solid at room temperature.
- ***Trans fats*** are those that are "partially hydrogenated," according to the ingredients list. These can be just as bad, if not worse than saturated fats on a person's potential for cholesterol problems and heart disease. They are found in margarine, fast food, fried food, and other packaged, processed foods. They add stability to products to achieve a longer shelf life.
- ***Polyunsaturated fats*** are found mostly in plants. Sunflower, corn, soybean, cottonseed and safflower oils are vegetable fats that contain a relatively high proportion of polyunsaturated fats. Margarine with vegetable oil as the primary ingredient, and some fish, are also sources of polyunsaturated fats. Polyunsaturated fats usually are liquid at room temperature.
- ***Monounsaturated fats*** are found primarily in plants, but also are found in animals, particularly fish. Olive, peanut and canola oil are common examples of fats high in monounsaturated fatty acids. Monounsaturated fats are liquid at room temperature.

While the "Nutrition World" often characterizes fats as "good" or "bad", we must all understand that all fats have the same amount of calories and can still be "fattening". However, the distinction of good or bad is still important. Essentially, the "bad fats" include saturated fats and trans fats, which are associated with an increased risk of cardiovascular disease. The "good fats" are associated with lower cholesterol or higher good cholesterol (HDL).

# Ways to Consume Less Fat: Foods That Do The Job

Cutting fat out of the American diet has seemingly emerged atop the agenda of America's national concerns. The American Cancer Society and the National Cancer Institute believe cutting fat intake lowers cancer risk. The American Heart Association says reducing dietary fat is an important step toward lowering heart disease risk. Now the U.S. Department of Agriculture says that fat calories are actually more fattening than carbohydrate calories.

Experts believe a person reaps the most health benefits from diets containing less than 30% of their calories as fat. Some experts believe that 20% would be even better. The tips below will aid the downward descent to low-fat healthful eating.

1. Eat red meat no more than once a day. One three-ounce serving provides about 11% of the Recommended Dietary Allowance for iron and 31% for zinc while keeping fat to a minimum.
2. Choose select grades of beef instead of the more fat-marbled cuts like choice or prime.
3. Use fat-free powdered milk to lighten coffee instead of cream or non-dairy creamers.
4. Use non-stick frying pans and non-stick vegetable sprays for pan-frying.
5. Remove the skin from poultry before cooking. Fat lies just under the skin.
6. To reduce oil in fried foods, drain them on a paper towel before serving.
7. Wait until oil in the pan gets hot before frying or sautéing foods. Foods soak up cold oil quicker than hot.
8. Make stews and soups containing meats the day before and refrigerate. Skim off the hardened fat before reheating.
9. Use vegetable purees over meats, potatoes, and rice instead of rich cream sauces and gravies.
10. Steer clear of high-fat snacks like potato chips and nuts. Eat pretzels and hot-air popped popcorn instead.
11. Keep butter and margarine use to a minimum. They both provide about 11 grams of fat per tablespoon.
12. Add a little plain non-fat yogurt to mayonnaise. It will cut the fat without taking away the flavor.

13. Avoid cream soups. Stick to clear consommé or broth with noodles or vegetables. Eaten before a meal they may help curb appetite as well as cut fat.
14. Choose white poultry meat over dark. It contains less fat.
15. Use “diet” margarine and “diet” mayonnaise instead of the regular varieties. They cut calories and fat by one-half.
16. Limit packaged luncheon meats to sliced turkey breast and turkey pastrami.
17. Don't buy packaged foods that contain more than three grams of fat per 100 calories. Check nutrition labeling on the package to be sure.
18. Try sprinkle-on butter alternatives for hot foods. They contain only 4 calories per ½ teaspoon. One-half teaspoon of the sprinkle equals one tablespoon of butter (100 calories).
19. Choose 1% milk fat cottage cheese. Only 11% of calories come from fat, compared to regular cottage cheese which has 40% of calories from fat.
20. Avoid fast foods. Burgers, shakes, and French fries are oozing with fat.

*From “Shopping With Mary”  
compiled by Mary Ressa, M.S., R.D.  
Halifax Medical Center, Daytona Beach, FL*

# What's all the fuss about Carbohydrates?

## **“Carbs make me fat!”**

It seems that most people these days are becoming obsessed with carbs and proclaiming this source of basic energy as the villain of obesity. Well, it's time to get the facts straight!

Carbohydrates are simply a source of energy – fuel for the body – and, quite frankly, the most efficient form of energy for humans. However, as with anything else, there are good choices and there are ones we should avoid. Carbohydrates themselves are not “bad” and do not just make us fat and do not cause diabetes alone. While many Americans are looking to the Atkins’ and South Beach “low-carb” diets as a cure for their weight problem, our country continues to have an obesity epidemic.

## **What's the truth?**

Well, here are the straight facts. We need carbohydrates...but we don't need the junk...and there are plenty of “junky” sources of carbohydrate energy. So feel free to throw out the sodas, the candy, the snack cakes, and more! In addition, white flour products (i.e., white bread and refined pasta) have been stripped of most of the fiber. We especially need to be more aware of the amount of added sugar in the products we consume. Most specifically, anything with high fructose corn syrup and other refined sweeteners should be reduced in the diet.

However, do not assume that important carbohydrate sources like fruits, vegetables, and other high-fiber foods (oats, bran, and whole wheat) are to be tossed in the garbage just because of their “carbohydrate count” or their “sugars” (which are natural and are still less than what is in most processed foods). Fruits and vegetables are not only beneficial for the energy and fiber, but also for the vitamins and minerals they provide.

It's wrong to think that you can take a multivitamin to get everything you could from healthy foods! Getting your vitamins, minerals, and fiber from foods is the best way to go!

So, think smart when it comes to carbohydrates. The average person should aim for 55-60% of their daily calories to come from carbohydrates (5-10% more if you exercise an hour or more each day)...and choose the less refined, less processed, and higher fiber sources most often.

# Still Proactive About Protein...

## the Body's Building Blocks

Okay, we've gotten the skinny on fats and sweetened our knowledge of carbohydrates. Now it's time to beef up on protein. Unlike carbs and fat, protein isn't actually a fuel. In extreme circumstances, it can be used as a fuel, but this causes great stress to the body and can result in loss of muscle mass, given being used as a fuel causes protein to stop doing what it's supposed to do – act as a building block for body tissue. Muscles, ligaments, and tendons are all made of and repaired by protein.

### **Team Protein:**

When you eat protein, your body breaks it back down into 20 different amino acids. Of the 20, eight cannot be manufactured by the human body; therefore, it is essential that we get them through our diet. These eight appropriately entitled essential amino acids are tryptophan, lysine, methionine, phenylalanine, threonine, valine, leucine, and isoleucine.

The other 12 are glutamine, arginine, tyrosine, glycine, serine, glutamic acid, aspartic acid, taurine, cystine, histidine, proline, and alanine. While they aren't necessary for a healthy diet, supplementing of amino acids isn't uncommon. But if you choose to supplement single amino acids, do so with caution. There still isn't a lot of research on the practice, and some experts believe it can have negative effects.

### **Where are they?**

Let's focus on the essential eight (that we need to get through diet). The traditional source of complete protein is meat. Pork, beef, poultry, fish, alligator, and even ants – all creatures great and small are made of protein. Dairy and eggs are also good sources of complete protein.

But what happens if you don't want to take all your protein from animals? No problem. The only nonanimal-derived source of complete protein is soy, so soy milk, tempeh, and tofu all provide the essential eight. Soy and other vegetable protein sources are perfectly healthy. Vegans and vegetarians may have to pay more attention to their diet, but they can be just as fit as their meat-eating counterparts.

Even if you don't like soy, there's still hope, but it gets a little more complex. Whole grains, such as brown rice and whole wheat, provide some of the eight. Legumes, such as beans, nuts, and peas, also provide a few of the eight, so by combining the two, grains and legumes, you get yet another complete source of protein. Way to go, rice and beans!

And then there's protein powder. While it may seem like some magic amino acid elixir, protein powder comes from pretty mundane stuff. Most powders are either soy- or whey-based, so they're complete.

## **Sounds great, let's eat!**

So how much protein do you need? The RDA is 0.8 grams per kilogram of body weight. Any less than that can lead to reduced resistance to disease, skin and blood changes, slow wound healing, and muscle wasting. For athletes, the numbers are more like 1.2 to 1.7 grams. But you can also think in terms of 15-25% of your total daily calories.

On a meal-to-meal basis, keep in mind that the body can only digest so much protein per meal. For women, that number is usually around 25-35 grams, For men, it's around 40-50 grams. If you eat more than that, your body will still break it down to amino acids, but (as with ANYTHING in excess) it will store those acids as fat. This is highly variable and based on a number of factors, mainly weight and exercise frequency, but we all have a saturation point. So try and get some protein at each meal.

As with fats and carbs, taking in protein is all about balance, but if you do find that magic number, your muscles will thank you by growing and toning...and the rest of your body will thank you by staying healthy.

# A Comparison of Fat in Grams, Calories, and % Calories as Fat in Selected Cuts of Beef

Serving Size: 3 ounces, cooked and trimmed of removable fat, unless otherwise indicated.	Fat (g)	Calories	% Calories as Fat
Beef, top round, broiled (select)	4.6	156	26
Beef, eye of round, lean only, roasted (select)	5.1	151	30
Beef, shank, crosscuts, simmered (choice)	5.4	171	28
Beef, top round, broiled (choice)	5.5	165	30
Beef, eye of round, lean only, roasted (choice)	5.7	156	33
Beef, tip, roasted (select)	5.7	156	33
Beef, top loin steak, broiled (select)	6.4	162	36
Beef, short plate, simmered, drained	6.5	169	35
Beef, tip, roasted (choice)	6.6	164	36
Beef, wedge-bone sirloin steak, broiled (select)	6.6	170	35
Beef, eye of round, lean only, roasted (prime)	7.0	168	38
Beef, tenderloin (filet mignon), broiled (select)	7.1	167	38
Beef, chuck arm roast, lean only, braised (select)	7.1	184	36
Beef, bottom round, braised (select)	7.4	182	36
Beef, wedge-bone sirloin steak, broiled (choice)	7.7	180	38
Beef, bologna, 1 medium slice ( <i>lounce</i> )	8.0	88	82
Beef, top loin steak, broiled (choice)	8.0	176	41
Beef, boneless chuck for stew	8.1	182	40
Beef, tenderloin (filet mignon), broiled (choice)	8.2	176	42
Beef, bottom round, braised (choice)	8.5	191	40
Beef, T-bone steak, broiled (choice)	8.8	182	44
Beef, loin, porterhouse steak, broiled (choice)	9.2	185	45
Beef, rib, broiled (select)	9.6	181	48
Beef, rib eye (Delmonico) steak, broiled (choice)	9.9	191	47
Beef, rib, broiled (choice)	11.5	198	52
Beef, chuck blade roast, lean only, braised (select)	11.6	218	47
Beef, flank, London broil, braised (choice)	11.8	208	51
Beef, hamburger, single patty, plain	11.8	275	39
Beef, chuck blade roast, lean only, braised (choice)	13.4	234	52
Beef, ground, extra-lean	13.7	213	58
Beef, ground, lean	15.6	227	62
Beef, wedge-bone sirloin steak, untrimmed, broiled (choice)	15.7	240	59
Beef, rib, broiled (prime)	15.9	238	60
Beef, frankfurter, large ( <i>2 ounces</i> )	16.0	179	80
Beef, brisket, corned beef	16.1	213	68
Beef, chuck blade roast, lean only, braised (prime)	17.5	270	58
Beef, ground, regular	17.8	244	66
Beef, hamburger, double patty with condiments ( <i>7.5 oz.</i> )	32.0	576	50

*To figure out how many calories come from fat, multiply the number of grams of fat by nine.*

*Source: USDA Handbook 8-13 and 456, [www.nal.usda.gov/fnic](http://www.nal.usda.gov/fnic)*

# A Comparison of Fat in Grams, Calories, and % Calories as Fat in Selected Cuts of Meat and Poultry

Serving Size: 3 ounces, cooked and trimmed of removable fat, unless otherwise indicated.	Fat (g)	Calories	% Calories as Fat
Chicken, roaster, light meat w/o skin (roasted)	3.5	130	25
Chicken, broiler/fryer, light meat w/o skin (roasted)	3.8	147	23
Chicken, roaster, dark meat w/o skin (roasted)	7.4	151	44
Chicken, broiler/fryer, dark meat w/o skin (roasted)	8.3	174	43
Chicken, drumstick, meat & skin, fried with batter	11.3	192	53
Lamb, leg, lean only (roasted)	6.5	162	36
Lamb, loin chop, lean and fat	20.0	262	69
Pork, sausage, 1 link (13g weight)	4.1	48	77
Pork, fresh, loin tenderloin, lean only (roasted)	4.9	141	26
Pork, sausage, 1 patty (27g weight)	8.4	100	76
Pork, fresh, leg ham, lean only (roasted)	9.4	187	45
Pork, fresh, loin, lean only (braised)	12.4	232	48
Pork, spareribs, lean and fat (braised)	25.7	338	68
Turkey, light meat, without skin (roasted)	2.7	133	18
Turkey, dark meat, without skin (roasted)	6.1	150	34
Turkey, light meat, with skin (roasted)	7.0	167	38
Turkey, dark meat, with skin (roasted)	9.8	188	47
Veal cutlet, round lean only (roasted)	2.9	127	20
Veal, loin chop, lean only (braised)	7.8	192	36

*To figure out how many calories come from fat, multiply the number of grams of fat by nine.*

*Source: USDA Handbook 8-13 and 456, [www.nal.usda.gov/fnic](http://www.nal.usda.gov/fnic)*

# Fish and Seafood: Health Benefits and Risks

## Benefits of Eating Fish and Seafood

Little by little nutritionists have grown convinced that eating fish, or taking the supplement, does the heart some real good. Evidence has emerged that omega-3 fatty acids, the largest concentrations of which are found in fish, may:

- **Lower the risk of dying from heart disease.**
- **Ease the pain of rheumatoid arthritis** (*Tufts University Health & Nutrition Letter, Feb. 1999*).
- **Protect against age-related macular degeneration (AMD), a major cause of blindness** (*Archives of Ophthalmology, March 2000*).

Omega-3s seem to help protect against heart disease by making blood less likely to coagulate. That means the blood is less likely to form clots that can lead to sudden death. Omega-3s also appear to stabilize the heart's muscle cells and thereby prevent life-threatening arrhythmia's, which are interruptions in heart-pumping rhythm.

## Sources of Omega-3 Fatty Acids

There are several food sources of omega-3s – which it's always best to try first. Unfortunately, it's not easy to get enough omegas-3s from food alone to provide the pain-reducing benefit for arthritis patients. But taking pills should be something discussed with a physician because of adverse side effects of large doses. The best food sources of omega-3s include the following:

### FISH

<b>Herring</b>	<b>Salmon</b>
<b>Bluefish</b>	<b>Striped bass</b>
<b>Halibut</b>	

### OTHER FOODS

(in much smaller amounts)

**Green leafy vegetables, Canola oil,  
Nuts – especially walnuts, Soybean oil,  
Flaxseed, Tofu**

## Shellfish and Dietary Cholesterol – Should We Avoid?

*“For about 10 years, there has been increasing evidence that cholesterol in food doesn't have as much effect on blood cholesterol as we once thought,”* says Frank Hu, M.D., Ph.D., nutritional epidemiologist, Harvard School of Public Health. *“What is important is limiting dietary saturated fat and trans fat.”*

So, shrimp, lobster, and other shellfish high in dietary cholesterol may not pose as big a threat on our cholesterol levels as doctors once believed. Also, we know that seafood tends to be low in fat and contain other nutrients. Shrimp, for example, is a source of calcium. However, we want to avoid dipping our shellfish in butter, or eating it fried!

## Potential Risks?

Nearly all fish contain trace amounts of methylmercury, which are not harmful to humans. However, long lived, larger fish that feed on other fish accumulate the highest levels of methylmercury and pose the greatest risk to people who eat them regularly. These large fish contain the highest levels:

**Shark**

**Swordfish**

**King Mackerel**

**Tilefish**

The primary danger from methylmercury in fish is to the developing nervous system of an unborn child, but it is prudent for nursing mothers and young children not to eat these fish often, as well.

For additional information about the risks of mercury in seafood, call 1-888-SAFEFOOD or visit the FDA's Center for Food Safety and Applied Nutrition Web site:

[www.cfsan.fda.gov](http://www.cfsan.fda.gov)

## A Comparison of Fat in Grams, Calories, % Calories as Fat, and Omega-3 Fatty Acids in Fish and Seafood

Species	Fat (g)	Calories	% Calories as Fat	Omega-3 Fatty Acids Gram per 4 oz.
Cod	0.6	70	8	0.3
Haddock	0.6	74	7	0.2
Northern Pike	0.6	75	7	0.2
Scallop	0.7	75	8	0.4
Lobster	0.8	77	9	0.3
Pollack	0.8	78	9	0.6
Crab	0.9	74	11	0.5
Sole	1.0	77	11	0.3
Flounder	1.0	77	11	0.3
Whiting	1.1	77	13	N/A
Red Snapper	1.1	85	12	0.4
Squid	1.2	78	14	1.0
Rockfish	1.3	80	15	0.6
Ocean Perch	1.4	80	16	0.5
Shrimp	1.5	90	15	0.5
Mussel	1.9	23	23	0.8
Halibut, Pacific	1.9	94	18	0.4
Striped Bass	2.0	82	22	0.9
Oyster, Eastern (6 medium)	2.1	57	33	0.4
Channel Catfish	2.4	81	27	0.7
Turbot	2.5	81	28	0.3
Tuna, White in Water	2.5	108	21	0.2
Salmon, Pink	2.9	99	26	2.2
Salmon, Chinook (cooked)	3.7	99	34	3.3
Rainbow Trout, Farmed	4.6	117	35	1.2
Whitefish, mixed species	5.0	114	39	1.0
Salmon, Coho (canned)	5.0	124	36	1.8
Trout, mixed species	5.6	126	40	N/A
Salmon, Sockeye (canned)	6.2	130	43	1.8
Tuna, White in Oil	6.9	158	39	0.5
Herring, Atlantic	7.7	134	52	1.3
Clams	8.0	63	11	0.2
Salmon, Chinook (raw)	8.9	153	52	2.4
Eel, mixed species	9.9	156	57	1.9
Mackerel, Atlantic	11.8	174	61	2.5
Sablefish	13.0	166	70	1.7

**For Omega-3 Content**

**Comparison:**

Chicken Breast, No skin	0.03
Round Steak, Lean	Trace

Ground Beef	Trace
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# Fast-Food Nutritional Profile

## Breakfast

Food Description	Servings	Calories	Fat (gms)	Fat (%)	Chol (mgs)	Sodium (mgs)	Carbs (gms)	Fiber (gms)	Protein (gms)
McDonald's Hot Cakes (plain)	1 serv (5.3 oz)	340	8	21.2	20	630	58	2	9
McDonald's Hash Browns	1 serv (1.9 oz)	130	8	55.4	0	330	14	1	1
McDonald's Scrambled Eggs	1 serv (3.6 oz)	160	11	61.9	425	170	1	0	13
Subway Western Egg Breakfast Sandwich	1 ea (6 inch)	351	12	30.8	182	683	44	4	16
McDonald's Egg McMuffin®	1 ea (4.8 oz)	290	12	37.2	235	790	27	1	17
Taco Bell Country Breakfast Burrito	1 ea (4 oz)	270	14	46.7	195	690	26	2	8
McDonald's Hot Cakes (with Margarine & Syrup)	1 serv (7.8 oz)	600	17	25.5	202	770	104	2	9
Arby's French Toastix	6 pcs (4.4 oz)	370	17	41.4	0	440	48	4	7
Arby's Sausage Patty	1 ea (1.4 oz)	200	19	85.5	60	290	1	0	7
Burger King Cini-minis, without Vanilla Icing	4 ea (3.8 oz)	440	23	47.0	25	710	51	1	6
Burger King French Toast Sticks	5 ea (4.0 oz)	440	23	47.0	2	490	51	3	7
McDonald's Sausage McMuffin® with Egg	1 ea (5.9 oz)	440	28	57.3	255	890	27	1	19
McDonald's Bacon, Egg and Cheese Biscuit	1 ea (5.5 oz)	540	34	56.7	245	1160	35	1	18
Burger King Croissan'wich® with Sausage & Cheese	1 ea (3.7 oz)	450	35	70.0	45	940	21	1	13
Burger King Biscuit w/Sausage, Egg & Cheese	1 ea (6.6 oz)	620	43	62.4	185	1650	37	1	20

Reference: [www.cyberdiet.com](http://www.cyberdiet.com)

## Burgers

Food Description	Servings	Calories	Fat (gms)	Fat (%)	Chol (mgs)	Sodium (mgs)	Carbs (gms)	Fiber (gms)	Protein (gms)
McDonald's Hamburger	1 ea (3.8 oz)	270	9	30.0	30	600	35	2	13
Burger King Hamburger	1 ea (4.2 oz)	320	15	42.2	50	520	27	1	19
Wendy's Plain Single Hamburger	1 ea (4.7 oz)	360	16	40.0	65	580	31	2	24
Wendy's Jr. Cheeseburger Deluxe	1 ea (6.3 oz)	360	17	42.5	50	890	36	3	18
Burger King Whopper Jr.® with Cheese, no mayo	1 serv (6.0 oz)	370	19	46.2	65	770	28	2	22
McDonald's Quarter Pounder ®	1 ea (6.1 oz)	430	21	44.0	70	840	37	2	23
McDonald's Big Mac®	1 ea (7.6 oz)	570	32	50.5	85	1100	45	3	26
Burger King Double Cheeseburger	1 ea (7.0 oz)	580	36	55.9	120	1060	27	1	38
Burger King Whopper ®	1 ea (9.5 oz)	660	40	54.5	85	900	47	3	29

## Chicken

Food Description	Servings	Calories	Fat (gms)	Fat (%)	Chol (mgs)	Sodium (mgs)	Carbs (gms)	Fiber (gms)	Protein (gms)
Kentucky Fried Chicken Original Recipe ® Drumstick	1 ea (2.2 oz)	140	9	57.9	75	422	4	0	13
Kentucky Fried Chicken Tender Roast ® Breast with Skin	1 ea (4.9 oz)	251	10.8	38.7	151	830	2	0	37
Kentucky Fried Chicken Extra Tasty Crispy™ Chicken Drumstick	1 ea (2.4 oz)	195	12	55.4	77	375	7	1	15
Burger King Chicken Tenders ®	5 pcs (2.7 oz)	230	14	54.8	40	590	11	1	14
McDonald's Chicken McNuggets	6 pcs (3.7 oz)	290	17	52.8	55	540	20	0	15
Kentucky Fried Chicken Original Recipe ® Breast	1 ea (5.4 oz)	400	24	54	135	1116	16	1	29
Arby's Chicken Finger Snack	1 serv (7.4 oz)	610	32	47.2	30	1610	62	0	20
Kentucky Fried Chicken Hot Wings™ Pieces	6 pcs (4.8 oz)	471	33	63.1	150	1230	18	2	27

Reference: [www.cyberdiet.com](http://www.cyberdiet.com)

## Salads & Sandwiches

Food Description	Servings	Calories	Fat (gms)	Fat (%)	Chol (mgs)	Sodium (mgs)	Carbs (gms)	Fiber (gms)	Protein (gms)
McDonald's Garden Salad (without dressing)	1 serv (6.2 oz)	35	0	0	0	20	7	3	2
McDonald's Grilled Chicken Salad Deluxe (without dressing)	1 serv (9.1 oz)	120	1.5	11.2	45	240	7	3	21
Arby's Garden Salad (without dressing)	1 ea (10.2 oz)	110	3	24.5	0	150	16	1	9
Wendy's Side Salad (without Dressing)	1 ea (5.5 oz)	60	3	45.0	0	180	5	2	4
Subway Turkey & Ham Sandwich (without cheese or Mayo)	6 inch (8.5 oz)	288	4	12.5	23	1256	45	3	18
McDonald's Grilled Chicken Deluxe™ Sandwich (w/o Mayo)	1 ea (7.2 oz)	300	5	15.0	50	930	38	4	27
Subway Cold Roast Beef Sandwich	6 inch (8.5 oz)	296	5	15.2	20	928	45	3	19
Burger King BK Broiler® Chicken Sandwich (w/o Mayo)	1 ea (8.7 oz)	370	9	21.9	105	1060	45	2	29
Subway Cold Cut Trio Sandwich	6 inch (9.0 oz)	374	14	33.7	47	1435	45	3	19
Subway Hot Meatball Sandwich	6 inch (9.5 oz)	413	15	32.7	35	1025	50	5	19
Wendy's Garden Veggie Pita (with Dressing)	1 ea (9.1 oz)	400	17	38.2	20	760	52	5	11
Wendy's Chicken Club Sandwich	1 ea (7.6 oz)	470	20	38.3	70	970	44	2	31
McDonald's Grilled Chicken Deluxe™ Sandwich (with Mayo)	1 ea (7.9 oz)	440	20	40.9	60	1040	38	4	27
Arby's Regular Roast Beef Sandwich	1 ea (5.6 oz)	400	20	45	40	1030	36	3	23
Burger King BK Broiler® Chicken Sandwich (with Mayo)	1 ea (8.7 oz)	530	26	44.2	105	1060	45	2	29
McDonald's Filet-O-Fish® Sandwich	1 ea (5.5 oz)	470	26	49.8	50	890	45	2	15
Arby's Beef'n Cheddar Sandwich	1 ea (7 oz)	510	28	49.4	50	1250	45	3	26
Burger King BK Big Fish® Sandwich	1 ea (8.9 oz)	720	43	53.8	80	1180	59	3	23

Reference: [www.cyberdiet.com](http://www.cyberdiet.com)

## Burritos/Tacos/Wraps

Food Description	Servings	Calories	Fat (gms)	Fat (%)	Chol (mgs)	Sodium (mgs)	Carbs (gms)	Fiber (gms)	Protein (gms)
Subway Chicken Parmesan Ranch Wrap	1 ea (9.5 oz)	333	5	13.5	45	1393	56	2	17
Taco Bell Grilled Chicken Soft Taco	1 ea (4.5 oz)	200	7	31.5	35	530	20	2	14
Subway Steak and Cheese Wrap	1 ea (9.2 oz)	353	9	22.9	37	1450	53	2	16
Taco Bell Soft Taco	1 ea (3.5 oz)	210	10	42.9	30	570	20	3	11
Taco Bell Taco	1 ea (2.8 oz)	170	10	52.9	30	340	12	3	9
Taco Bell Bean Burrito	1 ea (7.0 oz)	370	12	29.2	10	1080	54	12	13
Taco Bell Grilled Chicken Burrito	1 ea (7.0 oz)	390	13	30.0	40	1380	49	3	19
Taco Bell Beef Gordita Supreme™	1 ea (5.5 oz)	300	14	42.0	35	550	27	3	17
Taco Bell 7-Layer Burrito	1 ea (10.0 oz)	520	22	38.1	25	1280	65	13	16
Taco Bell BIG BEEF Burrito Supreme™	1 ea (10.5 oz)	510	23	40.6	60	1500	52	11	23
Taco Bell Beef Chalupa Supreme™	1 ea (5.5 oz)	380	23	54.5	40	580	29	3	14
Taco Bell Taco Salad (with Salsa)	1 ea (19.0 oz)	850	52	55.1	70	2250	69	16	30

## Pizza

Food Description	Servings	Calories	Fat (gms)	Fat (%)	Chol (mgs)	Sodium (mgs)	Carbs (gms)	Fiber (gms)	Protein (gms)
Pizza Hut Pepperoni, Hand Tossed	1 slice (3.5 oz)	301	8	23.9	15	867	43	3	13
Pizza Hut Cheese, Hand Tossed	1 slice (3.6 oz)	309	9	26.2	11	848	43	3	14
Domino's Pizza Cheese Only, 12 inches, Hand Tossed	2 med. Slices (5.6 oz)	375	11	26.4	23	776	55	3	15
Domino's Pizza Cheese Only, 12 inches, Ultimate Deep Dish	2 med. Slices (6.4 oz)	482	21.6	40.3	30	1123	56	3	19

Reference: [www.cyberdiet.com](http://www.cyberdiet.com)

# When Dining Out

American	Continental	Fast Food
<p><b>Look for:</b></p> <ul style="list-style-type: none"> <li>▪ Sandwiches on whole wheat, pita, or rye (without mayonnaise)</li> <li>▪ Grilled, broiled, cajun blackened, or flame-cooked meats</li> <li>▪ Baked potatoes</li> <li>▪ Tossed salad (dressing on the side)</li> </ul> <p><b>Look out for:</b></p> <ul style="list-style-type: none"> <li>▪ Home/deep-fried potatoes</li> <li>▪ Bread/batter-dipped meat</li> <li>▪ Sandwiches on croissants or biscuits</li> <li>▪ Salad dressings</li> <li>▪ Cheese, bacon bits</li> <li>▪ Mayonnaise-laden salads</li> </ul>	<p><b>Look for:</b></p> <ul style="list-style-type: none"> <li>▪ Consommé, gazpacho</li> <li>▪ Garden or spinach salad</li> <li>▪ Vegetable plate with mustard sauce or salsa</li> <li>▪ Steamed vegetables</li> <li>▪ Entrees that are broiled, steamed, poached, roasted, or baked</li> <li>▪ Plain rolls, bread sticks</li> <li>▪ Baked and red skin potatoes</li> <li>▪ Fresh fruit or sorbet</li> </ul> <p><b>Look out for:</b></p> <ul style="list-style-type: none"> <li>▪ Bacon</li> <li>▪ Croutons</li> <li>▪ Cheese</li> <li>▪ Quiche Lorraine</li> <li>▪ Stuffed appetizers</li> <li>▪ Cream soups or sauces</li> <li>▪ Entrees that are breaded, fried, sautéed, au gratin, escaloped, en croute, creamed, en casserole, or Kiev</li> <li>▪ Garlic Bread</li> <li>▪ Flavored butters</li> <li>▪ Sautéed, fried or twice-baked potatoes</li> <li>▪ Croquettes</li> <li>▪ Pastries</li> </ul>	<p><b>Look for:</b></p> <ul style="list-style-type: none"> <li>▪ English muffin (lightly buttered)</li> <li>▪ Pizza with vegetarian toppings</li> <li>▪ Broiled burger or chicken on whole-wheat bun</li> <li>▪ Lettuce</li> <li>▪ Tomato</li> <li>▪ Low-fat or skim milk</li> </ul> <p><b>Look out for:</b></p> <ul style="list-style-type: none"> <li>▪ Super-sized burgers</li> <li>▪ Fried chicken</li> <li>▪ Fried fish</li> <li>▪ Pizza with pepperoni, sausage, or extra cheese</li> <li>▪ Cheese</li> <li>▪ Tartar sauce</li> <li>▪ Mayonnaise</li> <li>▪ Creamy sauces</li> <li>▪ Shakes and soft drinks</li> <li>▪ Danish pastries or pie</li> </ul>

Chinese	Italian	Mexican
<p><b>Look for:</b></p> <ul style="list-style-type: none"> <li>▪ Wonton soup</li> <li>▪ Beef with broccoli</li> <li>▪ Chicken, scallops, or shrimp with vegetables</li> <li>▪ Hot and sour soup</li> <li>▪ Steamed rice</li> </ul> <p><b>Look out for:</b></p> <ul style="list-style-type: none"> <li>▪ Sweet and sour pork or shrimp</li> <li>▪ Lemon chicken</li> <li>▪ Egg rolls</li> <li>▪ Fried wontons</li> <li>▪ Peking duck</li> <li>▪ Fried rice</li> </ul>	<p><b>Look for:</b></p> <ul style="list-style-type: none"> <li>▪ Breadsticks</li> <li>▪ Vinegar and oil dressing</li> <li>▪ Minestrone soup</li> <li>▪ Chicken cacciatore</li> <li>▪ Pasta with red sauce (such as marinara)</li> </ul> <p><b>Look out for:</b></p> <ul style="list-style-type: none"> <li>▪ Creamy Italian dressing</li> <li>▪ Antipasto plates</li> <li>▪ Italian sausage</li> <li>▪ Italian ice cream</li> <li>▪ Buttered garlic bread</li> <li>▪ Creamy white or butter sauce (such as Alfredo)</li> </ul>	<p><b>Look for:</b></p> <ul style="list-style-type: none"> <li>▪ Black bean soup</li> <li>▪ Menudo</li> <li>▪ Burritos, soft tacos</li> <li>▪ Enchiladas, tamales</li> <li>▪ Salsa</li> <li>▪ Soft, plain tortillas</li> </ul> <p><b>Look out for:</b></p> <ul style="list-style-type: none"> <li>▪ Crispy, fried tortillas</li> <li>▪ Sour cream and cheese</li> <li>▪ Tacos, taco salad, tostadas</li> <li>▪ Chili rellenos</li> <li>▪ Quesadillas</li> <li>▪ Guacamole and taco chips</li> </ul>

# Focus on Fiber

## *What Fiber Does For Your Heart*

You may already know that a fiber-rich diet helps prevent constipation and reduces your risk for some forms of cancer, but did you know that fiber may be good for your heart, too? According to ongoing research, good old fiber - or "roughage" - may actually reduce your risk for developing atherosclerosis, a leading cause of heart disease.

### What is Fiber?

**Fiber** is the undigestible part of plants. Fiber can be water-soluble (like the fiber in oats, fruits, seeds, dried peas and beans) or water-insoluble (like the fiber in nuts, grains, and vegetables). In general, fiber helps rid the body of waste products, can help prevent constipation, diverticulitis (an infection in the pockets of the intestines), and possibly colon cancer. Water-soluble fiber helps regulate blood cholesterol levels, which can have a positive effect on heart disease risk.



It's important to eat a *variety* of fiber-rich foods for your overall health.



The water-soluble fiber in oats can actually lower serum cholesterol.

### Fiber and Cholesterol

Studies show that the water-soluble fiber in oats (rolled oats, oatmeal, oat bran) can actually lower levels of **LDL cholesterol** - the type of cholesterol that causes fatty deposits on the walls of the arteries. In fact, people who eat 2/3-1 cup of oats daily may be able to lower their serum (blood) cholesterol levels by as much as 5%. By supplementing a low fat, low cholesterol diet with a daily serving of oats, you may be able to significantly lower cholesterol levels and your risk for heart disease.

### Fiber Guidelines

While it is the water-soluble fibers that help regulate cholesterol levels, it's important to eat a *variety* of fiber-rich foods for your overall health. Fresh fruits and vegetables, whole grains, and legumes are excellent sources of dietary fiber. (Nuts and seeds are high in fiber, but also contain high levels of fat.) If you are trying to control cholesterol, try eating one cup of oatmeal daily, in addition to following a low fat, low cholesterol diet. For most people, 20-35 grams of dietary fiber each day is the suggested daily allowance.

### Fit With Fiber

The evidence seems clear - fiber is not just a "fad." In fact, fiber is more than a laxative, more than a diet aid, more than just "bulk." Fiber can be good for your heart and is an essential part of a healthy diet.

*Reproduced from Kopy Kit, Parlay International, 1989.*

# Fiber in Foods

Fiber is lost through food processing such as milling whole wheat into white flour, peeling skins, pureeing vegetables, and juicing fruits. To reach the target intake of 20 to 35 grams of fiber per day, you should eat foods that have not been processed. You should also eat a *variety* of fiber-rich foods because different types of fibers have different positive health effects.

<b><u>Product</u></b>	<b><u>Fiber (g)</u></b>
<b>Cereals, 1 oz</b>	
All Bran, ½ cup	15.0
Post Raisin Bran, 1 cup	7.7
40% Bran Flakes	5.0
Fruit and Fiber	5.0
Shredded Wheat	3.0
Quaker Oatmeal	2.6
Granola	Trace
<b>Legumes, ½ cup</b>	
Kidney beans	6.7
Split peas	5.0
Lima beans	5.0
<b>Vegetables, ½ cup</b>	
Peas	4.0
Brussel sprouts	4.0
Corn	4.0
Potato	4.0
Broccoli	2.6
Mushrooms	1.0
Lettuce	Trace
<b>Grains</b>	
Brown rice, cooked ½ cup	5.3
Whole wheat bread, 1 slice	2.1
Spaghetti, cooked, ½ cup	1.0
White bread, 1 slice	0.5
White rice, ½ cup	0.1
<b>Fruits</b>	
Raspberries, 1 cup	8.3
Prunes, 1 cup	12.0
Apple with skin, medium	3.6
Banana, medium	2.0
Peach, medium	1.5
Raisins, 2 tablespoons	1.3
Grapes, 12	0.5

# Why Water?

**Water keeps your energy up, weight down, muscles strong, joints supple, digestive system smooth – your whole system in physical balance.**

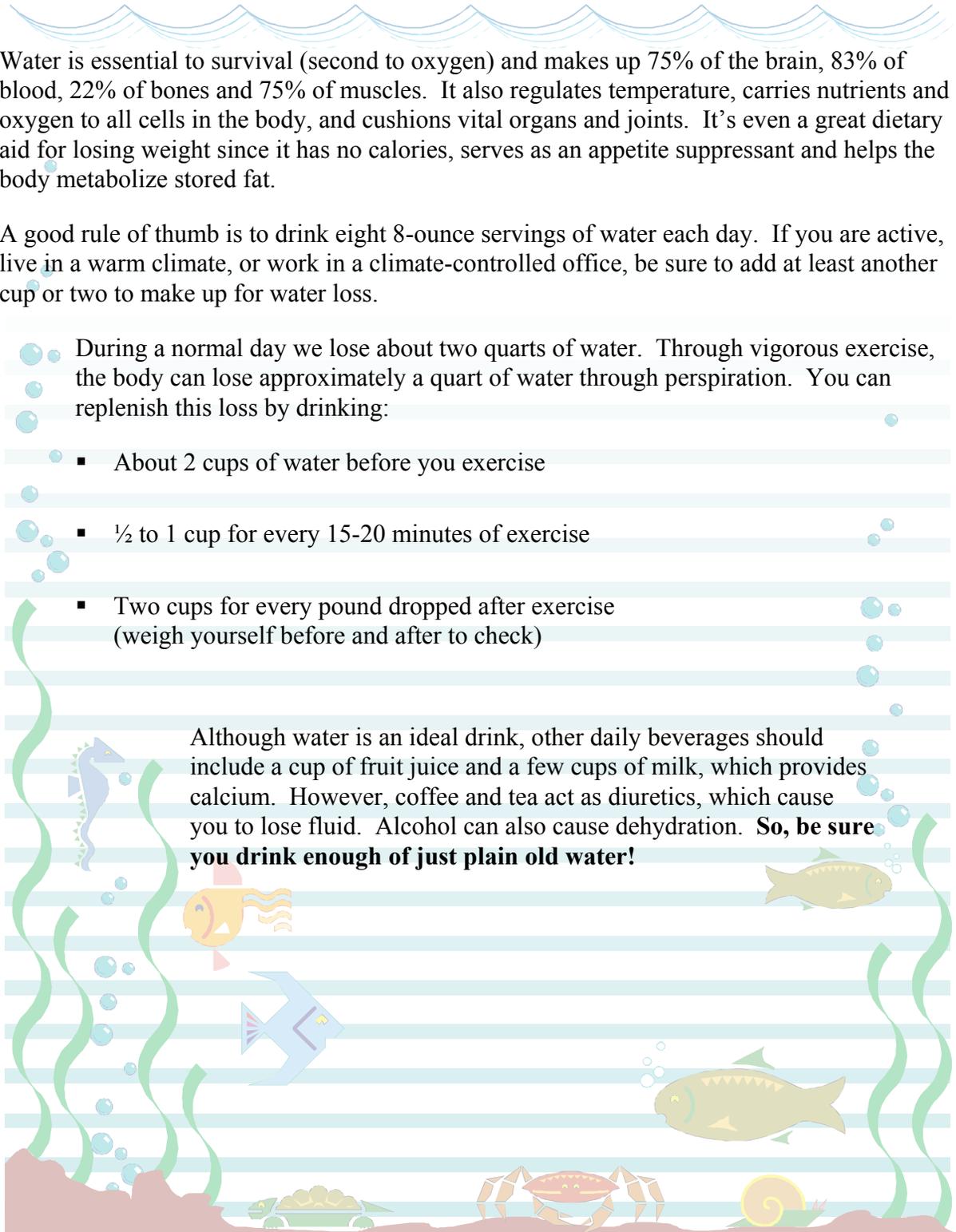
Water is essential to survival (second to oxygen) and makes up 75% of the brain, 83% of blood, 22% of bones and 75% of muscles. It also regulates temperature, carries nutrients and oxygen to all cells in the body, and cushions vital organs and joints. It's even a great dietary aid for losing weight since it has no calories, serves as an appetite suppressant and helps the body metabolize stored fat.

A good rule of thumb is to drink eight 8-ounce servings of water each day. If you are active, live in a warm climate, or work in a climate-controlled office, be sure to add at least another cup or two to make up for water loss.

During a normal day we lose about two quarts of water. Through vigorous exercise, the body can lose approximately a quart of water through perspiration. You can replenish this loss by drinking:

- About 2 cups of water before you exercise
- ½ to 1 cup for every 15-20 minutes of exercise
- Two cups for every pound dropped after exercise (weigh yourself before and after to check)

Although water is an ideal drink, other daily beverages should include a cup of fruit juice and a few cups of milk, which provides calcium. However, coffee and tea act as diuretics, which cause you to lose fluid. Alcohol can also cause dehydration. **So, be sure you drink enough of just plain old water!**



# Vitamins, Supplements, and Alternative Nutrition

## Supplementing Your Diet

Most doctors and nutritionists agree people should try to get all the vitamins and minerals they need by eating a balanced, healthful diet. “The evidence that eating a variety of fruits, vegetables, whole grains and other fresh foods can protect against cancer and other chronic diseases is overwhelming,” says Donald Hensrud, M.D., Assistant Professor of Preventive Medicine and Nutrition at the Mayo Clinic in Rochester, Minnesota. “Getting the same health benefits from a supplement is less likely because food contains hundreds of nutrients that aren’t found in supplements.”

## Multivitamins

You may need a multivitamin if:

- ***Your diet is poor.*** Skipping meals, eating a lot of fast food or eating many meals high in fat and sugar can make it difficult to get all the nutrients you need.
- ***You’re older.*** If you’re older than 65, you may need to increase your intake of vitamins B6, B12, and C because your body may not absorb these as well. Older women, especially those not taking estrogen, may need to increase their calcium and vitamin D intakes to protect against osteoporosis. Taking vitamin E may improve immune functions.
- ***You’re on a very low-calorie weight loss regimen.*** You may not be eating enough food for adequate nutrition if you eat less than 1,000 calories a day or your diet has limited variety because of food intolerances or allergies.
- ***You smoke.*** Smoking reduces vitamin C levels.
- ***You often have more than 2 drinks a day.*** If you regularly consume more than a moderate amount of alcohol, you may not get enough vitamins because of poor nutrition.
- ***You are pregnant or breast-feeding.*** Pregnant or breast-feeding women need more folic acid and other nutrients.
- ***You’re taking birth control pills.*** Women who take oral contraceptives may have lower levels of vitamins C and B6, folic acid, and riboflavin.
- ***You eat a vegetarian diet.*** Vegetarians may need additional vitamin B12.

*(Donald Hensrud, M.D.; Vitality, June 1998)*

## Diet Drugs

Millions of Americans are turning to diet drugs and weight-loss supplements to lose weight. “There’s no magic pill for weight loss, but many diet drugs work as appetite-suppressants that can help end the tyranny of food obsession,” says Michael Hamilton, M.D., Director of the Duke University Diet and Fitness Center in Durham, North Carolina. “They can help you gain control so you can concentrate on choosing healthful foods instead of being overwhelmed by hunger and overeating.”

Yet diet drugs don’t offer the dramatic results many people expect. “At best, if used correctly under medical supervision, you’ll achieve a 10% weight reduction within six months,” Hamilton says.

### To Use or Not To Use:

- **Prescription diet drugs.** These medicines aren’t for people who want or need to lose only 5 to 10 pounds. “You’re a candidate for a prescription diet drug if you’re 30% above your ideal weight or your body mass index is over 30,” Hamilton says.
- **Nonprescription diet drugs.** Some over-the-counter (OTC) drugs can be beneficial for losing 5 to 10 pounds. But check with your doctor before taking any OTC diet aid. Hamilton explains, “They can be dangerous, especially if you have conditions such as hypertension or heart disease and don’t know it.”

*(Vitality, March 1998)*

**The bottom line is BUYER, BEWARE – and check with you doctor  
before spending your hard-earned money on supplements  
that promise to do everything from restoring youthful energy to melting fat.**

# ~Notes~



## Facts:

- Heart disease is the #1 Killer in the United States.
- Since 1983, more women have died from heart disease than men.
- The majority of risk factors can be affected through lifestyle behaviors.

## 2004 Heart/Stroke Statistics

### Coronary Heart Disease

- Each year about 1.2 million Americans have a first or recurrent coronary attack. One third of these patients die – 250,000 of them before they reach a hospital. Coronary heart disease is the nation's number one killer.
- Nearly 7 million living Americans have survived a heart attack (myocardial infarction) and more than 6 million others suffer from angina pectoris (chest pains). Some 350,000 new cases of angina occur each year.

### Stroke

- Each year about 700,000 people suffer first or recurrent strokes in the United States. About 282,000 of these die, making stroke the third leading cause of death in this country.
- About 4.4 million U.S. stroke survivors are alive today, many of them with permanent stroke-related disabilities.
- Women account for more than 6 in 10 stroke fatalities.

## **Metabolic Syndrome**

- People with the metabolic syndrome are at increased risk for developing diabetes and cardiovascular disease (CVD), as well as higher mortality from CVD and many other chronic diseases.
- Metabolic syndrome is defined as three or more of the following abnormalities:
  - Waist circumference greater than 40 inches for men and 35 inches for women.
  - Serum triglyceride level of 150 mg/dL or higher.
  - High-density lipoprotein (HDL) cholesterol level less than 40 mg/dL in men and 50 mg/dL in women.
  - Blood pressure of 130/85 mm Hg or higher.
  - Fasting glucose level of 110 mg/dL or higher.
- An estimated 47 million U.S. residents have the metabolic syndrome.
- The age-adjusted prevalence of the metabolic syndrome for adults is 23.7 percent.

## **Atherosclerosis**

- “Hardening of the arteries,” as the disease is sometimes called, is the primary cause of many of the 636,000 deaths that occur annually from coronary heart disease and stroke.
- About 20% of American adults (some 37 million people) have cholesterol levels of 240 mg/dL or higher – the point at which it becomes a high risk factor associated with atherosclerosis.

## **High Blood Pressure**

- One in five Americans has high blood pressure.
- Of all people with high blood pressure, 30% are unaware of it, and only 34% are receiving adequate treatment for it. More than 36% of hypertensive Americans are not receiving any type of therapy.
- About 20% of high blood pressure cases stem from unknown causes, but the condition is easily detectable and most cases can be controlled with proper treatment.
- In 2004, the direct and indirect costs due to high blood pressure were \$55.5 billion.

## Tobacco

- An estimated 25.2 million men and 23.2 million women – representing more than 49% of the adult U.S. population – put themselves at increased risk of heart attack and stroke by smoking cigarettes.
- Some 4.4 million adolescents age 12–17 are also smokers, and smoking is on the increase among American teenagers.

## Physical Inactivity

- Data from a 1994 Centers for Disease Control and Prevention study show that 60% or more of American adults did not achieve the recommended amount of physical activity (30 minutes or more of vigorous physical activity at least 3-4 days per week).
- As many as 250,000 deaths a year in the United States – about 12% of total deaths are attributed to a lack of physical activity.
- The relative risk of coronary heart disease associated with physical inactivity ranges from 1.5 to 2.4 – comparable to that for high blood pressure, high cholesterol, or cigarette smoking.

## Overweight/Obesity

- Nearly two-thirds of adults (20+ years) in the United States are overweight or obese. Below is the breakdown by ethnicity and gender:

<b>Men</b>		<b>Women</b>	
Black (Non-Hispanic)	61%	Black (Non-Hispanic)	77%
White (Non-Hispanic)	67%	White (Non-Hispanic)	57%
Mexican American	75%	Mexican American	72%

- Each year an estimated 300,000 adults in the U.S. die of causes related to obesity.
- The prevalence of overweight children (ages 6-9) increased from 9% to 31% compared with data from 1963-1968.

## Diabetes Mellitus

- Sixty-five to seventy-five percent of people with diabetes die of some form of heart or blood vessel disease.

For more information about heart disease and stroke or about these statistics, contact your local American Heart Association or call 800-AHA-USA1 (800-242-8721) or visit the AHA's Web site at <http://www.americanheart.org>.

# Risk Reduction Check List for Heart Attack and Stroke

## What You Can Do on Your Own:

- Don't smoke cigarettes** – They're the world's No. 1 preventable cause of serious illness such as heart disease, stroke, lung cancer and emphysema.
- Be physically active** – Regular exercise that builds endurance helps control blood pressure, reduces cholesterol levels, aids in weight control and reduces your risk of developing diabetes.
- Eat healthy foods** – Foods high in total fat, saturated fat and cholesterol contribute to atherosclerosis, a primary cause of heart attack and stroke. Too much salt can cause high blood pressure in some people.
- Watch your weight** – Obesity has recently been added to the American Heart Association's list of major risk factors.
- Avoid excessive alcohol** – One or two drinks a day may help increase "good" HDL cholesterol, but heavy drinking can contribute to high blood pressure and heart disease.

## What You Can Do With Your Doctor's Help:

- Have regular checkups** – A medical exam can pinpoint major risk factors – such as smoking, excess weight and elevated cholesterol or blood pressure – and your doctor can offer help in combating them.
- Control your cholesterol** – Cholesterol is a natural substance found in all living tissue, but when too much of it builds up in your arteries – either because of a high-fat diet or hereditary genetic factors – it can be dangerous. A simple blood test can show the level of cholesterol in your blood. If it's too high, dietary changes, exercise, weight loss, and/or drug therapy can bring it down to a safer level.
- Keep tabs on your blood pressure** – Even if it's less than 130/85, have it checked at least every two years. If it's above 130/85, have it checked annually or according to your doctor's recommendations.
- Keep diabetes in check** – If you have an inherited tendency toward diabetes, your risk of heart attack and stroke is automatically increased. But your doctor can detect diabetes or a pre-diabetic condition and prescribe a program to minimize the risk. It may include exercise and drugs as well as diet changes and weight control.

## Risks You Can't Control

- Heredity** – Some families have a higher-than-normal genetic risk of heart attack and stroke. Black and Hispanic Americans are more likely than whites to have high blood pressure, and they tend to have strokes earlier in life and with more severe results. If you've inherited higher risks, it's more important than ever to reduce those risks you CAN control.
  
- Gender** – Before menopause, women have a much lower death rate from heart attack than men. Women's risk rises sharply after menopause, probably because of hormonal changes, but it still remains lower than men's in the same age group.
  
- Age** – The risk gradually increases as people age, but this doesn't mean that younger people are immune. About one in six heart attack deaths and one in eight stroke deaths occur before age 65. Advanced age is a powerful predictor of increased risk of heart attacks or strokes.

# Cholesterol Consciousness

## *What Cholesterol Does To Your Heart*

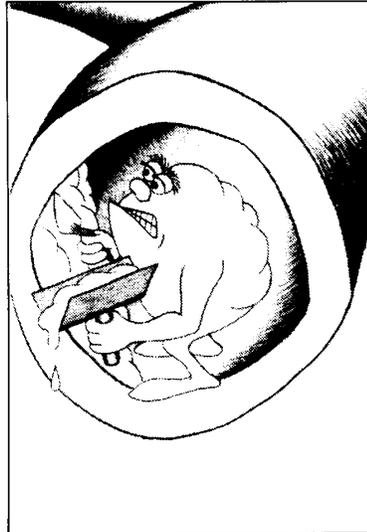
The whole issue of cholesterol can be very confusing. You may have heard that some cholesterol is good for you while other cholesterol can be harmful, but you may not know which is which. You may have been told that too much dietary cholesterol increases your risk for heart disease, but you may not know how. You can improve your cholesterol consciousness by learning about what cholesterol is, where it is found, and what it actually does to your heart.

### What is Cholesterol?

Cholesterol is a **lipoprotein** - a fatty substance in the blood that is coated with protein. The body itself manufactures about 1,000 milligrams of cholesterol daily, to form hormones, cell membranes, and other body substances. Dietary cholesterol is not essential for health, and can actually be harmful. There are several different types of cholesterol, but the two most important are **LDL (low-density lipoprotein)** and **HDL (high-density lipoprotein)**. LDL has a thin protein layer and tends to deposit itself on the walls of the blood vessels, while HDL has a thick protein layer and actually removes cholesterol from the bloodstream.

### Cholesterol and Atherosclerosis

Excess cholesterol and other fats can build up on the inner walls of blood vessels - a condition known as atherosclerosis.



LDL "bad" cholesterol deposits itself on arterial walls.



HDL "good" removes cholesterol from the bloodstream.

These fatty build-ups can restrict, and in some cases totally block, the flow of oxygen-rich blood through the blood vessels. When atherosclerosis occurs in the blood vessels that

nourish the heart (**coronary artery disease**), chest pain and heart attack can result.

### Cholesterol Measurement

The only way to determine whether you have too much cholesterol in your bloodstream is to have a laboratory blood test performed. This test will measure how many milligrams of cholesterol are present in a deciliter of blood. Depending on age, total cholesterol over 200 mg./dl. is considered to be undesirably high. If your total cholesterol level is elevated, your physician may ask that further testing be done to find out the percentage of LDL to HDL. (Remember, LDL deposits itself on arterial walls, HDL removes cholesterol from the bloodstream.) Knowing all the numbers and your ratio can give you a better understanding of your overall risk.

### Cholesterol Control

In most cases, a cholesterol/fat reduced diet and regular physical exercise can help lower cholesterol in the blood. Some people, however, require cholesterol-lowering drugs to keep their cholesterol within safe levels. The best advice for all of us is to reduce our intake of dietary cholesterol and fats, to exercise vigorously 3-5 times a week, and to have our cholesterol levels checked regularly.

*Reproduced from Copy Kit,  
Parlay International, 1989.  
Edited, September 2000.*

# How Much Cholesterol Is Too Much?

- More than 50 percent of middle aged Americans have serum cholesterol levels above 200 mg/dL, a level above which the risk of coronary heart disease begins to rise sharply. Most heart attacks occur in individuals with cholesterol levels between 210-265 mg/dL. Statisticians have determined that the risk of heart attack begins to rise when the levels of blood cholesterol exceed 150 mg/dL. When the levels of blood cholesterol top 200 mg/dL the risk climbs markedly.
- If your cholesterol levels are high, then look at your LDL cholesterol values. Levels of LDL cholesterol below 100 mg/dL are considered optimal. Values between 100 and 129 are near optimal, while values between 130 and 159 are borderline high. Those above 160 are considered high. A lack of HDL is also a risk factor. HDL should be at least above 40 and if it reaches above 60, risk is decreased. Another way to determine your risk of developing heart disease is to look at the ratio of LDL cholesterol to HDL cholesterol. The table below gives an indication of relative risks from data collected by the Framingham Heart Institute:

Gender	Risk of Developing Coronary Artery Disease	LDL/HDL	Total Cholesterol/HDL
<b>Men</b>	½ average	1.00	3.40
	average	3.55	4.97
	2X average	6.25	9.55
	3X average	7.99	
<b>Women</b>	½ average	1.47	3.30
	average	3.22	4.44
	2X average	5.03	7.05
	3X average	6.14	

As you can see, there are two versions of the cholesterol ratio. Be sure you know which one your doctor (or lab) has used.

## How Can You Lower Your Cholesterol Levels?

A diet high in saturated fat (animal fat, palm oil, coconut oil) and cholesterol has been shown to raise the level of cholesterol in the blood. You can distinguish saturated from unsaturated fat because unsaturated fat is usually liquid at room temperature and saturated (animal fat) is solid at room temperature. Reduction of cholesterol levels can be accomplished in many individuals through the reduction of cholesterol and saturated fat in the diet. Generally accepted dietary goals include:

- Reducing the total fat intake from the average of 42 percent of total calories to below 30 percent.
- Reducing saturated fat intake from the average 16 percent of total calories to 10 percent – this has been found to be one of the most significant factors.
- Adjusting mono-unsaturated and polyunsaturated fats to 10 percent each of the total calories.
- Decreasing cholesterol intake to less than 300 milligrams per day (foods high in cholesterol are: egg yolks, dairy products, red meats).
- Increasing carbohydrate intake from the average of 46 percent of total calories to 55 percent, with an increase of complex carbohydrates (starches) from the average 22 percent to 48 percent of the total calories.

All of these changes can be made with relatively modest alterations in your diet. These changes include increasing the amounts of fresh vegetables, fresh fruits, breads, pasta, grains, poultry and fish (some seafood is high in cholesterol, e.g., shrimp and lobster) while decreasing your intake of egg yolks, fatty meats, whole milk products, butter, and cheese.

## Exercise and Cholesterol Levels

Does exercise improve blood cholesterol levels? Exercise of an aerobic nature, such as running, brisk walking, cycling, cross-country skiing and other endurance sports, can play a positive role in your cholesterol profile. Endurance sports have been shown to raise the levels of the HDL cholesterol (good cholesterol). Studies have shown that as little as ten miles of running per week helps individuals control or lose weight, and losing weight has been shown to positively affect cholesterol levels. Training intensities must be equal to or greater than 60 percent of your maximal heart rate to get beneficial changes in your lipids and lipoproteins. It has become increasingly apparent that both a diet low in saturated fat and an aerobic exercise program contribute to improving blood cholesterol levels and may ultimately reduce the risk of heart disease.

**Bloodwork Results**  
**FAA Center for Management Development**  
**4500 Palm Coast Parkway S.E.**  
**Palm Coast, FL 32137-8007**  
**386-446-7202**

**Name:**    
**Date:**  **Result Number:**  **Class:**   
**Facility:**

Your Levels	
<b>Cholesterol:</b> <input style="width: 80px; height: 25px; border: 1px solid black;" type="text"/> *	<b>Desirable Level</b> < 200 mg/dl <b>Borderline High</b> 200 – 239 mg/dl <b>High Level</b> ≥ 240 mg/dl
<b>HDL:</b> <input style="width: 80px; height: 25px; border: 1px solid black;" type="text"/>	<b>Coronary Heart Disease</b> <b>Increased Risk</b> < 40 mg/dl <b>Average Risk</b> 40 – 59 mg/dl <b>Decreased Risk</b> ≥ 60 mg/dl
<b>LDL:</b> <input style="width: 80px; height: 25px; border: 1px solid black;" type="text"/>	<b>Optimal</b> < 100 mg/dl <b>Near Optimal</b> 100 – 129 mg/dl <b>Borderline High</b> 130 – 159 mg/dl <b>High</b> 160 – 189 mg/dl <b>Very High</b> ≥ 190 mg/dl
<b>VLDL:</b> <input style="width: 80px; height: 25px; border: 1px solid black;" type="text"/>	<b>Normal</b> ≤ 30 mg/dl <small>When triglycerides are ≤ 400 mg/dl, VLDL can be calculated as triglycerides/5.</small>
<b>Chol/HDL:</b> <input style="width: 80px; height: 25px; border: 1px solid black;" type="text"/>	<b>Primary Goal</b> ≤ 5.0 <b>Optimal</b> ≤ 3.5
<b>Triglycerides:</b> <input style="width: 80px; height: 25px; border: 1px solid black;" type="text"/>	<b>Normal</b> < 150 mg/dl <b>Borderline-High</b> 150 – 199 mg/dl <b>High</b> 200 – 499 mg/dl <b>Very High</b> > 500 mg/dl
<b>Glucose:</b> <input style="width: 80px; height: 25px; border: 1px solid black;" type="text"/>	<b>Expected Range</b> 65 – 109 mg/dl <b>Prediabetes</b> 110 – 125 mg/dl <b>Diabetes</b> ≥ 126 mg/dl

\* This number alone does not provide adequate information. This number, together with your HDL, helps determine if a complete lipoprotein profile is needed.

# Why You Ought to Know Your Triglyceride Level

**You've had your total blood cholesterol checked and perhaps even your "good" HDL and "bad" LDL levels, but do you know your triglyceride level?**

Blood levels of triglycerides are usually measured at the same time as cholesterol, but rarely do doctors discuss them with patients, largely because it is generally thought that triglycerides cannot affect heart health on their own. However, more evidence is coming to light that even high triglycerides by themselves can cause problems. Moreover, what's presently considered "normal" for triglyceride levels may actually be too high.

Both the American Heart Association and the National Heart, Lung, and Blood Institute's National Cholesterol Education Program stipulate that a triglyceride concentration that falls below 150 (milligrams per deciliter of blood) is normal. Levels between 150 and 199 are considered borderline high, while 200 and above is deemed high.

But in assessing the heart health of 460 middle-aged and older adults, researchers at the University of Maryland Medical Center in Baltimore found that those with triglyceride levels greater than 100 had twice the risk of those with lower levels of suffering a heart attack, dying from a heart attack, or requiring bypass surgery or another procedure to treat blocked arteries.

Insight into the potential dangers associated with high triglycerides comes from research at Chicago's Rush Medical Center. The findings there: the presence of triglycerides in the blood at levels of 190 or greater makes blood significantly more viscous. As a result of that viscosity, blood flow becomes sluggish, and less oxygen and nutrients are delivered to the heart muscle.

In addition to their own apparent adverse effects on the heart, high triglycerides often come coupled with low levels of beneficial HDL-cholesterol, which works to remove cholesterol from the bloodstream. Elevated triglycerides also frequently go hand-in-hand with a decrease in the size of LDL-cholesterol particles. That's significant because the smaller the LDL-cholesterol particles, the more susceptible they are to oxidative processes that turn them into "gunk" on artery walls, which in turn obstructs blood flow.

## Getting Measured, Getting Treated

Triglyceride levels are much more variable than cholesterol levels. While cholesterol is carried through the blood with the help of fats, triglycerides *are* fats – the type in your body as well as the type in foods. Thus, a fat-rich meal is a triglyceride-rich meal and will cause a dramatic short-term jump in blood triglyceride levels. That's why it's important to fast for at least 12 hours

before having blood drawn to measure triglyceride levels. In addition, it's generally advisable to get a second triglyceride test if the first is above the normal range, says Alice Lichtenstein, DSc, a heart disease researcher at the Jean Mayer USDA Human Nutrition Research Center on Aging at Tufts.

If it does turn out that you have high triglycerides, which are common in obese people as well as in those with diabetes, there are many lifestyle steps you can take to lower them. Better still, experts have noted that triglycerides levels are even more responsive to lifestyle changes than blood cholesterol. Therefore, permanent adoption of triglyceride-lowering habits is likely to produce heart-healthy results.

- **Lose excess weight**, most preferably through a combination of cutting back on calories and increasing the level of physical activity at least three days a week.
- **Avoid alcohol**, or at least cut back to a very occasional drink. Even small amounts of alcohol can cause significant jumps in triglyceride levels.
- **Restrict intake of simple carbohydrates** such as table sugar, honey, molasses, and syrups. It is important to cut back on products made with these items – cakes, pastries, ice cream, cookies, soft drinks, candy, jams, and jellies. Carbohydrates – simple carbohydrates in particular – get converted to triglycerides in the liver. In fact, nutrition experts believe that the recent surge in consumption of fat-free but high-sugar dessert and snack items is at least partly to blame for elevated blood triglyceride levels in Americans.

People have been led to believe that if they simply cut out fat, they're doing all they can to improve heart health. But fat-free sweets often contain more sugar than their full-fat counterparts, which isn't doing anyone with high triglyceride levels any good. In fact, "they may cause high triglyceride levels in some people," Dr. Lichtenstein suggests.

Even complex carbohydrates such as those found in nutritionally dense whole-grain foods can keep triglycerides elevated in someone who is susceptible. For that reason, practitioners usually say that people trying to lower triglycerides should not go on an extremely low-fat, high-carbohydrate diet in which fat makes up, say, only 20% of calories. They should opt for a moderately low-fat plan in which fat makes up about 30% of calories, with less than 10% of calories coming from saturated fat.

- **Eat more fatty fish** such as bluefish, mackerel, salmon, and herring. The omega-3 fatty acids contained in several fatty fish meals a week may help keep triglyceride levels stable.

*Adapted from: Tufts University Health & Nutrition Letter, July 1997*

# Blood Pressure

Blood pressure is essential to life. However, chronically elevated blood pressure increases your risk of developing life threatening diseases. Therefore, it is necessary to monitor your blood pressure regularly throughout life and to take the necessary steps to keep it in the normal range.

## Classification of Blood Pressure (BP)

Category	Systolic Blood Pressure (SBP mmHg)		Diastolic Blood Pressure (DBP mmHg)
Normal	< 120	and	< 80
Prehypertension	120 – 139	or	80 – 89
Hypertension, Stage 1	140 – 159	or	90 – 99
Hypertension, Stage 2	≥ 160	or	≥ 100

Source: U.S. Department of Health and Human Services, National Institutes of Health, NIH Publication No. 03-5231, May 2003

## What is Blood Pressure?

Your blood pressure reading contains two numbers. The first number, known as systolic blood pressure, represents the peak force exerted on the arteries when the heart contracts. The second number, known as diastolic blood pressure, represents the pressure within the arteries when the heart is at rest. Another way to think of diastolic pressure is as the resistance to blood flow in the arteries.

## What is Normal Blood Pressure?

The upper limit for resting systolic blood pressure is 140 mmHg (millimeters mercury). The upper limit for resting diastolic blood pressure is 90 mmHg. It is normal for blood pressure to fluctuate during the day. Common factors that cause fluctuations include cigarette smoking, alcohol or caffeine consumption, exercise, and emotions such as apprehension and anger. Therefore, a single blood pressure reading may not be representative of your average resting blood pressure. If your blood pressure is above normal, it is recommended that you contact your physician for additional blood pressure readings and possible intervention strategies.

## **What is Hypertension?**

When either the systolic or diastolic pressure reaches or goes above its upper normal limit at rest, the condition is known as hypertension. If hypertension is left untreated, the heart must work harder to overcome the increased resistance to blood flow in the arteries, and, therefore, the heart has difficulty pumping the blood. This will eventually lead to an unhealthy increase in the size of the heart and may result in congestive heart failure. Chronically elevated blood pressure has also been identified with increasing the chances of stroke, heart attack, kidney damage, arteriosclerosis (hardening of the arteries), and blindness (as a result of reduced blood flow).

The cause of hypertension is often difficult to determine. However, several common contributing factors have been identified, including heredity, age, race, obesity, smoking, dietary factors, sedentary lifestyle, alcohol consumption, and the inability to manage stress. You have the ability to modify many of these factors. However, even individuals who lead apparently healthy lifestyles sometimes have problems with hypertension.

## **How Can You Manage Hypertension?**

The first step in controlling high blood pressure is to work with your doctor to develop a personalized approach to hypertension management. High blood pressure can often be controlled without medication through changes in lifestyle. These changes may include smoking cessation, weight reduction, participation in an aerobic exercise program, and dietary interventions concerning the amount of fat, sodium and alcohol in your diet. If necessary, your doctor may also prescribe one of a number of different medications known to reduce high blood pressure. Adherence to your management plan is essential. Hypertension usually has no symptoms. Therefore, since most people with high blood pressure feel fine, having your blood pressure read regularly is the only way to be sure that your management plan is successful.

**For more information about heart disease and stroke,  
contact your local American Heart Association or call 800-AHA-USA1 (800-242-8721)  
or visit the AHA's Web site at <http://www.americanheart.org>.**

# What is Diabetes?

Diabetes is a disease that affects the way your body uses food. Normally, your body changes sugars, starches, and other foods you eat into a form of sugar called glucose. Your body uses glucose for fuel. Glucose is carried to your body's cells by the bloodstream. Insulin (a hormone made by the pancreas) helps glucose enter your cells. There, glucose is changed into energy and used, or stored, for later use.

In diabetes, something goes wrong with this process. Food is changed into glucose, but either your body doesn't make enough insulin or it can't use the insulin correctly. Because glucose is unable to enter the cells, it builds up in the bloodstream. High blood glucose levels (high blood sugar levels) are one of the main signs of undiagnosed diabetes.

The goal of treatment for all types of diabetes is to keep blood sugar at or near normal (nondiabetic) levels. It's estimated that about 6 percent of the U.S. population – 18 million Americans – has some form of diabetes. About 6 million of these people don't know they have diabetes. The tendency to develop diabetes is believed to be genetic (something a person is born with).

Insulin-dependent (type I) diabetes occurs most often in children and young adults. It usually appears suddenly and progresses quickly. The cells that make insulin (beta cells) stop working and make little or no insulin, so people with type I must take daily injections of insulin to stay alive. (Insulin cannot be given by mouth because it would be destroyed by the body's digestive juices.) Their treatment plan also includes a meal plan and regular exercise.

The exact cause of type I is not known. Viral infections may cause the disease by attacking the beta cells. Or the body's own immune system – the first line of defense against infection – may attack the beta cells. Or some combination of the two may cause the disease. Type I accounts for about 5 percent of all known cases of diabetes.

Non-insulin-dependent (type II) diabetes usually occurs in adults over 40 who are overweight, but this current epidemic includes many younger people now. Its onset is usually gradual. In fact, type II may take several years to develop. About 95 percent of all people with diabetes have type II. In type II the body makes some insulin but is unable to use it effectively. This inability to properly use insulin is often called insulin resistance. Type II can often be controlled with diet and exercise, although some people also need oral medications or insulin injections.

Gestational diabetes develops in some pregnant women but usually disappears after their babies are born. About half the women who develop gestational diabetes will later develop type II diabetes.

The American Diabetes Association (ADA) is the nation's leading voluntary health organization support-ing diabetes research and education. The Association serves the entire diabetes community through the efforts of thousands of volunteers working out of affiliates and chapters in more than 800 communities across the United States. To find your local ADA affiliate, look in the white pages of your phone book.

## Who is Most Likely To Get Diabetes?

- People who are overweight
- People with a family history of diabetes
- People who are 40 or older
- Black Americans
- Hispanics
- Native Americans

## The Warning Signs of Diabetes?

### INSULIN-DEPENDENT (Type I) (*symptoms usually develop rapidly*)

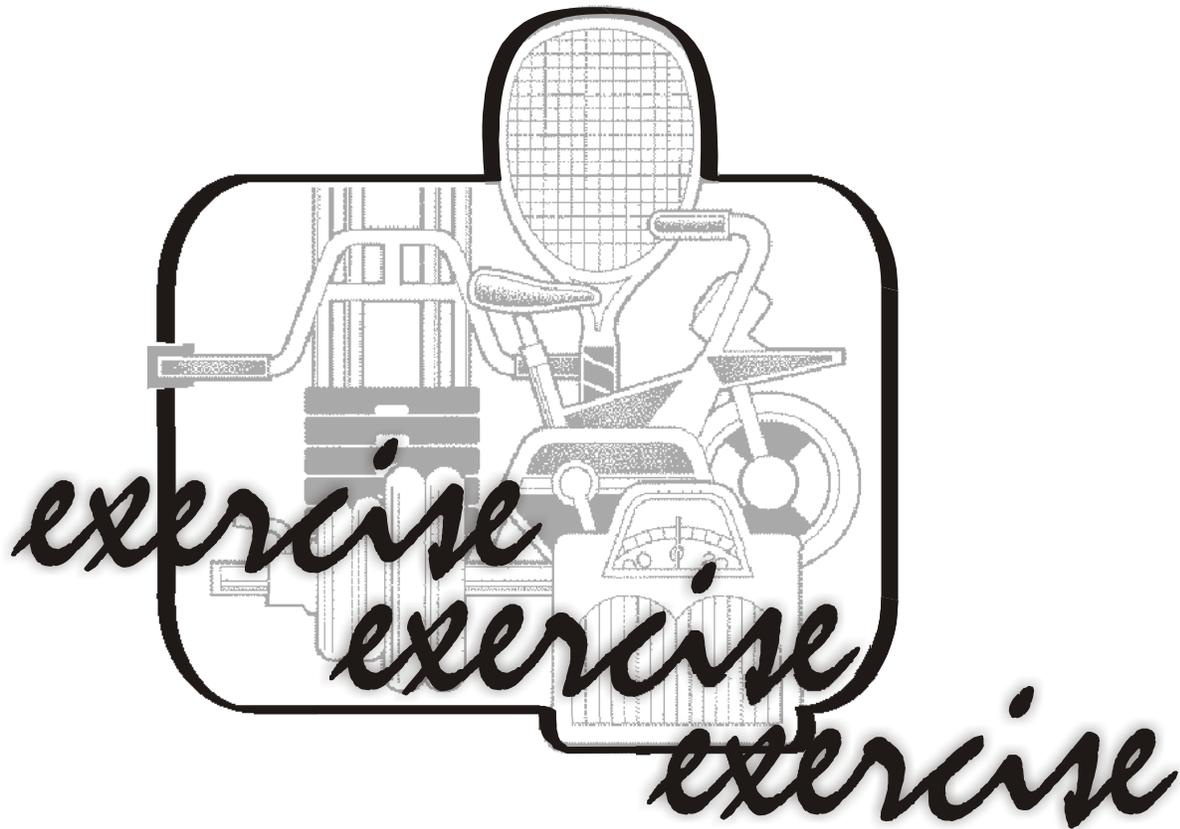
- Frequent urination (including frequent bed-wetting in children who have been toilet trained)
- Excessive thirst
- Excessive hunger
- Sudden weight loss
- Weakness and fatigue
- Irritability
- Nausea and vomiting
- Blurred vision or any change in sight
- Drowsiness

### NON-INSULIN-DEPENDENT (Type II) (*symptoms usually develop gradually*)

- Any of the insulin-dependent symptoms
- Tingling or numbness in legs, feet, or fingers
- Slow healing of cuts (especially on the feet)
- Frequent skin infections or itchy skin

*Source: American Diabetes Association*

# ~Notes~



Everyone knows it's healthy, but in today's modern world with all its conveniences and a lack of time, people are getting less exercise than what's needed. According to the U.S. Surgeon General's Report on Physical Activity & Health, more than 60% of adults in the United States do not engage in the recommended amount of activity – 30 minutes of activity on most days of the week.

# What is Physical Fitness?

Everybody knows the importance of exercise – the physical and mental health benefits – but many are simply unable to stay motivated long enough to reap the benefits for a lifetime! Now, more than ever, we are learning that we must **find** ways to incorporate physical activity into our daily routine. Our society has so many conveniences that we've become accustomed to a sedentary lifestyle. Everything from automobiles, to elevators and e-mail have prompted us to be less active. Improving our level of fitness will not guarantee us a long, healthy, and happy life – but it can certainly increase our odds dramatically!

Physical Fitness incorporates four characteristics: Endurance, Strength, Balance, and Flexibility. A regular exercise program can help us improve these four areas. The following section provides tips for improving physical fitness at any age (adapted from *Exercise: A Guide from the National Institute on Aging*).

## Endurance

- To build stamina, you can do specific exercises, like walking or jogging, or any activity that raises your heart rate and breathing for extended periods of time.
- Do at least 30 minutes of endurance activities on most or all days of the week.
- If you prefer, divide your 30 minutes into shorter sessions of no less than 10 minutes each.
- The more vigorous the exercise, the greater the benefits.
- Warm-up and cool down with a light activity, such as easy walking.
- Activities shouldn't make you breathe so hard you can't talk. They shouldn't cause dizziness or chest pain.
- When you are ready to progress, first increase the amount of time, then the difficulty of your activity.
- Stretch after endurance exercises.

## Strength

- Do strength exercises for all your major muscle groups at least twice a week, but not for the same muscle group on any two days in a row.
- Gradually increasing the amount of weight you use is the most important part of strength exercise.
- Start with a low amount of weight (or no weight) and increase it gradually.
- When you are ready to progress, first increase the number of times you do the exercise, then increase the weight at a later session.
- Do an exercise 8 to 15 times; rest a minute and repeat it 8 to 15 more times. Try doing 3 sets.
- Take 3 seconds to lift and 3 seconds to lower weights. Never jerk weights into position.

- If you can't lift a weight at least 8 times, it's too heavy; if you can lift it more than 15 times, it's too light.
- Avoid holding your breath while straining.
- These exercises may make you sore at first, but they should never cause pain.
- Stretch after strength exercises.

## **Balance**

- Many lower-body strength exercises can also be balance exercises: plantar flexion, hip flexion, hip extension, knee flexion, and side leg raise. Some modifications to these can improve your balance even more. For instance, with plantar flexion (calf raises), you may start by holding onto the table or chair with one hand, then one finger, then no hands. If you are steady on your feet, progress to no hands and eyes closed. Ask someone to watch you the first few times, in case you lose your balance.
- Don't do extra strength exercises just to add these balance modifications. Simply add the modifications to your regularly scheduled strength exercises.
- Another way to improve your balance is through "anytime, anywhere" balance exercises. One example: Balance on one foot, then the other, while waiting in line at the bank. Do as often as desired.

## **Flexibility/Stretching**

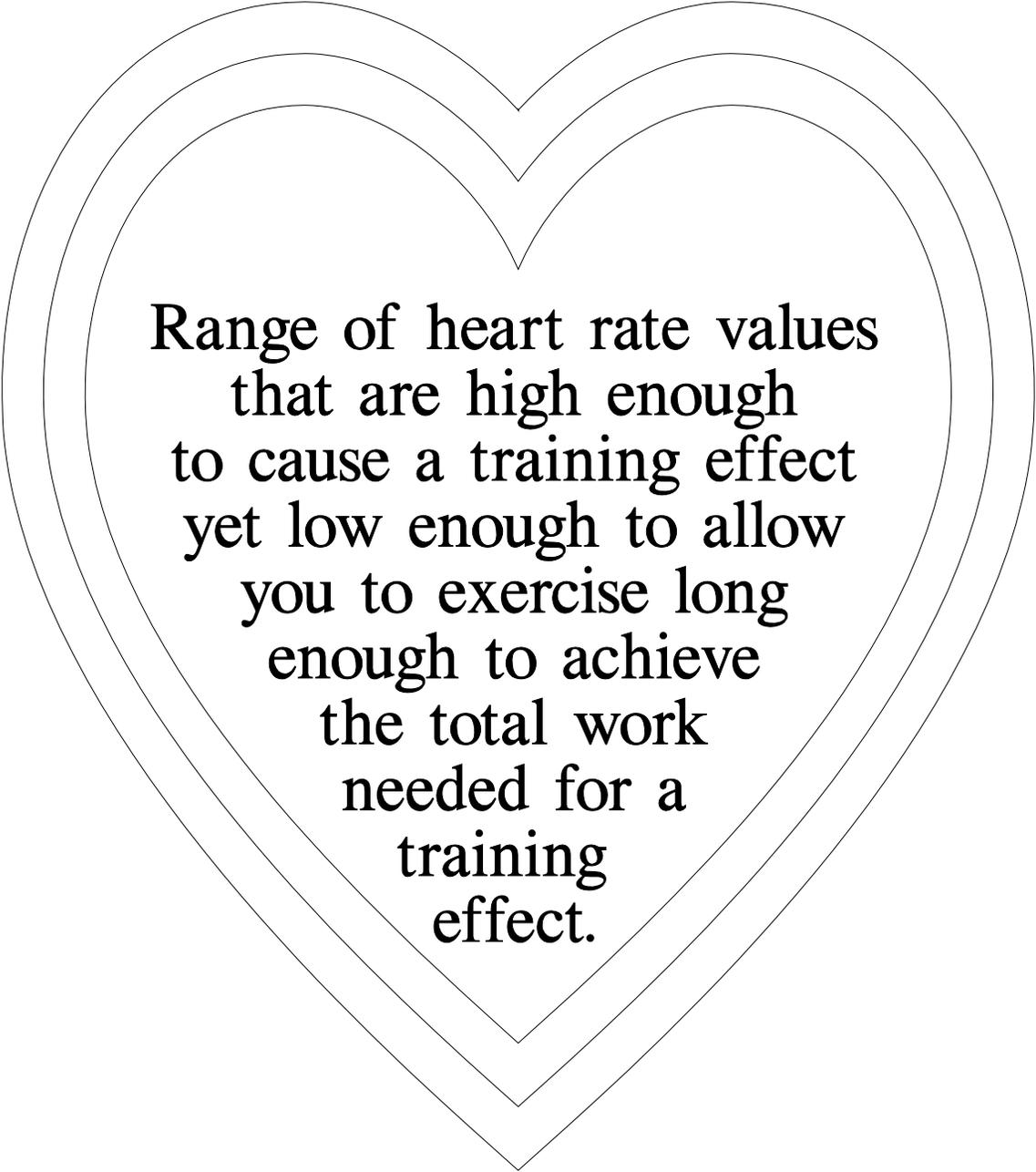
- Stretching exercises may help keep you limber.
- Stretching exercises alone will not improve endurance or strength.
- Do stretching exercises after endurance and strength exercises, when your muscles are warm.
- If stretching exercises are the only kind of exercise you are able to do, do them at least 3 times a week, up to every day. Always warm your muscles first.
- Do each exercise 3 to 5 times at each session.
- Hold the stretched position for 10 to 30 seconds.
- Total session should last 15 to 30 minutes.
- Move slowly into position; never jerk into position.
- Stretching may cause mild discomfort, but should not cause pain.

## **Summary**

Anyone starting a new program should build up to all exercises and activities gradually, especially if you have been inactive for a long time. Once you have built up to a regular schedule, include these four types of exercises: endurance, strength, balance, and flexibility/stretching. If you have to stop exercising for more than a few weeks, start out at half the effort when you resume, then build back up to where you were. Some people may need to check with their doctor first, especially those with heart conditions, on medications, or who've had joint replacements.

**Most Importantly – Enjoy Yourself!**

# Target Heart Rate Zone



Range of heart rate values  
that are high enough  
to cause a training effect  
yet low enough to allow  
you to exercise long  
enough to achieve  
the total work  
needed for a  
training  
effect.

# Figuring Your Own Target Heart Rate

## Maximum Heart Rate:

$$220 - \underline{\text{Age}} = \underline{\hspace{2cm}} \text{ Maximum Heart Rate (MHR)}$$

## Target Heart Rate: 60% – 85% of Maximum

$$\text{MHR} \times .60 = \underline{\hspace{2cm}} \text{ Lower Target Heart Rate (LTHR)}$$

$$\text{MHR} \times .85 = \underline{\hspace{2cm}} \text{ Maximum Target Heart Rate (MTHR)}$$

$$\text{Target Heart Rate} = \frac{\underline{\hspace{2cm}}}{(\text{LTHR})} \text{ through } \frac{\underline{\hspace{2cm}}}{(\text{MTHR})}$$

10 sec. pulse =

$$\text{Lower Target Heart Rate} \div 6 = \underline{\hspace{2cm}}$$

Through

$$\text{Maximum Target Heart Rate} \div 6 = \underline{\hspace{2cm}}$$

# Recovery Heart Rate

Your recovery heart rate, which you should take one minute after you stop exercising, indicates how quickly you have recovered from an exercise session. Physically fit persons generally recover more rapidly because their cardiovascular systems are more efficient and adapt more quickly to the imposed demands.

The recovery heart rate really has two decreasing phases: the first minute after exercise, during which the heart rate drops sharply, and the *resting plateau*, during which the heart rate gradually decreases. The resting plateau may last as much as one hour after exercise. Five minutes following exercise, the heart rate should not exceed 120 beats per minute. After 10 minutes, the heart rate should be below 100 beats per minute. The heart rate should return to its pre-exercise rate approximately 30 minutes after the exercise session. However, the initial sharp drop in the heart rate that occurs one minute after the exercise is the most meaningful indicator of fitness. To determine your rate of recovery, use the following formula:

$$\text{Recovery heart rate} = (\text{exercise heart rate} - \text{recovery heart rate after 1 minute}) / 10$$

Monitor your exercise pulse immediately at the end of your workout. Exactly one minute after the exercise, take your pulse again. Subtract the one-minute recovery rate from the exercise heart rate and divide this figure by 10. The higher the number for the recovery rate, the more quickly your heart has recovered from the exercise. Use the following table to evaluate your recovery rate:

<u>Recovery Rate</u>		<u>Condition</u>
<u>Number</u>		
Less than 2	=	Poor
2 to 2.9	=	Fair
3 to 3.9	=	Good
4 to 5.9	=	Excellent
Above 6	=	Outstanding

The recovery heart rate also measures the intensity of the workout. Very little drop in the one minute pulse could indicate that you were probably working too hard and your body was having a difficult time recuperating.

Your heart rate is your best indicator for determining your proper exercise intensity. Take your pulse often throughout the workout, until you learn what your body needs to sustain your target heart rate. Remember, increase the intensity of your exercise if you are not yet in your target range; decrease the intensity if the target rate is too high.

# Approximate Calories Used Per Hour

<b>Activity</b>	<b>205 lb. Person</b>	<b>125 lb. Person</b>
Aerobics – low impact	541	330
Aerobics – water	394	240
Archery – non-hunting	344	210
Baseball – infield or outfield	382	234
Baseball – pitching	488	299
Basketball – moderate	575	352
Basketball – vigorous	807	495
Bicycling – on level surface, 13.0 mph	877	537
Bicycling – on level surface, 5.5 mph	409	251
Bowling	295	180
Canoeing – 4 mph	565	352
Dancing – fast	590	360
Dancing – moderate	341	209
Football – touch, flag, general	787	480
Gardening – general	443	270
Golf – foursome	332	203
Golf – twosome	443	271
Handball – vigorous	1181	720
Horseback Riding – trot	551	338
Horseback Riding – walk	270	165
Martial Arts – judo, karate, kickboxing	984	600
Motorcycling	297	182
Playing with Kids – moderate effort	394	240
Racquetball – general	689	420
Rock Climbing – ascending	1082	660
Rollerblade Skating	689	420
Rowing Machine – vigorous	836	510
Rowing – pleasure	409	251
Running – 12 mph	1606	984
Running – 5.5 mph	887	537

# Approximate Calories Used Per Hour

Activity	205 lb. Person	125 lb. Person
Running – 7 mph	1141	669
Running – 9 mph, 2.5% grade	1480	907
Running – 9 mph, 4% grade	1564	959
Running – 9 mph, level	1269	777
Running – in place, 140 count/minute	1993	1222
Skating – moderate	465	285
Skating – vigorous	837	513
Skiing – cross-country, 5 mph	956	586
Skiing – downhill	798	483
Swimming – backstroke, 20 yards/minute	316	194
Swimming – backstroke, 40 yards/minute	682	418
Swimming – breaststroke, 20 yards/minute	392	241
Swimming – breaststroke, 40 yards/minute	786	482
Swimming – butterfly	1082	660
Swimming – crawl, 20 yards/minute	392	241
Swimming – crawl, 50 yards/minute	869	532
Tennis – moderate	565	347
Tennis – vigorous	797	488
Volleyball – moderate	465	285
Volleyball – vigorous	797	489
Walking – 110-120 paces/minute	425	260
Walking – 2 mph	286	176
Walking – 4.5 mph	540	331
Walking – down stairs	544	333
Walking – up stairs	1417	869
Weight Lifting – vigorous	590	360

**You don't have to be "good" at the activity,  
just have fun and keep moving!**

Source: *Fitness Partner Connection, 1995-1998*,  
for more information refer to their website: <http://www.primusweb.com/fitnesspartner>



# weight management

More than 130 million American adults age 20 and older are overweight. This country is obsessed with dieting and weight loss pills and many are willing to try anything to be thin.

Some of the most popular diets today are those that are high in protein and low in carbohydrates. Most health organizations promote the Food Guide Pyramid or similar recommendations, which are higher in carbohydrates and lower in protein. So which is best?

There's no question to most that a high fat diet can increase the risk of significant health problems: obesity, heart disease, high blood pressure, some cancers, and more! However, the debate going on today, regarding nutrition, doesn't always have such clear-cut statistics.

The popularity of high protein diets seems to keep rising even as many health professionals warn against the dangers. Now, a few physicians even recommend it for very obese people, as well as some with very high cholesterol or triglyceride levels. The end result for many people is confusion.

The following article (pages 56 & 57) entitled, "High-Protein, Low-Carb Diets – Are they right for you?" from the July 2000 issue of the Mayo Clinic Health Letter summarizes key points you should know before jumping on the protein bandwagon.

# High-Protein, Low-Carb Diets

## Are They Right for You?

You've been on a low-fat diet for months with no luck. But your friend has shed 15 pounds on a high-protein, low-carbohydrate diet. She feasts on eggs, cheese and meat, and the pounds are flying off!

Should you give her diet a try? How can you lose weight eating all those "heavy" foods? High-protein, low-carbohydrate diets may help you lose some weight quickly. That's because they're low in calories. But these diets aren't necessarily the healthiest approach to losing weight and keeping it off.

## Carbs vs. Calories

There are several high-protein, low-carbohydrate diet books on the market. Examples include the Zone diet, the Atkins diet, the Carbohydrate Addict's Diet, Sugar Busters and Protein Power.

They're all variations on the same theme – to lose weight, you cut back on foods high in carbohydrates (such as fruit and fruit juices, potatoes, breads, cereals, pasta, rich, starchy vegetables, sweets, soft drinks) and eat mainly protein- and fat-rich foods (meat, fish, eggs, milk and nuts).

The Atkins diet, for example, recommends limiting carbohydrate intake to less than about 50 grams a day. That's roughly the amount in one bagel and only about 25 percent or less of what adults should consume each day.

Why the restriction on carbohydrates?  
Authors and proponents of low-carbohydrate diets believe that eating carbohydrates

increases levels of the hormone insulin. Higher insulin levels, they contend, cause more calories to be stored as fat, promoting weight gain. Therefore, if you cut back on carbohydrates, your insulin levels will drop, and you'll lose weight. In addition, they claim that higher insulin levels stimulate appetite.

Most diet and nutrition experts challenge these theories. They say that carbohydrates alone aren't to blame for weight gain. Weight gain results from consuming too many calories – from any source – while burning too few. In addition, scientific research has not confirmed that insulin stimulates appetite.

That said, it is true that eating carbohydrates (and fat and protein) in moderation can aid in losing weight. The key is "moderation." Some low-fat dieters mistakenly load up on carbohydrates – fat-free cookies, sugary sodas and lots of pasta. These foods are low in fat, but not necessarily low in calories. And when it comes to weight loss, calories matter (despite what many of these diet books say).

## Do These Diets Work?

Some people do lose weight on these diets. Why? First and foremost, these diets are extremely low in calories. The Zone diet, for example, allows for about 800 to 1,200 calories a day. The recommended caloric intake for the average adult is at least 1,800 to 2,000 calories a day.

In addition, when you first stop eating carbohydrates, your body reacts by releasing water that's stored with your body's supply of carbohydrates. Some of the weight you're losing is water, not fat.

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These diets also help suppress appetite – but not necessarily in a healthy way. Your body depends on carbohydrates for its daily fuel. When you strictly limit carbohydrates, your body burns fat as its fuel and reacts as though it’s starving. A condition called ketosis (kee-TOE-sis) may result.

This can cause a loss of appetite, but it may also stress your kidneys.

Ultimately, though, most weight loss on high-protein diets is temporary. The diets can make eating overly complicated and eventually boring. And once you go off the diets, you tend to regain weight.

## A Menu of Choices

Are these diets good for you? Mayo Clinic experts say “no.” Most low-carbohydrate diets restrict whole grains, fruits and vegetables – foods linked to prevention of cancer and heart

disease. Many of these diets also encourage you to eat meat in place of carbohydrates, and studies have conclusively linked diets high in red meat to various diseases.

Some low-carbohydrate diets also encourage you to eat foods, such as cheese, butter and cream, that are high in saturated fat. But diets high in saturated fat can lead to clogged arteries and increased cancer risk.

In addition, there have been no scientific studies published that show that these diets work for most people or are safe.

If you’re considering a low-carbohydrate diet, discuss it with your doctor. People with diabetes, high blood pressure, heart disease or other risk factors for kidney disease should be particularly careful. Kidneys have to work hard to process waste from the break-down of proteins.

If you’re healthy, these diets may not be obviously harmful for a short period, but you may be sacrificing improvements to your long-term health for temporary weight loss.

## The Best Plan

To lose weight and keep it off permanently, you should follow a healthy, low-calorie diet. This plan should emphasize whole grains, fruits and vegetables—carbohydrates that are low in calories and high in nutrients.

Your diet should

emphasize the right kinds of proteins, such as nuts, soy and beans, lean white meats, such as fish, and reduced portions of red meat. It should be low in saturated fat and instead contain monounsaturated fat (the “good” fat), such as olive oil, canola oil and nuts.

In addition, don’t forget to exercise. Studies suggest that if anything helps to keep unwanted pounds from returning, it’s exercise.

Despite hype to the contrary, a diet that’s well balanced in carbohydrates, proteins and fats is healthful for you.

### Choosing the Right Carbohydrate

**There is at least one bit of good advice in some low-carbohydrate diets—the recommendation to decrease your sugar intake.**

**High sugar foods, while high in carbohydrates, are high in calories and low in nutrients. Nutrition experts generally agree that 55 percent to 60 percent of your total daily calories should come from carbohydrates. Make sure yours are the “right” kind. Look for complex carbohydrates that include a good dose of fiber.**

**These include fruits, vegetables, beans, and whole grains.**

# Helpful Tips In Your Quest to Manage Your Weight

**Forget Fad Diets:** One important factor about losing weight is that you don't plan to put the weight back on. Using a "fad diet" to lose weight can produce immediate results, but most likely the weight will be put back on in 6 months to a year. Remember the most important point of proper weight management is "change of lifestyle" – **FOREVER!**

**Don't Skip Meals:** It may seem logical that if you skip breakfast, you reduce the intake of calories; but when you continuously skip meals, your body will counter by slowing your metabolism.

**Keep Away From Weight Scales:** Weighing yourself on a daily basis can be very demoralizing to your program. Because your body's water composition changes throughout the day, weighing yourself daily may give a false indication of your true weight. For example, during exercise you can lose 2-4 pounds through sweating. However, as soon as you drink liquids you may put that weight back on.

**Keep A Diet History:** Keeping a diet history works two ways. First, writing down everything you put in your mouth helps you see good and bad food choices you have made. Second, if you have to write down everything you eat, you may have second thoughts about having that hot fudge sundae.

**Reduce Fat/Eat Complex Carbohydrates:** This allows you to reduce calories, but not the bulk of food you eat.

**Fill Up On Fiber:** First, fiber helps prevent overeating by absorbing water in the stomach and giving a full feeling. Second, that full feeling lasts longer because fiber slows the movement of food through the stomach.

**Eat Slowly:** Slow eating will also help prevent overeating, because there is lag time (about 15 minutes) between the time you consume food and when the brain signals the body that you are full.

**Manage Your Stress:** We tend to eat very poorly when under stress. When stress is heavy, try to focus on proper food choices.

**Exercise, Exercise, Exercise:** Successful weight management is most often accompanied with regular exercise.

**Set Small Goals:** Try not to focus on the final result, instead set small attainable goals and reset those goals once they are reached. Also, reward yourself when you reach each goal you set; but **do not** use food as an award. Good examples of rewards: a new outfit, a new power tool, a small appliance, a night out (movie, concert, ballgame).

# Weight Management Mini-Workshop

## Estimating Daily Calorie Needs Using Weight, Height and Age

Use the appropriate Harris-Benedict formula below to calculate your Basal Metabolic Rate (BMR):

### Adult MALE

$$66 + (6.3 \times \text{weight in lbs.}) + (12.9 \times \text{height in inches}) - (6.8 \times \text{age in years}) = \text{BMR}$$

### Adult FEMALE

$$655 + (4.3 \times \text{weight in lbs.}) + (4.7 \times \text{height in inches}) - (4.7 \times \text{age in years}) = \text{BMR}$$

Next you must account for physical activity. The information for this part of the equation varies, but the International Fitness Association says that you multiply the following physical activity score (that applies to you) to your calculated BMR.

$$\text{Sedentary} = \text{BMR} \times 1.2 \text{ (little or no exercise, desk job)}$$

$$\text{Lightly Active} = \text{BMR} \times 1.38 \text{ (light exercise / 1-3 days/week)}$$

$$\text{Moderately Active} = \text{BMR} \times 1.55 \text{ (moderate exercise / 3-5 days/week)}$$

$$\text{Very Active} = \text{BMR} \times 1.73 \text{ (hard exercise / 6-7 days/week)}$$

$$\text{Extremely Active} = \text{BMR} \times 1.9 \text{ (hard daily exercise or training for marathon, etc.)}$$

Now you can use this number as the appropriate number of calories you can consume in a day, if you're trying to maintain your weight. If you're trying to lose, eat fewer calories (about 250 – 500 a day) and increase physical activity. Trying to gain? You can add healthy calories and weight training.

## Estimating Daily Calorie Needs Using Lean Body Mass

(Must have body fat % value to calculate)

$$\text{BMR (men and women)} = [21.6 \times \text{lean mass in kg (lbs. / 2.2)}] + 370$$

$$\begin{aligned} \text{To figure lean mass in kg: } & \text{Weight (lbs.)} \times \text{body fat \%} = \text{lbs. of fat} \\ & \text{Weight (lbs.)} - \text{lbs. of fat} = \text{lbs. of lean} \\ & \text{Lbs. of lean divided by } 2.2 = \text{lean mass in kg} \end{aligned}$$

Then multiply by activity factor as described above.

## Decrease Fat Intake

Fat supplies more than twice the calories as carbohydrates or proteins and can be stored as body fat more quickly.

$$1 \text{ gram fat} = 9 \text{ calories}$$

By decreasing the amount of fat in the diet, you can automatically reduce caloric intake. Counting your fat grams is one way to decrease the amount of fat in your diet. The current recommended guideline for fat consumption is that 20 - 30% of total calories consumed in a day, come from fat.

How to calculate number of fat grams allowed per day (based on what % of fat you choose).

To calculate 30% of total calories coming from fat:

- 1) Multiply your total calories by 30% (0.30)

$$\begin{array}{r} \text{Example: } 1800 \text{ calories} \\ \quad \quad \quad \times .30 \\ \hline \quad \quad \quad 540 \text{ fat calories} \end{array}$$

- 2) Divide fat calories by 9 (1 gram fat = 9 calories)

$$540 \div 9 = 60 \text{ grams/day}$$

One way of cutting the fat in your diet is to make substitutions for some of your high fat foods. For example:

<b>High Fat</b>	<b>Healthier Substitute</b>
Butter (1 tbs.) = 102 calories	Jelly (1 tbs.) = 49 calories
Mayonnaise (1 tbs.) = 100 calories	Mustard (1 tbs.) = 25 calories
French Fries (1 ounce) = 90 calories	Baked Potato (1 ounce) = 20 calories

## Increase Physical Activity

When physical activity is added to a weight loss program, success rates are greatly increased. Exercise also improves your chances of keeping the weight off once it is reduced.

Exercise benefits a weight management program in several ways:

- 1) Exercise, especially weight training, develops lean muscle tissue. Muscle requires more calories to maintain than fat, so you increase your metabolism.
- 2) All exercise helps; however aerobic exercise burns more fat than anaerobic exercise. Examples of aerobic exercise: walking, jogging, biking, stair climbing, rowing.
- 3) Exercise also makes you feel better about yourself, so you are more likely to stay on your weight loss program.

# How Many Pounds of Fat Do You Need to Lose to Be Healthy?

Learning your body fat composition can be very useful for determining a reasonable weight loss goal.

$$\% \text{ Body Fat} \times \text{Current Weight} = \text{Pounds of Fat you're carrying (P of F)}$$

$$\text{Current Body Weight} - \text{P of F} = \text{Pounds of Lean you're carrying (P of L)}$$

$$\frac{\text{(P of L)}}{.80 \text{ for men}^* \text{ (}.75 \text{ for women)}} = \text{Highest optimum body weight (opt body wt) at highest optimum body fat if you keep all your lean tissue}$$

Current Body Weight – Optimum Body Weight = Amount of BODY FAT you need to lose to be at your highest Opt Body Fat to be healthy.

## Example A: Male

$$\begin{aligned} \text{Current Body Wt} &= 225 \text{ lbs.} \\ \text{Current Body Fat} &= 26\% \\ \text{(P of F)} &= .26 \times 225 \text{ lbs.} = 58.5 \text{ lbs. of FAT} \\ \text{(P of L)} &= 225 \text{ lbs.} - 58.5 \text{ lbs.} = 166.5 \text{ lbs. of lean} \\ \text{Highest Opt Body Wt} &= \frac{166.5}{.80} = 208 \text{ lbs.} \\ &\text{at 20\% body fat} \end{aligned}$$

$$\text{Body Fat to lose} = 225 - 208 = 17 \text{ lbs. of FAT}$$

So if *Example A* loses 17 lbs. of FAT only, he will be at 20% Body FAT. This means he will need to keep all his lean tissue (166.5 lbs.) and lose fat only.

**Note:** A woman would divide her pounds of lean (P of L) by .75 **not** .80

\* Since we like to see men no higher than 20% Body Fat (women 25%) for optimum health, then their corresponding percent lean would be 80% (75% for women).

# Waist Management: Gauging Your Risk



A \$2.99 fabric tape measure may do a better job than a \$65.00 bathroom scale when it comes to determining whether your body-fat level puts you at higher risk for heart disease, diabetes, or breast cancer. Research shows that waist size correlates better with those ailments than body-mass index, a measure of obesity that takes into account both height and weight.

The size of your waist is a surprisingly accurate indicator of your abdominal fat. That's important because many studies have shown that fat stored in the upper body, especially the abdomen, is a strong signal of increased risk of disease. By contrast, people who carry their excess baggage on their hips, bottoms, and thighs are at significantly lower risk.

Lower-body fat accumulates just under the skin, but “abdominal fat is actually inside your abdominal cavity,” says Marc-Andre Cornier, M.D., assistant professor of medicine at the University of Colorado. “Exactly why it is related to a worsening risk, we’re not sure, but we know that it is more metabolically active than fat stored below the waist.”

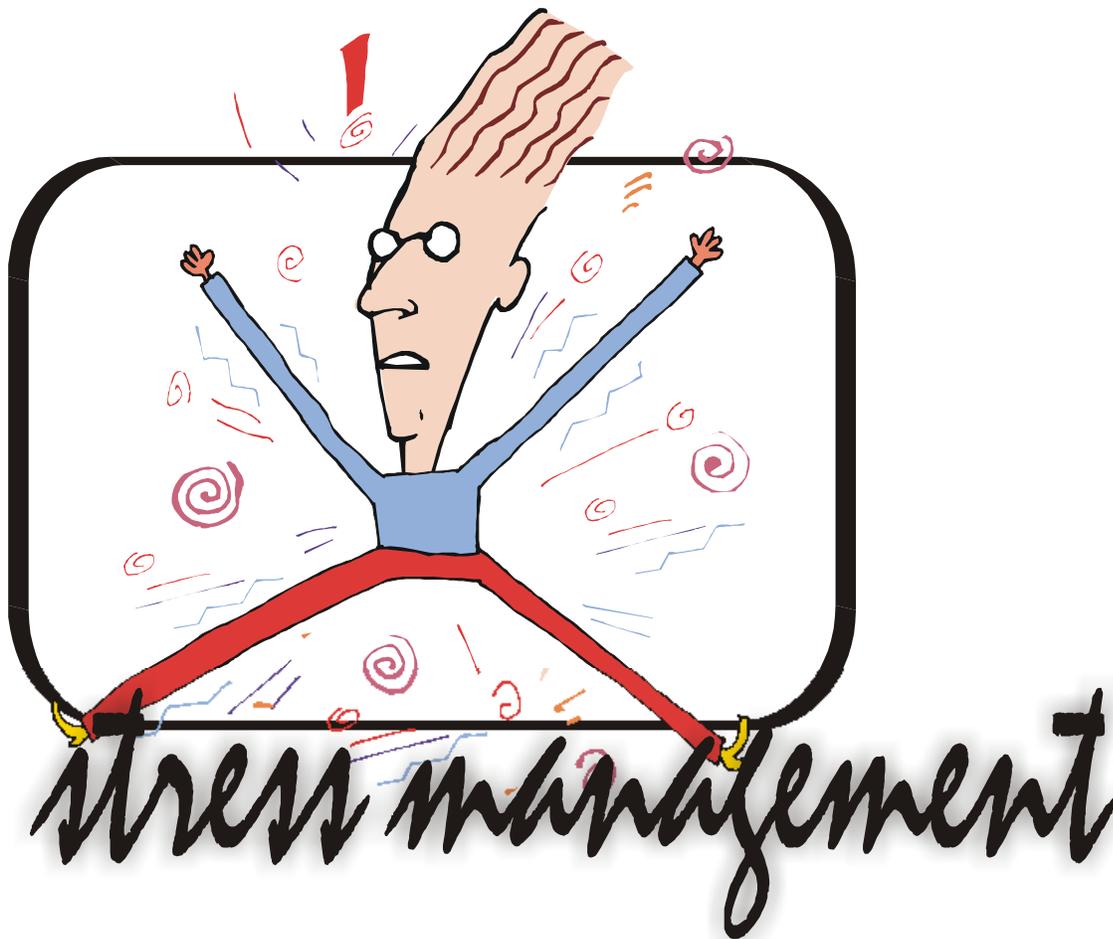
The risk of health problems increases at a waist measurement of 35 inches for women and 40 inches for men, according to The National Heart, Lung, and Blood Institute. But a recent study by the New York Obesity Research Center at Columbia University found that the risk of heart disease and diabetes starts inching up at just under 33 inches for women and 35 inches for men. Those numbers hold true regardless of height.

You can't get rid of abdominal fat through spot exercises; overall weight loss is required. The good news is that as you lose weight, the metabolically active abdominal fat comes off faster than fat from other parts of your body.

## Measure Your Waist

Where your waistband sits may not be the most accurate spot for measuring abdominal girth. Here's one way to do it:

Along the side of your body, locate your lowest rib and the top of your hipbone. Put the tape measure halfway between those two points, which are about 2 to 3 inches apart. If you can't feel your hipbone, place the tape an inch below your bottom rib. Stand up straight, but don't suck in your stomach. Take a deep breath, exhale, and take the measurement at the end of the exhalation.



Stress — what is it and how does it affect you? Stress is a natural reaction of the body to any demand (“pleasant” or “unpleasant”) placed upon it. We are aware of the physical demands such as sickness or danger but we are much less aware of psychological demands (worrying, deadlines, depression, etc.) which are the major distressors for most of us.

# Stress: The Silent Killer

## Stress

Although physical stressors are usually caused by external factors and psychological stressors are caused by how we perceive things, your body reacts in much the same way to both of them. Whether you are in a car accident or you have an argument, your heart beat speeds up, your blood pressure increases, your muscles tighten and many other physical changes occur (most involuntary and unknown to you). Depending upon your situation these physical reactions to stress may take place several times a week or even every day. As you become stressed more frequently, these physical reactions can create problems such as headaches, nausea, fatigue, sleeplessness, and more. Over a period of time the constant stress that causes these reoccurring reactions can weaken your immune system, opening up a chance for disease to strike. Some studies have shown that stress could play a silent role in diseases which affect and kill many Americans.

So what can I do to manage my stress? First, realize that stress is a necessary part of your life and without some stress you would not be healthy either. However, too much of anything, even good things, can have negative effects. That's why you need to manage your stress level so that you stay healthy and functional.

Here are six external things you can do to help better manage your stress.

## Play

Once a week do something you enjoy so much that you can lose track of time. This activity can have absolutely no purpose other than to make you relive your childhood play-time.



## Sleep

If you are faced with a high stressed life your body needs enough rest to handle it. Without enough rest you will further weaken your immune system. Get what you need!

## Eat

Being stressed takes a lot of energy. If you give your body the kind of food it needs to work at its best (carbohydrates - such as pasta, bread, fruits), you will have better energy to meet your stressful situations.

## Exercise

This is the simplest and most direct way to relieve stress. Since a stress reaction

(muscle tension, heart rate increase, etc.) is preparing your body to do something physical, exercise such as walking, biking or swimming is the perfect remedy!

## Relax

It often seems we forget how to relax. Relaxation comes in many forms and is different for everyone. Deep breathing, body massages, mental imagery, hobbies, music and other relaxing activities are good ways to stop the stress for a short time and revitalize you.

## Avoid Tobacco, Alcohol and Drugs

Many times, our first reaction to a stressful situation may be to reach for a drink to help "relieve" the stress. What we are actually doing is making our bodies deal with the stress AND the alcohol, which the body treats as a poison and tries to get rid of. So instead of relieving our stress with these not-so-healthy choices we end up OVER-LOADING our bodies and making the situation worse.

It's a little trickier to manage the psychological stress because it is created by your thoughts and perceptions. However, if you become aware of your own thoughts and realize you create them, and therefore can control them, you are on your way to better managing the origin of most of your stress - your mind.

# Signs of Distress

<b>Physical</b>	<ul style="list-style-type: none"> <li>▪ Tension Headaches</li> <li>▪ Muscle Tension</li> <li>▪ Cool, Clammy Skin</li> <li>▪ Trembling, Twitches</li> <li>▪ Nausea/ Vomiting</li> <li>▪ Chronic Fatigue</li> <li>▪ Weight Gain/Loss</li> <li>▪ Loss of Appetite</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elevated Blood Pressure</li> <li>▪ Heart Rate Increases</li> <li>▪ Indigestion</li> <li>▪ Hyperventilation</li> <li>▪ Frequent Urination</li> <li>▪ Impaired Sexual Function</li> <li>▪ Stooped Posture</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sweaty Palms</li> <li>▪ Constipation</li> <li>▪ Diarrhea</li> <li>▪ Insomnia</li> <li>▪ Backaches</li> <li>▪ Anorexia</li> <li>▪ Grinding Teeth</li> </ul>
<b>Emotional</b>	<ul style="list-style-type: none"> <li>▪ Apathy</li> <li>▪ Irritability</li> <li>▪ Denial</li> <li>▪ Grandiosity</li> <li>▪ Feeling You Can't Slow Down</li> <li>▪ Feeling Worthless</li> </ul>	<ul style="list-style-type: none"> <li>▪ Over Compensation</li> <li>▪ Unable to Concentrate</li> <li>▪ Nervousness</li> <li>▪ No Interest in Things That Used to Bring You Joy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Anxiety</li> <li>▪ Mental Fatigue</li> <li>▪ Restlessness</li> <li>▪ Depressed</li> <li>▪ Don't Know What To Do</li> </ul>
<b>Behavioral</b>	<ul style="list-style-type: none"> <li>▪ Poor Work Quality</li> <li>▪ Poor Appearance</li> <li>▪ Being Accident Prone</li> <li>▪ Alcoholism</li> <li>▪ Gambling</li> <li>▪ Mood Swings</li> <li>▪ Blaming Others</li> <li>▪ Hyperactivity</li> </ul>	<ul style="list-style-type: none"> <li>▪ Poor Personal Hygiene</li> <li>▪ Keeping to Yourself</li> <li>▪ Defensive Behavior</li> <li>▪ Excessive Smoking</li> <li>▪ Spending Sprees</li> <li>▪ Diminished Initiative</li> <li>▪ Tardiness</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sullenness</li> <li>▪ Crying</li> <li>▪ Panic</li> <li>▪ Quarreling</li> <li>▪ Nail Biting</li> <li>▪ Mistrust</li> <li>▪ Indecisiveness</li> <li>▪ Drug Dependence</li> </ul>
<b>Intellectual</b>	<ul style="list-style-type: none"> <li>▪ Job Dissatisfaction</li> <li>▪ Poor Span of Attention to Details</li> <li>▪ Past-oriented Rather Than Future-oriented</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of Awareness to External Stimuli</li> <li>▪ Reduced Creativity</li> <li>▪ Diminished Cognitive Abilities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of Concentration</li> <li>▪ Preoccupation</li> <li>▪ Forgetfulness</li> </ul>

# Stress Reducers

## Ideas for boosting your ability to manage stress effectively



- Write something (maybe in a journal) about some of the stressful situations you've experienced lately and end it in a positive way – sometimes this can help you realize things aren't as bad as they seemed.
- Don't prioritize your schedule – schedule your priorities!
- Unclutter your life.

- Do something that you enjoy that makes you sweat, and do it regularly.
- Try exercising, or specifically, relaxation exercises (like deep breathing) or Yoga, Tai Chi, or Pilates.
- Do something for others...give in occasionally.
- Go see a funny movie, read a funny book, or just find someone to laugh with.



- Do something you enjoy – get a massage, go to a movie, laugh with friends, lay on the beach, play a round of golf.
- Make a list of all the symptoms you experience when stressed – use them as cues to identify when you're stressed.
- Write out at least five things/goals you hope to experience, achieve, and accomplish through the rest of your life.

- Unwind before bedtime.
- Go to bed on time or early – even if it means missing a favorite TV show.
- Don't rely on your memory – use reminders...write notes to yourself...stay organized.
- Decide which parts of your routine can be changed so that you don't live in the rut of “wake up, go to work, eat dinner, and go to bed.”



- Call someone...find someone to confide in.
- Talk to your friends and family about how you can support each other in living a healthy lifestyle.
- Avoid destructive coping mechanisms (i.e., alcohol, smoking, caffeine, self-medicating, impulsivity, taking on more than you can handle).
- Take care of yourself!

- Visit the CMD Library (Room C 235) or Angela Lee, Health Awareness Coordinator (Room C 202), for additional stress management techniques and materials.

# Take a Deep Breath . . .

## *...And Relax*

When you're under stress, your muscles tense, and your breathing becomes shallow and rapid. One of the simplest (and best) ways to stop this stress response is to breathe deeply and slowly. It sounds simple, and it is. Most of us, however, do not breathe deeply under normal circumstances, so it may help to review the mechanics of deep breathing and how it helps us to relax.

### **Breathing Under Stress**

When prehistoric humans were in danger of attack, their muscles tensed and their breathing became rapid and shallow, as they prepared to run or fight. Their high level of tension was a means of preparing their bodies for optimum performance. Today, the causes of our "stress" are different, but our stress response is the same. However, since we're not running or fighting, our tension has no release and our stress response builds. One way to counteract the stress response is to learn how to breathe deeply and slowly - the opposite of how we breathe when under stress.

### **How Deep Breathing Works**

Deep breathing is not always natural to adults. Watch the way a baby breathes: the area beneath the chest goes in and out. Most adults breathe from the chest. This is shallower breathing, so less oxygen is taken in with each breath. As a result, blood is forced to move

through the system quickly so that enough oxygen gets to the brain and organs. Higher blood pressure results.

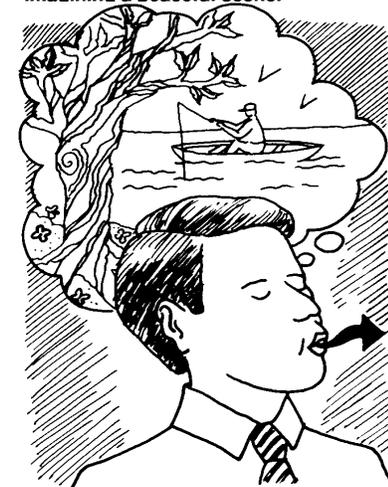
Deep breathing can reverse these effects. Take some time to practice this kind of breathing each day, especially when you're under stress. You can be sitting, standing, or lying down, but it helps to wear loose, comfortable clothing. Begin by breathing in through your nostrils. Count to five and let your lower abdomen fill with air. Then count to five as you let air escape through pursed lips. Do this deep breathing for two minutes or more each time. With practice, you will be able to count slowly to ten or higher. You can increase your relaxation if you imagine breathing in ocean air, the scent of flowers or forest air.

### **Effects of Deep Breathing**

By helping you let go of tension, deep breathing can relieve headaches, backaches, stomach aches, and sleeplessness. It releases the body's own painkillers, called endorphins, into the system. It allows blood pressure to return to normal, which is good for your heart. Deep breathing can also allow held-in emotions to come to the surface, so your emotional health benefits from deep breathing, too. Use deep breathing any time, anywhere. Even just 3-5 breaths can be effective. It's one of the best techniques for relieving stress.



**Slowly breathe in through your nostrils, imagining a peaceful scene.**



**Slowly exhale through pursed lips, then begin the sequence again.**

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Parlay International, 1989.  
(Edited October 2000)*

# ~Notes~



## Substance Abuse in the Workplace

Every day, across this country, in towns large and small, from small businesses to large corporations, the problems of substance abuse are hurting the workplace.

And that means a major business problem for employers, managers, and supervisors. Because substance abuse affects the bottom line, it costs you money. How? Look how substance abusing workers compare to drug-free workers:

### More...

- Workdays missed
- Likely to injure self or others
- Workers' compensation claims filed

### Less...

- Productivity

That means **Real Dollar Costs** to your organization in all these areas:

- Absenteeism
- Overtime Pay
- Sick Leave
- Insurance Claims
- Tardiness
- Workers' Compensation

But there are also **Hidden Costs** that drive up the bill for substance abuse:

- Friction among workers
- Poor decisions
- Personnel turnover
- Damage to the company's public image
- Diverted supervisory and managerial time
- Damage to equipment

(Source: *An Employer's Guide to Dealing with Substance Abuse*; U.S. Department of Labor, 1990)

What happens in a family when one member has a drug or drinking problem? Everyone in the family is affected in one way or another, and everyone can help determine whether the situation gets worse or better.

## Everyone's Problem

You might think that a drug or alcohol problem belongs to the person who is drinking or taking drugs. But if someone you love has a problem, you probably do, too. Because you love them, the way they act affects how you feel, and may affect how you behave. Perhaps you have felt suspicious about "where the money is going," or angry and disappointed when someone's intoxication caused long-awaited activities to be cancelled. You may have covered up when someone missed an appointment, broke a promise or couldn't go to school or work.

Physical or sexual abuse might even be present. Perhaps you wish the "problem person" would change, and fear for the whole family if the problem continues. But, believe it or not, your best chance for rebuilding a happy family life is to start by changing yourself.

## Harmful "Help"

Many times, whole families have unintentionally made it easier for the abuser to rely on drink or other drugs. This is called enabling, and it is often

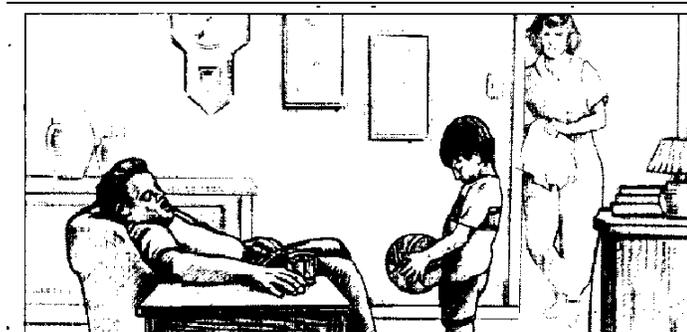


done with the best of intentions. Here are some examples of enabling:

- Denying that there is a problem, or dismissing the problem as a small one.
- Taking over the abuser's responsibilities.
- Rescuing the abuser from the consequences of his or her drug use, such as by "calling in sick" or lending money.
- Reinforcing drug use by participating in occasions where it is used.

All of these behaviors allow the abuser to keep using drink or other drugs in destructive ways and hurt the enablers as well.

## Suggested Steps



One family member with a drug problem can affect the whole family's feelings and behaviors.

If someone in your family has a drug or alcohol problem, here are some suggested courses of action:

- Learn more about the drug being used, and about drug abuse patterns. Chemical dependency is not caused by lack of willpower or moral decay. It is a treatable disease.
- Get help for yourself from a health professional who specializes in chemical dependency issues. Ask your employee assistance program for a referral, or look in the yellow pages under "drug abuse" or alcoholism.
- Join a self-help group for families of drug abusers, such as Al-Anon, Coke-Anon, or Nar-Anon.
- Stop rescuing the abuser from the consequences of his or her actions.
- Work with a health professional to plan a way to intervene in your family member's drug use. Get him or her into treatment and build healthier family habits for the future.
- Take good care of yourself, and expect a difficult period. Becoming a drug-free family takes time and patience.

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# Definition of Alcoholism

Alcoholism is a primary, **chronic disease** with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is **often progressive and fatal**. It is characterized by continuous or periodic: **impaired control** over drinking, **preoccupation** with the drug alcohol, use of alcohol despite **adverse consequences**, and distortions in thinking, most notably **denial**.

*National Council on Alcoholism and Drug Dependence (February 3, 1990)*

## Twelve questions to help you decide if you have a problem with alcohol:

1. Have you ever decided to stop drinking for a week or so, but only lasted a couple of days?
2. Do you wish people would mind their own business about your drinking – stop telling you what to do?
3. Have you ever switched from one kind of drink to another in the hope that this would keep you from getting drunk?
4. Have you ever had an eye-opener upon awakening during the past year?
5. Do you envy people who can drink without getting into trouble?
6. Have you had problems connected with drinking during the past year?
7. Has your drinking caused trouble at home?
8. Do you ever try to get “extra” drinks at a party because you do not get enough?
9. Do you tell yourself you can stop drinking any time you want to, even though you keep getting drunk when you don’t mean to?
10. Have you missed days of work or school because of drinking?
11. Do you have “blackouts”?
12. Have you ever felt that your life would be better if you did not drink?

Did you answer **YES** four or more times? If so, you are probably in trouble with alcohol and should find out more about the disease of alcoholism. The early signs of alcoholism should not be dismissed, any more than one would ignore the signs of any other major health problem. Alcoholism is a progressive disease and guaranteed to worsen without treatment, but help is available and should be sought.

*Source:* The A.A. Grapevine; adapted from *Is AA for You?* 1998; [www.alcoholics-anonymous.org](http://www.alcoholics-anonymous.org)

# Recognizing the Signs of Drug and Alcohol Addiction

You may have noticed lately that something seems wrong with one of your coworkers. Could it be a personal problem or a sign of substance abuse? Often, a good indicator of substance abuse is a sudden change to unusual behavior. Common behavior changes in a coworker who's addicted to alcohol or other drugs include:

- Taking frequent sick days
- Increased absences or patterns of absences, such as after payday, before or after a holiday, or every Monday or Friday
- Showing up late or leaving early often
- Taking long breaks
- Making several personal phone calls
- Being involved in accidents at work or outside work
- Acting carelessly when handling dangerous equipment or materials
- Damaging property or equipment
- Deteriorating relationships at home
- Change in friends or social circles
- Borrowing or stealing money from coworkers or the company
- Drowsiness
- Showing less concern for personal appearance and hygiene
- Talking excessively or with slurred speech
- Shaky hands and movements and clammy palms
- Breath that smells like alcohol
- Red eyes or dilated pupils
- Noticeable loss or gain in weight
- Impatient or violent behavior
- Being suspicious of others
- Acting emotional or depressed



more about substance abuse and about resources that can help you and your friend. Here are some places to seek help:

- *Alcohol Hotline* – 1-800-ALCOHOL
- *Center for Substance Abuse Treatment (CSAT)* – 1-800-662-HELP
- *Families Anonymous* – 1-800-736-9805
- *Parents Resource Institute for Drug-Free Education (PRIDE)* – (404) 577-4500
- *Toughlove* – 1-800-333-1069

Or, look in your telephone book for your local Alcoholics Anonymous, Alateen, Al-Anon, ACOA, Narcotics Anonymous, Nar-Anon, drug treatment center, county-state addiction or mental health agency, or the county/ victim/ mental health hotline.

## Alcohol Hangovers

An alcohol hangover is characterized by fatigue, tremulousness, nausea, diarrhea, and headache, combined with decreased occupational, cognitive, or visual-spatial skill performance. In the United States, related absenteeism and poor job performance cost \$148 billion annually (average annual cost per working adult, \$2000). Although a hangover is associated with alcoholism, most of its cost is incurred by the light-to-moderate drinker.

The way total alcohol consumption affects a hangover is not clearly understood, many people believe that hangovers are punishment for alcohol consumption and therefore prevents subsequent alcohol use. Hangovers have not been shown to effectively deter alcohol consumption.

Individuals with a hangover may pose substantial risk to themselves and others despite having a normal blood alcohol level. Hangovers may also be an independent risk factor for cardiac death. Although a hangover may be interpreted as merely uncomfortable, an individual with a hangover is at increased risk for injury and poor job performance.

If you suspect that someone you know has a substance abuse problem, you may feel ill-equipped to help. The first step to intervention is to learn

*Information regarding Alcohol Hangovers provided by Annals of Internal Medicine. The Alcohol Hangover, 6 June 2000. 132:897-902.*



While diet and exercise are two of the most important health issues, we need to remember that there are other basic components to our overall health and well being. Health check-ups, screenings, and immunization require a visit to the doctor or clinic, but are important to help prevent or detect problems at an early stage. Even when we do all the things we're supposed to do, there are still instances where treatment is required. Therefore, we should be aware of important facts associated with medications too!

# Your Guide to Health Checkups

Regular checkups and screenings can keep you and your family healthy. If you have a family history of certain diseases, or a lifestyle or other factors that may put you at increased risk, discuss preventive health measures with your primary care physician.

Type of Screening	Ages 18-39	Ages 40-64	Ages 65 & Older
<b>Physical Exam that includes:</b> Health history and identification of risk factors; counseling on diet, exercise, substance abuse, injury prevention, tobacco use, and dental care.	Every 1-3 years, except dental check-ups, which should be twice a year.  (After age 35, includes resting electrocardiogram & stress test.)		Once a year, except dental check-ups, which should be twice a year.
<b>Blood Pressure</b>	Every 1-3 years.		Once a year.
<b>Height and weight, vision and hearing screening.</b>	At doctor's discretion.		At doctor's discretion.
<b>Blood Cholesterol</b>	People over age 20 should have this screening done at least once every 5 years, more often if there are risk factors.		
<b>Fecal Occult Blood Test</b> (A test for blood in your stool.)		Every year beginning at age 50.	
<b>Sigmoidoscopy</b> (A test using a lighted instrument to look inside the rectum and colon.)		Every 3-5 years beginning at age 50.	
<b>Pap Smear (Women)</b>	After age 18, every year until 3 or more normal exams; then, at doctor's discretion.		Discuss with your Doctor.
<b>Mammogram (Women)</b>		Every year.	Every year.
<b>Clinical Breast Exam (Women)</b>	Every 3 years.	Every year.	Every year.
<b>Prostate (Men)</b>		Every year.	Every year.
<b>Tetanus-Diphtheria Booster</b>	Every 10 years.	Every 10 years.	Every 10 years.
<b>Influenza (flu) Shot</b>	At personal and/or Doctor's discretion		Every year.
<b>Pneumococcal (pneumonia) Shot</b>			Once, after age 65*.

\* Older adults with chronic medical problems may need a booster shot after 5 years. If you aren't sure, talk to your doctor.

(Sources: NCEP, ACS, Humana)

# American Cancer Society Recommendations For the Early Detection of Cancer in Asymptomatic People

Test or Procedure	Population		
	Sex	Age	Frequency
<b>Sigmoidoscopy, preferably flexible</b>	M & F	50 and over	Every 3-5 years
<b>Fecal Occult Blood Test</b>	M & F	50 and over	Every year
<b>Digital Rectal Examination</b>	M & F	40 and over	Every year
<b>Prostate Exam*</b>	M	40 and over	Every year
<b>Pap Test</b>	F	All women who are, or who have been, sexually active, or have reached age 18, should have an annual Pap test and pelvic examination. After a woman has had three or more consecutive satisfactory normal annual examinations, the Pap test may be performed less frequently at the discretion of her physician.	
<b>Pelvic Examination</b>	F	18-40 Over 40	Every 1-3 years with Pap test Every year
<b>Endometrial Tissue Sample</b>	F	At menopause, if at high risk**	At menopause and thereafter at the discretion of the physician
<b>Breast Self-Examination</b>	F	20 and over	Every month
<b>Breast Clinical Examination</b>	F	20-40 Over 40	Every three years Every year
<b>Mammography***</b>	F	40 and over	Every year
<b>Health Counseling and Cancer Checkup****</b>	M & F M & F	20-40 Over 40	Every 3 years Every year
<p>* Prostate-specific antigen (PSA) should be performed on men 50 years and older. If either the rectal examination or PSA is abnormal, further evaluation should be considered.</p> <p>** History of infertility, obesity, failure to ovulate, abnormal uterine bleeding, or unopposed estrogen or tamoxifen therapy.</p> <p>*** Screening mammography should begin by age 40.</p> <p>**** To include examination for cancers of the thyroid, testicles, prostate, ovaries, lymph nodes, oral region, and skin.</p>			

Cancer Facts and Figures  
©1995, American Cancer Society, Inc.

# Antibiotics

## It's a fact.

### Not taking all of your antibiotic may jeopardize your health.

Many people think it's no big deal if they don't finish every pill when their doctor prescribes an antibiotic. Sometimes when people start to feel better, they figure they don't need to complete their therapy. If this sounds familiar, you have lots of company.

A recent Gallup survey found that the majority of Americans don't take antibiotics exactly as prescribed. You can help yourself get better this winter by following these tips for taking your antibiotic medicine properly.

### Talk to your doctor or pharmacist.

Respiratory tract infections caused by bacteria often require prompt medical attention and treatment with antibiotics. If your doctor prescribes an antibiotic, ask what to expect from the medicine, when and how to take it properly (for example, with or without food), and about possible side effects. If you're confused, ask your pharmacist or get instructions in writing. Antibiotics will not work for colds, influenza, or any other viral infection. Do not expect or insist that your doctor prescribe an antibiotic for a viral respiratory infection.

### Follow directions: Take the full prescription.

Once you start to feel better, you may be tempted to stop taking your antibiotics prematurely. Take the full course of your antibiotic exactly as prescribed. If you don't take all your medication, the bacteria that causes your infection might not be killed and your illness may not improve. Some bacteria could even become stronger, causing an infection that is harder to treat. This means you may have to spend more time and money getting rid of your infection. You might even have to be hospitalized.

### Don't borrow or use old antibiotics.

Specific antibiotics are effective against specific bacteria and not others. In fact, your doctor may need to get results from laboratory tests to make sure you are taking the correct antibiotic. For this reason, use only antibiotics prescribed specifically for your illness by your physician. Take all the pills as prescribed. Don't share leftover medicine with others. Don't take antibiotics yourself without a doctor's knowledge, especially pills in your medicine cabinet left over from previous prescriptions.

### Take your antibiotic at the same time(s) each day.

Antibiotics work best when taken according to a specific schedule. Some antibiotics must be taken 3 or 4 times a day for up to 14 days, while others may need to be taken only once a day for as few as 5 to 7 days. If you make taking medicine part of your daily routine (e.g., after brushing your teeth or before going to bed),

you'll have an easier time remembering to do so. If your schedule doesn't permit you to take antibiotics at the times prescribed, be sure to tell your doctor. It's very important to adhere to the prescribed antibiotic schedule. And remember, keep all medicine out of the reach of children.

### Report unusual reactions.

Some people react to certain antibiotics. Your physician should be told if you have any known allergies to medication or unexpected reactions while taking your medication. Be sure to ask your physician or pharmacist about common side effects, such as nausea, vomiting, diarrhea, or about unusual serious side effects, before you begin your treatment.



# Dental Care

## There are now more reasons to take care of your mouth!

Around the turn of the century, bad teeth were so common that it wasn't unusual to give a woman her first set of false teeth as a wedding present. Tooth loss seemed an inevitable part of growing older. Today we know better.

Thanks to modern dental science and technology, we have new tools and methods of preserving our pearly whites, and our gums, with a minimum of fuss and bother – but you have to take advantage of these strategies for them to work.

### *Did you know...*

- You should spend 2-3 minutes each time you brush (at least twice a day), even if using an electric toothbrush?
- Gum disease has been linked to heart problems, as well as arteriosclerosis, poor blood sugar control in diabetics, low birth weight in premature babies, and pneumonia? Some also question an association with adult acne!
- One cup of black tea has enough fluoride to help prevent tooth decay and inhibit plaque and gingivitis – and green tea has twice as much?
- You should see your dentist if your gums bleed? (Healthy gums don't bleed.)
- Chewable antacids with calcium, prescription drugs that cause dry mouth, and lozenges that contain sugar can sabotage your “smile saving” skills?
- It's never too late to prevent dental problems by consulting an orthodontist in adulthood?
- Chewing sugar-free gum, especially with xylitol (contains extra cavity-fighting ingredient), increases saliva flow? (Saliva is a natural antibacterial and your best ally against cavities.)
- The two biggest culprits of “cavity-causers” are based on the length of time any food residue remains on the teeth and the stickiness of the food?
- Aged cheeses, unsweetened yogurt, crunchy raw fruits and vegetables are some of the foods most likely to help prevent gum disease?
- Regular bad breath can be a sign of dental problems?
- 75% of adults over age 35 are affected by periodontal disease?

*(Sources include: American Dental Association, American Council on Science & Health, University of Michigan School of Dentistry)*

# What Else for Your Health?

*The following assortment of recommendations are derived from various sources and offer proven ways to reduce illness or death from a variety of common threats to good health.*

**Osteoporosis:** This condition is underdiagnosed and is responsible for real suffering and even death. The threat of these consequences is highest in your eighties, but the time to treat the condition is in your fifties and sixties and onward. Women with osteoporosis are at risk for vertebral and hip fractures. DEXA scan technology is safe and effective in diagnosing the condition and is generally performed in women felt to be at increased risk for bone loss. All post-menopausal women should be sure to get enough calcium and vitamin D. Talk to your doctor to see if supplements are recommended for you. Weight bearing exercise, as tolerated, is also important. There are many options for treating osteoporosis, but the best strategy is prevention before you have lost bone.

**Aspirin:** This is a very effective, cheap, and underutilized preventative medication. It may prevent up to 40% of sudden death in patients who didn't know they had heart disease. The effect in stroke is probably more modest, but still likely to be significant. At low doses (e.g., one aspirin every other day or a baby aspirin daily) it is unlikely to cause serious stomach problems such as ulcers. Ask your doctor for advice.

**Folate:** Intake of this B vitamin may help correct problems with elevated homocysteine levels (a risk factor for heart disease). A multivitamin usually contains enough of this nutrient.

**Hormone Replacement Therapy:** HRT has been found to prevent osteoporosis, heart disease, Alzheimer's dementia, and improve cholesterol. However, some studies suggest it could increase risk of breast cancer. There are new agents known as estrogen receptor modulators, which appear to have decreased or done away with the risks of breast and uterine cancers due to hormone stimulation, but retained the beneficial effects of hormones on cholesterol and the bone. Peri-menopausal and post-menopausal women should ask their doctor about this therapy.

**Tobacco:** Its use is a major risk for heart and pulmonary disease as well as head and neck, lung, and other cancer, atherosclerotic vascular disease including circulatory problems (including impotence), and skin aging. The nicotine patch and other delivery systems have helped people quit. A newer use of Zyban has also helped. If you've tried to quit and relapsed, don't think of it as a failure, think of it as your first success – then try again! Most quitters, who remain successful, admit to quitting “cold turkey.”

**Safe Driving:** Wear seat belts, observe the traffic laws, and watch out for other drivers. Don't drive if you have a medical condition or medication that interferes with your reflexes or response time. Similarly, if you are suffering cognitive decline, or simply the natural changes of aging, to the degree that you would be unable to respond appropriately to an emergency situation, avoid driving. The test of a safe driver is not being able to steer a car on a well lit, dry city street; but the ability to be safe at all times. The legal and personal consequences for you and others can be significant. If you drive intoxicated, on medication, or impaired due to aging or infirmity and injure someone, you risk not only remorse, but financial and even criminal responsibility – which can be devastating.

**Sleep:** Adequate sleep is vital to health and peak performance as exercise and good nutrition, for many reasons. Aim for 7-8 hours (avoiding naps), but be sure to reach at least a minimum of 6 hours straight. Some studies are now showing a potential for an increased risk of heart attack, stroke, and mortality by consistently getting less than 6 hours of sleep a day. Sleep disorders have already been linked with higher risks of cardiovascular problems, among others. Also, research shows that sleep deprivation can cause hormonal and

metabolic changes that can lead to weight gain. If you have a problem getting enough sleep or feel you may have a sleep disorder, talk to your health care provider about what you can do.

# Healthy Lifestyle Goals

*One of the best ways to get yourself motivated to make lifestyle changes is to write your goals and read them every day. Be sure your goals are specific and realistic. Start with only one or two like the examples below:*

- I will eat SOMETHING for breakfast EVERY morning.
- I will exercise aerobically at least 3-4 times a week for 20-30 minutes each session.
- I will physically play with my kids (frisbee, catch, walk, trampoline, etc.) at least four days a week.
- I will choose fruits and/or vegetables at least twice a day.
- I will do strength training exercises at least 2-3 times a week.
- I will reward myself (new clothes, movie tickets, etc.) each month that I feel I have worked well toward my goals and can notice a difference (in energy, in way clothes fit, on scale, in mirror, or in behavior).
- I will try to keep negative self-talk to a minimum, especially in front of my children.
- I will NOT watch TV out of boredom. I will try to think of something else to do first (play game with family, exercise, do chores, sleep).

*Now it's your turn to write a few of your own goals:*

**This week, I will**

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**Next week, I will**

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**By the end of this month, I will**

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# One Last Piece of Advice

## *Talking With Your Physician*

(Adapted from Jay Siwek's *Consultation* column)

**One thing that's always surprised me about some of the questions I receive is this:**

*Many are from people who are struggling with one problem or another and either haven't asked their own physician or, if so, haven't gotten a satisfactory answer. My advice: Ask, and make sure you get an answer you can understand. If your doctor doesn't do a good enough job for you, tell him/her, and give him/her a chance to do better. If that doesn't work, find a doctor you can trust to tell you what you need to know.*



Doctors aren't perfect, and they can't know everything. My advice: Team up with your doctor to decide on what's best for you. Be **PROACTIVE!** That means playing an active role in managing your health. This may take the form of getting equipment to keep track of your blood pressure, or a glucose meter to keep tabs on your blood sugar. Having assessments and screenings done regularly to monitor your health status, continuing with health and wellness education, and changing lifestyle behaviors are roles you can take to prevent disease. Learn more about your family's medical history.

I'm not talking about trying to second-guess your doctor. This doesn't mean searching the Internet and deciding what medicine you want your doctor to prescribe. It means learning about general health and your particular condition so you can look for ways to help manage it. It means looking out for possible complications of your illness, or drug side effects, so that you can recognize and treat them early on. It means keeping up with the latest advances, so you can discuss them with your doctor and see what's right for you.

It's often helpful to join a medical organization or self-help group that deals with your condition. They typically provide a wealth of information and occasionally some much-needed moral support during tough times.

Most of all, take responsibility for your health and wellness – you are the CEO of your life!



More and more, people are turning to the Internet for information and advice. The Web is full of valuable information as well as a lot of “quackery.” Be careful about what you read and what you believe. Know the source of the information and its level of credibility.

When researching medical information on the Web, ask yourself these questions to evaluate the site.

- Is the source of information reputable, such as a medical organization, government agency, or university?
- Does it have an independent certification, such as from the Health ON the Net Foundation, which gives a “HONcode” stamp of approval?
- Is there a potential conflict of interest involved, such as a commercial firm promoting its product, or is it an independent site?
- How current is the information?
- Does the site provide a well-reasoned, balanced view, with links to other sites that provide additional, independent support?

(Adapted from Jay Siwek’s *Consultation* column)

# Web Sites

With more than 70,000 health-related Web sites to choose from, the task of finding reliable and useful information can be daunting. The following list includes some good places to start.

## Government-Sponsored Sites

- FAA CMD Health Awareness Program (Health Tips) ..... <http://www.cmd.faa.gov/HEALTH/TIPS/all-tip.htm>
- FAA Employee Assistance Program..... <http://www.faa.gov/ahr/super/eap/index.cfm>
- National Institutes of Health ..... <http://www.nih.gov>
- National Cancer Institute ..... <http://www.cancer.gov>
- National Heart, Lung, and Blood Institute..... <http://www.nhlbi.nih.gov>
- The National Library of Medicine’s site for doing searches of medical literature..... <http://www.nlm.nih.gov>
- U.S. Agency for Healthcare Research and Quality..... <http://www.ahrq.gov/consumer>
- U.S. Department of Health and Human Service’s online guide..... <http://www.healthfinder.gov>
- Centers for Disease Control and Prevention ..... <http://www.cdc.gov>
- U.S. Food and Drug Administration – Consumer Drug Information ..... <http://www.fda.gov/cder/consumerinfo>
- Food and Nutrition Information Center database lets you type in a food to find out its fat, calories, vitamins..... <http://www.nalusda.gov/fnic/index.html>
- Medline Plus – Comprehensive Web site providing basic information and drug information, as well as over 165 interactive tutorials on a variety of subjects..... <http://www.medlineplus.gov>

## General Health and Wellness Sites

- Mayo Clinic – a wealth of information on a variety of topics..... <http://www.mayoclinic.com>
- Prevention Magazine has its own “e-zine” ..... <http://www.prevention.com>
- The former U.S. Surgeon General, C. Everett Koop, M.D., now heads his own Web site..... <http://www.drkoop.com>
- Aetna Intellihealth’s site includes articles with reputable references, quizzes and free e-mail newsletters ..... <http://www.intelihealth.com>
- HealthScout provides information on a variety of topics..... <http://www.healthscout.com>
- Quackwatch – Your guide to health fraud, quackery, and intelligent decisions..... <http://www.quackwatch.com>
- The AARP Bulletin has a comprehensive Web site..... <http://www.aarp.org/bulletin>
- American Holistic Health Association..... <http://www.ahha.org>
- Health on the Net Foundation ..... <http://www.hon.ch>

## Weight Loss, Exercise, and Nutrition Sites

- The American Dietetic Association gives a tip of the day and the latest nutrition news ..... <http://www.eatright.org>
- At *Cyberdiet.com* you can find nutritional information, including a database of the most popular fast food restaurants and the nutrition facts of their menu items ..... <http://www.cyberdiet.com>
- Dr. Andrew Weil, Specialist in Integrative Medicine, has valuable information at his Web site ..... <http://www.askdrweil.com>
- The Fitness Jumpsite – Your connection to a lifestyle of fitness, nutrition, and health ..... <http://www.primusweb.com/fitnesspartner>
- U.S. Food and Drug Administration, Center for Food Safety and Applied Nutrition ..... <http://www.cfsan.fda.gov>

## Gender-Specific Sites

- National Women’s Health Resource Center ..... <http://www.healthywomen.org>
- The Men’s Health Network ..... <http://www.menshealthnetwork.org>
- National Women’s Health Network ..... <http://www.nwhn.org>

## Medical/Physician Sites

- The American Academy of Family Physicians – Health information for the whole family ..... <http://www.familydoctor.org>
- The American Medical Association’s consumer health site ..... <http://www.ama-assn.org/ama/pub/category/3457.html>
- The American Heart Association’s official Web site ..... <http://www.americanheart.org>
- The United States National Library of Medicine ..... <http://www.nlm.nih.gov>
- Alzheimer’s Association ..... <http://www.alz.org>
- Arthritis Foundation ..... <http://www.arthritis.org>
- American Cancer Society ..... <http://www.cancer.org>
- Medscape is one of the Internet’s biggest collections of peer-reviewed articles ..... <http://www.medscape.com>
- Harvard Center for Cancer Prevention allows you to estimate your cancer risk ..... <http://www.yourcancerrisk.com>

# Health Awareness Resources Available in CMD Lending Library

In our library listings, refer to the *Health Awareness* and *Stress* subject areas.

## Videotapes

<u>Catalog No./Length</u>	<u>Title</u>	<u>Author</u>
MV-1952 45 Min.	<u>Denise Austin: Anti-Aging Cardio Dance Workout</u>	Denise Austin
MV-1721 – 1733 30 Min. Each	<u>Fit or Fat</u> (see tape listings for individual topics)	Covert Bailey
MV-1056 50 Min.	<u>The Original Step Reebok</u>	Gin Miller
MV-1559 85 Min.	<u>Stress Management for Professionals: Staying Balanced Under Pressure</u>	Roger Mellott
MV-1918 27 Min.	<u>Tae-Bo Basic: The Ultimate Workout for Men and Women</u>	Billy Blanks
MV-1919 40 Min.	<u>Tae-Bo “Instructional”</u>	Billy Blanks

## Books

<u>Catalog No.</u>	<u>Title</u>	<u>Author</u>
AC672.G10	<u>Healthy Heart Cuisine</u> , 1993	Pfizer-Roerig
RA785.E4S	<u>Is It Worth Dying For?</u> , 1986	R. S. Eliot, M. D. & D. L. Breo, M. D.
RA781.6.B34	<u>The New Fit or FAT</u> , 1991	Covert Bailey
RA777.8.D375	<u>The Man’s Health Sourcebook</u> , 1999	Alfred M. Dash, M. D.
GV482.N45	<u>Strong Women Stay Young</u> , 1997	Miriam E. Nelson, Ph.D.
TX361.A8C54	<u>Sports Nutrition Guidebook, Second Edition</u> , 1997	Nancy Clark, MS, RD
TX361.A8C54	<u>Sports Nutrition Guidebook, Second Edition</u> , 1997	Nancy Clark, MS, RD
RM222.2.R628	<u>Volumetrics: Feel Full on Fewer Calories</u> , 2000	Barbara Rolls, Ph.D. & Robert A. Barnett

# How to Start a Health Awareness Program Without a Budget

1. Put a person in charge who believes in Health Awareness and models it.
2. Contact your Health Awareness Program (HAP) representative for your region (See pages vi through viii) or the CMD HAP Coordinator 386-446-7202.
3. Simple ideas include:
  - Weekly health tip e-mail sent to all employees.
  - Become sponsor organization for a walk-a-thon.
  - Have a recipe taste test during lunch – individuals can make healthy recipes and bring them in to share.

Free government-produced information is available by requesting publications from any of the following centers.

- [www.americanheart.org](http://www.americanheart.org)  
**American Heart Association**  
7320 Greenville Avenue  
Dallas, TX 75231
- [www.nhlbi.nih.gov/health/index.htm](http://www.nhlbi.nih.gov/health/index.htm)  
**National Heart, Lung, and Blood Institute**  
120/80 National Institutes of Health  
Bethesda, MD 20892
- [www.nci.nih.gov](http://www.nci.nih.gov) or [www.cancer.gov](http://www.cancer.gov)  
**National Cancer Institute**  
National Institutes of Health  
Building 31  
Bethesda, MD 20892
- [www.nih.gov](http://www.nih.gov)  
**National Institutes of Health**  
Division of Public Information  
Office of Communications, OD  
Editorial Operations Branch  
Bethesda, MD 20892
- [www.cdc.gov](http://www.cdc.gov)  
**Centers for Disease Control and Prevention**  
U.S. Department of Health and Human Services  
Park Building  
5600 Fishers Lane  
Rockville, MD 20857
- [www.health.org](http://www.health.org)  
**National Clearinghouse for Alcohol & Drug Information**  
U.S. Department of Health and Human Services & the Substance Abuse and Mental Health Services Administration  
P.O. Box 2345  
Rockville, MD 20852
- [www.fda.gov/opacom/catalog/alpha.html](http://www.fda.gov/opacom/catalog/alpha.html)  
**U.S. Food and Drug Administration**  
Office of Consumer Communications  
5600 Fishers Lane  
Rockville, MD 20857

# ~Notes~