

Winter: Heart Attack Season?



Winter is upon us, so it must be cold and flu season again. Winter also is heart attack season—but for different reasons than you may think.

From New York and London to Hawaii and Hong Kong, more heart attacks occur during winter than at any other time of year. Why? Researchers aren't sure. They do know it's not necessarily because of cold weather. Other causes may include the following:

■ **Flu and other infections.** These are more common in the winter months—even in tropical climates. In one study, researchers found that a person's risk of heart attack was temporarily tripled in the 10 days following an acute respiratory tract infection. This is a good reason to make sure you get your flu vaccine and discuss a pneumonia vaccine with your physician.

■ **Snow.** Researchers in Minnesota found that the amount of snow—and possibly the physical stress of shoveling all that snow—was more closely linked to heart attack deaths than was temperature.

To reduce your risk, experts suggest the following:

■ **Maintain heart-healthy habits.** A low-fat diet, regular exercise, and not smoking are the keys to good health year-round.

■ **Be careful outdoors.** If you have heart disease or high blood pressure, check with your doctor before shoveling snow or engaging in outdoor physical activities.

■ **Know the heart attack warning signs.** These may include chest pain as well as shoulder, neck, or arm pain; dizziness, fainting, sweating, or nausea; or shortness of breath. If you think you're having a heart attack, call 911 right away. ●

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The Lowdown on Trans Fats

Studies show that trans fats increase bad cholesterol levels and lower good cholesterol. Experts believe these fats increase heart disease risk by as much as—if not more than—saturated fats do.

Trans fats occur naturally at low levels in meat and dairy products. But most of the trans fats Americans eat come from fried fast foods, snack items, baked goods, and stick margarine.

The common ingredient in these foods: hydrogenated vegetable oil. Hydrogenation is the process used to turn liquid oil into semi-solid or solid shortening or margarine.

To lower your trans fat intake:

- pass up fried foods
- avoid foods that list “partially hydrogenated vegetable oil” as one of the first few ingredients
- replace butter and stick margarine with soft tub margarine
- use olive or canola oil for cooking and baking.

Check labels and choose foods that have no trans fat.

Coping with COPD: Small Steps Go a Long Way

Chronic obstructive pulmonary disease (COPD) is one of the most serious diseases many people have never heard of. Only heart disease, cancer, and stroke kill more Americans each year. But unlike these diseases, the incidence and deadliness of COPD are rising.

Prolonged exposure to coal or asbestos can contribute to COPD. But smoking causes four out of five cases. Everyone’s lungs decline as they age, but smokers’ lungs decline more quickly. Quitting smoking reverses this acceleration—preventing COPD or slowing its progress.

Unfortunately, COPD has no cure. If you have COPD, take heart in this good news from the National Heart, Lung, and Blood Institute (NHLBI): You can take steps to slow lung damage, manage your symptoms, and feel better overall. Here are some strategies:

- Stop smoking. This is the only sure way to stop the progression of COPD.
- Make sure you understand and follow your doctor’s treatment plan.
- Avoid secondhand smoke, which can worsen COPD.
- Leave your house while it’s being painted or sprayed for insect removal.
- Stay indoors with the windows closed when outside pollution, pollen, or dust levels are high.
- Call your doctor right away if your breathing gets worse or if your cough is more productive than usual.
- Get vaccinated against pneumonia, and don’t forget your yearly flu shot. Flu and pneumonia can pose serious threats to people with COPD.
- Avoid extremes of cold and exposure to fireplaces, oil lamps, and other types of indoor air pollution. ●

You can find more information about COPD and other breath-saving tips at this government site:
www.nhlbi.nih.gov/health/dci/Diseases/Copd/Copd_All.html.



Kidney Disease: Test Early to Help Prevent Complications

Not everyone with diabetes develops kidney disease—also referred to as diabetic nephropathy. But it is important to be aware of the condition. It can lead to end-stage renal disease, which requires dialysis or kidney transplantation in order for the person to survive. The rate for end-stage renal disease is especially high for African-Americans and Native Americans.

Kidney disease occurs in almost 40% of people with type 1 diabetes. It also occurs in 5 to 40% of people with type 2 diabetes. The initial stage of kidney disease strikes without symptoms. So it's crucial to detect the disease early on to prevent it from getting worse.

Healthy kidneys remove waste products from the blood. Early in kidney disease, the filtering capabilities of the kidneys begin to deteriorate. For some people, the disease does not get any worse. But if it does, small amounts of a blood protein called albumin pass into the urine. This condition is called albuminuria. It is more likely to progress to later stages of kidney disease in individuals with type 1 diabetes due to high blood sugars.

Your doctor can detect even very low levels of albumin in your urine. This is done by routine urinalysis.

Another important blood test to see how well your kidneys are functioning is to estimate your GFR (glomerular filtration rate). Your GFR is a measure of how well your kidneys are filtering waste from your blood.

According to the American Diabetes Association, people with type 1 and type 2 diabetes should be screened for albu-

minuria and have their creatinine level in their blood measured for the estimation of GFR every year in order to identify kidney disease at an early stage.

Based on your test results, your doctor will determine if you have any chronic kidney disease.

If you do, here are some steps to help prevent more damage to your kidneys and other problems such as heart attack and stroke:

- Talk to your doctor about limiting the amount of protein in your diet.
- Achieve tight blood sugar control. Your blood sugar should be between 90 and 130 before meals and less than 180 after meals. Also, aim for an A1C less than 7.
- Control your blood pressure. Talk to your doctor if you are not on medication for your blood pressure. The goal is a blood pressure below 130/80. Other ways to control your blood pressure include losing weight if needed, limiting salt, being physically active most days of the week, avoiding tobacco, and limiting alcohol to no more than one drink a day. ●



HEALTH TIP

Your doctor can detect even very low levels of albumin in your urine. This is done by routine urinalysis.

Make Strides Against Diabetes-Related Foot Problems

For people with diabetes, taking extra-good care of their feet needs to be a priority. Diabetes increases the risk for nerve damage that causes a loss of feeling in the feet. It also frequently causes blood vessel changes that hamper circulation. Those two conditions can lead to foot problems, including sores, infections, fractures, and other injuries.

Fortunately, you can prevent ulcers and other diabetes-related foot problems. Step one is to follow your doctor's guidelines about keeping blood sugar, blood pressure, and cholesterol close to normal. This not only helps keep your feet healthy, but may prevent kidney and eye disease, too.

Step two is taking care of your feet. Here's how:

- Inspect your feet every day. If you see a corn, cuts, sores, swelling, red spots/ areas of redness, or infected toenails, see your doctor or podiatrist right away.
- Wash your feet daily in warm—not hot—water. The ideal temperature for bath water is between 97 and 101 degrees Fahrenheit. Dry your feet thoroughly, and put talcum powder between your toes.



- Wear lightly padded socks and shoes that fit well. Athletic shoes or therapeutic shoes made especially for diabetic feet are good choices. Acrylic or acrylic blend is better than cotton because it wicks moisture away from the skin and keeps your feet dry.
- Take your socks and shoes off when you go to see your doctor even if no one asks you to. Make sure the doctor looks at your feet. ●

HEALTH TIP

You can help keep blood flowing to your feet by wiggling your toes for a few minutes, two or three times a day.

TIPS FOR TRACKING HOW MUCH FOOD YOU EAT



How do you know how much to eat at every meal? What is a good way to keep track of how much you are eating without getting out measuring cups, spoons, and scales? One easy way is to use your hand. Based on your meal plan, here are some "handy" tips to keep your portions under control:

- A cup is about the size of a fist.
- 3 oz of meat is about the size of a woman's palm.



Deborah Zimmerman, MD
ForeSee Health Medical Director

Q&A: Ask Dr. Debbie

Dear Dr. Debbie,

I can never remember what a normal blood pressure is or what my goals should be. What does blood pressure mean? Why should I know what it is?

High blood pressure, or hypertension, is called the “silent killer” because it often has no symptoms. But it’s a major risk factor for stroke, heart attack, and kidney disease. Blood pressure is a measure of how hard your heart is working.

Hypertension Facts

A blood pressure reading of less than 130/80 or lower is ideal. If your top number is 130 or higher, or if the bottom number is 80 or higher, you have hypertension.

Regardless of age, it’s important to have blood pressure checked regularly. Those at a higher risk for hypertension should be extra diligent. This includes people who:

- are African-American
- are postmenopausal
- have diabetes
- are overweight
- have a family history of hypertension.

Preventing and Controlling Hypertension

The good news about hypertension is that a healthy lifestyle can often control and prevent it. Experts recommend the following:

- Lose weight, if necessary.
- Engage in physical activity for at least 30 minutes on most, but preferably all, days of the week.



- Limit alcohol to one drink a day.
- Don’t smoke.
- Eat a healthy diet. Avoid processed foods. Eat plenty of fruits, vegetables, and low- or nonfat dairy products. Avoid salty foods or foods high in saturated fat. Don’t add salt at the table. ●

The best way to decrease excess abdominal fat is a healthy diet plan that will result in an average weight loss of 1 to 2 pounds per week.

Do you have health questions you would like Dr. Debbie to answer? Let us know! Write ForeSee Health at 14528 S. Outer Forty Road, Suite 300, Chesterfield, Missouri 63017 with your questions. You also may e-mail info@foreseehealth.com.

Abdominal Obesity and Heart Disease Risk



When you consider your heart disease risk, you usually don’t think that where you carry your extra weight matters. However, if your body shape mirrors that of an apple rather than a pear, you are at greater risk.

It turns out that carrying more fat around the abdomen—an apple-shaped body—rather than the hips—a pear-shaped body—is associated with an increased risk for heart disease, high blood pressure, and diabetes in both men and women.

Abdominal obesity increases the likelihood that you will develop risk factors that wreak havoc on heart health, including:

- high levels of fat, or lipids, in the blood
- insulin resistance
- type 2 diabetes
- high blood pressure.

A waist measurement greater than 40 inches for men and greater than 35 inches for women increases the chances of developing risk factors associated with heart disease.

Strength Training Offers Benefits for **All Ages**



Weight lifting—sometimes called strength training or resistance exercise—is not just for bodybuilders or well-toned athletes. As evidence builds about the health and fitness benefits of strength training, women and men of all ages are taking time to pump a little iron.

The Benefits

Adults typically lose 20 to 40% of their muscle tissue as they age. This saps strength and speeds up bone loss.

Strength training helps slow, and even reverse, this process, decreasing the likelihood of osteoporosis and disability. As the body replaces fat with muscle, the bones grow and strengthen to carry the heavier load.

Strength training also may help you keep your weight in check because muscle burns more calories than fat does.

Choosing the Equipment

Many people use weight machines or free weights—such as dumbbells, barbells, and ankle weights. Start with cans of food or plastic containers filled with water or sand. It's fine to start out with just 1 or 2 pound weights.

Setting Up a Routine

Set aside a few minutes two to three times a week. Increase your time as you feel yourself getting stronger. Remember, strength training is only one part of a total fitness program. You also need to make time for aerobic exercise, such as brisk walking, to get your heart and lungs working. Taking time to stretch is important.

Here are some tips to get started:

- Start slowly.
- Keep breathing.
- Develop a routine that works the major muscle groups: shoulders, arms, chest, abdomen, back, hips, and legs. For each exercise, aim for eight to 15 repetitions. Rest a minute and do another set.
- Choose a weight heavy enough to make you fatigued after eight to 15 repetitions. If you can't lift a weight eight times in a row, begin with a lighter one. Once you can lift it easily 15 times, consider increasing the weight.
- Perform each exercise slowly and smoothly. Take two to three seconds to lift, and four to six seconds to lower the weight.
- Exhale as you lift, and inhale as you lower the weight. ●

HEALTH TIP

You may want to go through the exercises without a weight first to get used to and feel comfortable with the movements.

We want to hear from you! What topics would you like to see in *For Your Health*? Please e-mail info@foreseehealth.com, or write us at ForeSee Health ATTN: Newsletter Department 14528 S. Outer Forty Road, Suite 300, Chesterfield, Missouri 63017.



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