

# C.H.I.P. CHAT

The Official Newsletter of the Penticton Branch of the  
Coronary Health Improvement Project



Volume 9, Issue 6

Nov./Dec. 2009

## Editorial:

CHIP CHIP HOORAY! As the year closes, plans are being laid for our next CHIP program. It will take place in February of 2010. We finally have several venue options and will give you the full details in our next CHIP CHAT.

It doesn't seem like I should be wishing you all the very best of the Christmas Season just yet but the season is just around the corner. Hopefully you will be able to join the Alumni group on November 23rd for our annual Christmas Pot-luck! Please check the details below.

I would like to take this opportunity to give a big bouquet of thanks to our volunteers for helping with the CHIP Alumni this past year, as well as the members on the board of HELP4BC! Your assistance and support has been invaluable and greatly appreciated.

May the wonder of the Christmas season bring you love, joy and peace!

## ANNOUNCEMENTS: November Alumni Meeting:

### Christmas Vegan Pot-Luck Supper!:

**Date & Time**.....Monday, November 23rd @ 6:00 PM

**Place**.....Penticton Senior's Drop-In Center

**Bring**.....Please bring either of the following: an entrée, a salad, or a dessert.

If you are unable to bring food ...you can still come! Just bring a donation of between \$5 to \$10 per person. This money will be donated to the CHIP program fund.



NOTE: Please email ([ckiefiuk@shaw.ca](mailto:ckiefiuk@shaw.ca)) or call Connie (250-496-5966) to advise if you plan to donate money or bring a dish for the potluck.

*There will be NO Alumni meeting during  
the month of December.*

*Merry Christmas and Happy New Year!*

The “Healthy Harvest Box” – Here’s a message from the Healthy Harvest Box website:



**The Healthy Harvest Box and Farmers Market programmes are closed as of Oct 16th, 2009 and will resume in 2010. Customers can still sign-up for the programme online; however, the accounts will not be activated until 2010. Please send us an email with any questions: [feedme@localmotive.ca](mailto:feedme@localmotive.ca). Thank you for your support this year!**

**OKANAGAN HEALTH FORUM 2009 DVD’S** - Would you like to share the last Health Forum’s fabulous talks of Dr. Neal Barnard and Dr. Ron Cridland with your family and friends, or simply add them to your library?



*These DVD’s are still available.*



Please contact Margie by phone (250-493-6306) or email: [muggiec@yahoo.ca](mailto:muggiec@yahoo.ca).

## **PENTICTON COMMUNITY CENTER:**

### **Soccer Dome is Open:**

The Soccer Dome is now open for walking between the hours of 8:00 a.m. and 6:00 p.m. daily. Use of this facility is free, but donations are accepted. So don’t let the winter season or bad weather keep you from walking!

The Soccer Dome is located at King’s Park, 550 Eckhardt Avenue West in Penticton.



For other “Get Active” programs, call the Penticton Community Center at 250-490-2436 or email [www.getactivepenticton.com](http://www.getactivepenticton.com).

Get Inspired....Get Connected.....Get Active!

**CHIP WEBSITES:** Our local CHIP website is [www.help4bc.ca](http://www.help4bc.ca). The National CHIP website is [www.chiphealth.org](http://www.chiphealth.org). Occasionally you may know of someone in another locale that is interested in the CHIP program. Please see the national website for a list of CHIP programs happening in areas around North America.



## Vitamin D for Breast Cancer

These findings were presented by Dr. Richard Schilsky of the University of Chicago at the 2008 meeting of the *American Society of Clinical Oncology*. Breast cancer patients who were deficient in vitamin D were 94% more likely to have their cancer spread, and 73% more likely to die, than women with normal levels, according to a study led by Dr. Pamela Goodwin of Mount Sinai Hospital in Toronto, Canada.

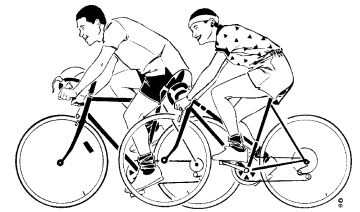
In the study, cases of 512 women (diagnosed with breast cancer between 1989 and 1995) were followed until 2006. More than three-quarters of the women had a vitamin D deficiency when diagnosed. The researchers found that those with the lowest levels of vitamin D had the highest risk of dying from the disease. Women with lower vitamin D levels also were more likely to develop cancer before menopause, be overweight, and have more aggressive tumors than women with adequate vitamin D.

Ten years after their diagnosis, 85% of the women with normal vitamin D levels at the time of diagnosis were still alive. For the vast majority of those women, the cancer had neither spread nor come back. In contrast, only 69% of the women with low vitamin D levels were cancer-free 10 years later, with 74% still living. The apparent connection between vitamin D and breast cancer is in addition to other research results linking vitamin D deficiency to colon cancer, blood malignancies, and heart disease.

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### **Even Modest Fitness Extends Life**

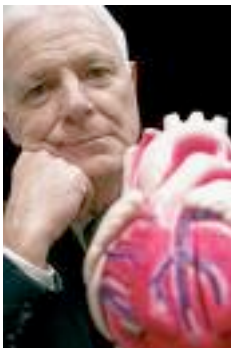
A study of nearly 4,400 healthy adults found that the 20% with the lowest physical fitness level were twice as likely to die over the next 9 years as the 20% with the next lowest fitness levels. This study supports the fact that even mild to moderate physical activity can significantly extend length of life. Intentional daily physical exercise, even though not vigorous or long-lasting, will save lives. (*Medicine & Science in Sports & Exercise*, August 2009).



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### **Dr. William Castelli: A Pioneer Speaks Out!**

*By Eileen Springer, Published by Lifestyle Medicine Institute*

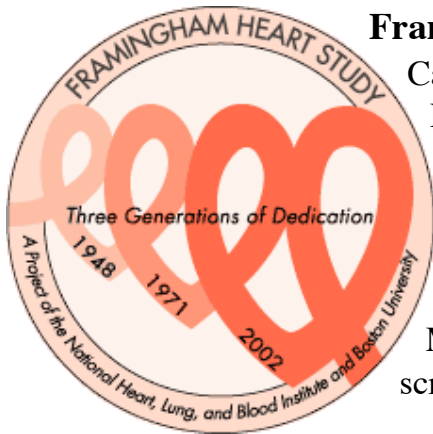


William P. Castelli, MD, is a pioneer in his own family. Not because he is the outspoken director of the Framingham Heart Study – the longest-running heart study in the world. It's because he is the first man among his kin to turn 50 without a heart attack.

How did Castelli do it? The way he wants everyone to do it – by facing the facts of heart disease:

- High total cholesterol and low HDL (good cholesterol) are among the strongest predictors of heart disease;
- High blood pressure increases the risk of heart attack and stroke by up to five times;
- Smokers have a 70% chance of dying of a heart attack

“I’m living proof that you can beat the odds of heart disease – even if it runs in your family,” he says.



## Framingham Study

Castelli, who launched his career as a rheumatologist, joined the Framingham heart Study in 1965 as director of laboratories, and then in 1979, he became its director. The study itself began in 1948 under the jurisdiction of the National Heart Lung and Blood Institute.

Since then, every two years more than 5,000 residents of this Massachusetts town have volunteered themselves for medical scrutiny: Pulses are taken, diets are monitored, habits are revealed.

The Framingham study has identified about 200 risk factors associated with heart disease. The big three: elevated cholesterol, hypertension and smoking.

The nucleus of this study is housed in an old convent behind a Catholic high school in Framingham. Castelli himself enjoys modest – if not chaotic - trappings. His office is a vigorous three flights up, with a cardboard placard on the door. Dr. “C,” as his receptionist refers to him, waves you in. “Somebody messed up my office,” he chuckles. Indeed, his surroundings could rival any teenager’s bedroom. Stacks of papers and large manila envelopes smother desk, floor and tables.

But while Castelli could have trouble finding yesterday’s memo, he has complete command of all the statistics he’s been pushing in his battle against the nation’s #1 killer. “Four out of five people on this earth can’t get their cholesterol over 150; they don’t get heart attacks. One out of five people can’t get their cholesterol down to 150. They do get heart attacks. And almost all of them live in affluent countries”.

He balances a cup of tea on a chair. “Do you know that in the 40 years of Framingham we have never had a heart attack in anyone with a total cholesterol under 150?”

As evidence, Castelli offers the Seventh-day Adventists, whose religious philosophy recommends a vegetarian (and therefore low-cholesterol) diet, regular exercise and abstention from alcohol, caffeine and tobacco products.

“Now, why don’t the naysayers look at them?” asks Castelli. “The men outlive us by seven years, the women by four years....The total vegetarians among the Adventists have only 15% of our heart-attack and cancer rates.”

“And if you think that a heart attack will just kill you, you’re wrong,” continues Castelli. “Many people end up disabled from a heart attack. And you could have a stroke. Some 25% of people go into a nursing home and never come out; 50% drag around the rest of their lives.”

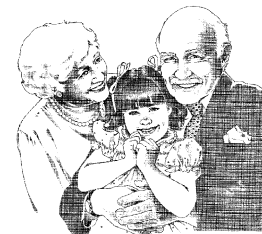
Castelli has also debated the role of body fat in heart disease. Recently the National Institute on Aging said that gaining a pound a year was not detrimental for older people and could even be beneficial.

Castelli’s response: “Telling Americans to gain weight is insane. That’s when you get an increase in blood pressure, blood sugar, cholesterol and triglycerides (blood fats associated with heart disease).”



Then there's the salt/blood pressure controversy. There are those experts who say that decreasing dietary salt will only reduce blood pressure for those who are salt sensitive – a trial and error proposition. Castelli, however, says that salt reduction should be a matter of course for all Americans. “We'd see a dramatic fall in blood pressure and even more dramatic fall in cardiovascular disease,” he says.

But here's Castelli's biggest gripe: The myth of the 70 year old. “The medical profession thinks that if you've made it to 70, you're home free. And besides, you're going to die any day now, so why bother? But at 80 when you have a heart attack, they'll do a bypass on you and other expensive, invasive things. Now, if they can do that when you're 80, why can't you prevent a heart attack when you're 70?”



Castelli started his own prevention program as a direct result of the study. Then in his 30s, his cholesterol was in the 270s. “Every Wednesday we'd review who had heart attacks. One number kept jumping out at me: Cholesterol 244. Here was mine up at 270 and people were having heart attacks at 244. That's when the light turned on.”

Castelli started jogging every day and cut down on his dietary fat. He brought his total cholesterol down to 190 and raised his HDL (good cholesterol) to a healthy 63 from a former 49.

And, he insists, a healthy diet and lifestyle don't have to take the pleasure out of life. By simply substituting low-fat foods for high-fat ones and taking brisk walks several times a week, a person can significantly decrease the odds of suffering a heart attack. “I'm alive to prove it!” he says.

## Soy Intake Decreases Risk of Hip Fractures



In a new study published in the *American Journal of Epidemiology*, intake of soy products reduced the risk of hip fractures as much as 36 percent among women who consumed more than the least amount of soy. All intakes above the least amount consumed, for example any amount greater than one-fourth cup tofu per day, averaged a 30 percent protective effect. The study was part of the Singapore Chinese Health Study and looked at more than 63,000 male and female adults.

Koh WP, Wu AH, Wang R, et al. Gender-specific associations between soy and risk of hip fracture in the Singapore Chinese Health Study. *Am J Epidemiol*. 2009;170:901-909.

For information about nutrition and health, please visit [www.pcrm.org/](http://www.pcrm.org/).

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*The following is an article by Dr. John McDougall from his newsletter of September, 2009....*

## **My Favorite Five from Recent Medical Journals**

1. Profound Statements from the Former Editor of the *Journal of the American Medical Association*  
**Seven Ways to Reduce Unnecessary Medical Costs -- Right Now!\*** by George Lundberg, MD.

### **Paraphrases of his seven points:**

- 1) Substitute intensive medical care for bypass surgery.
- 2) Substitute intensive medical care for angioplasty.
- 3) Stop PSA testing for prostate cancer. Stop surgery for prostate cancer.
- 4) Stop mammograms for women under 50 and sharply curtail use of all mammograms.
- 5) Reduce use of expensive tests (CT and MRI).
- 6) Stop administering chemotherapeutic false hope for metastatic cancer.
- 7) Stop prolonging dying with false hopes, bravado, and intensive therapy.

According to Dr. Lundberg billions of dollars would be saved, and changing current practices would also reduce immeasurable human suffering.



George Lundberg, M.D.

- 1982 to 1999 — Editor in Chief of JAMA (Editorial responsibility for its 39 medical journals, American Medical News, and various Internet products).
- Past President of the American Society of Clinical Pathologists.
- 2002 to 2009: Editor in Chief of both Medscape General Medicine and CBS HealthWatch.com.
- Academic appointments (Professor): Northwestern and Harvard Consulting Professor, Health Research Policy and Pathology, Stanford Medical School, Los Gatos, California.

### **A few powerful quotes from this article:**

“I believe that there are still many ethical and professional American physicians and many intelligent American patients who are capable of, in an alliance of patients and physicians, doing ‘the right things.’ Their combined clout is being underestimated in the current debate on healthcare reform.”

“The lure of economic incentives to provide care that is unnecessary, unproven, or even known to be ineffective encourages many physicians to make the lucrative choice. Hospitals and especially academic medical centers are also motivated to profit from many expensive procedures.”

“Why might many physicians, their patients, and their institutions suddenly now change these established behaviors? Patriotism, recognition of new science, stewardship, and the economic survival of the America we love. No legislation is necessary to effect these huge savings.”

“Academic medical centers should take the lead, rather than continuing to teach new doctors to ‘take the money and run.’”

**Comment (by Dr. John McDougall):** George Lundberg, MD has just been added to my list of heroes and mentors. He is one more professional person with the courage to stand up and tell the truth. His voice is loud and cannot be ignored. If he can be heard then he can help stop the rivers of money that flow into the bank accounts of doctors, hospitals, device manufacturers, and insurance companies at the expense of patients. *You can have the great fortune of hearing him speak at our next Advanced Study Weekend, February 19 to 21, 2010.* (Two other truth-tellers, Neal Barnard, MD and Dean Ornish, MD, will also be speaking that weekend.)

### I would add these seven ways to reduce costs:

- 1) Require all doctors and dietitians to teach a starch-based diet.
- 2) Earnestly promote clean habits and exercise.
- 3) Make baby formula by prescription only.
- 4) Outlaw the sale of all oral diabetic medications.
- 5) Treat elevated blood pressure only after it is sustained for months at 160/100 mmHg or greater. Use a simple diuretic, chlorthalidone, when blood pressure needs to be lowered (to no less than 140/90 mmHg with medication).
- 6) Limit use of statins to people at high risk of heart disease—not simply to treat cholesterol numbers.
- 7) Promote conservative treatments for major organ cancers (lumpectomy, watchful waiting, no routine surgery, no routine radiation, etc.)



**Dr. John McDougall**

\* This article has been removed from Medscape since the original publication on August 24, 2009. The author does not know the reason for its removal. You can still read the article, “How to Rein in Medical Costs, RIGHT NOW,” in its entirety at the [Lundberg Institute](#) and at this [blog](#).

## 2. "No Treatment" IS Better for Prostate Cancer

**Outcomes of localized prostate cancer following conservative management** by Grace Lu-Yao published in the September 9, 2009 issue of the *Journal of the American Medical Association* concluded, “Considering favorable 10 - year outcomes following conservative management, men with a life expectancy of less than 10 years may wish to consider an active surveillance or watchful waiting protocol as an alternative to immediate attempted curative therapy (radiation and/or radical surgery).”<sup>1</sup> The study followed 14,516 men diagnosed between 1992 and 2002 and found a 10 year overall survival of 94% for men with localized prostate cancer managed conservatively. Most importantly, these results are better than the 90% survival of men who were treated with radical prostatectomy in a Scandinavian study.<sup>2</sup> Urologists commonly use this Scandinavian study to recommend radical surgery to men. However, this study involved less than 700 men divided into two treatment groups and had an absolute advantage for surgery over “watchful waiting” at 10 years of only 5.3%.

**Comment (by Dr. John McDougall):** Once diagnosed with prostate cancer you are given three choices of therapy for the disease localized to the prostate: Radical surgery, radiation, or to do nothing. “Doing nothing” is also called “watchful waiting.” Doctors like to refer to this as “active surveillance.” Since surgery and radiation have not been shown to save lives, active surveillance means “doing nothing” until the cancer returns or the PSA rises higher, and then doing treatments that would have not saved lives in the first place.



Approximately 10% of middle-aged men are found to have a positive PSA test. Approximately a quarter of these men have prostate cancer on biopsy. The lifetime risk of being diagnosed with prostate cancer is about 17%, while the risk of dying of this disease is only about 3%. Conservative management (no surgery or radiation) is used in only 10% of patients — the rest get radiation and surgery, with common debilitating effects of impotence and incontinence. Until proven otherwise, conservative therapy is the right choice, even for men with disease that appears to be aggressive. A recent study of 50 men showed very good outcomes for men with a prostate cancer given a Gleason score of 7.<sup>3</sup> None of the men died of prostate cancer over the 6 years of study. There is no reliable evidence to support recommendations for radical treatments, surgery or radiation, for men of any age or with any Gleason score.<sup>4</sup> (Gleason score is an imprecise grading system used by pathologists to help determine prognosis.) Unfortunately most doctors are afraid to practice evidence-based medicine and to do the right thing. If a metastatic prostate cancer is discovered after opting for watchful waiting, then there is danger for the doctor—especially in the

litigious environment of the United States—of a malpractice claim of medical negligence. Because of these fear-based medical practices, millions of people are harmed unnecessarily.

- 1) Lu-Yao GL, Albertsen PC, Moore DF, Shih W, Lin Y, DiPaola RS, Barry MJ, Zietman A, O'Leary M, Walker-Corkery E, Yao SL. Outcomes of localized prostate cancer following conservative management. *JAMA*. 2009 Sep 16;302(11):1202-9.
- 2) Bill-Axelsson A, Holmberg L, Ruutu M, Häggman M, Andersson SO, Bratell S, Spångberg A, Busch C, Nordling S, Garmo H, Palmgren J, Adami HO, Norlén BJ, Johansson JE; Scandinavian Prostate Cancer Group Study No. 4. Radical prostatectomy versus watchful waiting in early prostate cancer. *N Engl J Med*. 2005 May 12;352(19):1977-84.
- 3) van den Bergh RC, Roemeling S, Roobol MJ, Aus G, Hugosson J, Rannikko AS, Tammela TL, Bangma CH, Schröder FH. Gleason score 7 screen-detected prostate cancers initially managed expectantly: outcomes in 50 men. *BJU Int*. 2009 Jun;103(11):1472-7.
- 4) Wilt TJ, MacDonald R, Rutks I, Shamliyan TA, Taylor BC, Kane RL. Systematic review: comparative effectiveness and harms of treatments for clinically localized prostate cancer. *Ann Intern Med*. 2008 Mar 18;148(6):435-48.

### 3. Vegetarians Make Plenty of Essential Fats (DHA)

**DHA status of vegetarians** by Thomas Sanders in the August-September 2009 issue of the journal *Prostaglandins Leukotrienes and Essential Fatty Acids* concluded, "...the relatively lower intake of linoleic acid and the presence of preformed DHA (fish) in the diet of omnivores explain the relatively higher proportion of DHA in blood and tissue lipids compared with vegetarians. In the absence of convincing evidence for the deleterious effects resulting from the lack of DHA from the diet of vegetarians, it must be concluded that needs for omega-3 fatty acids can be met by dietary ALA (alpha linolenic acid)." <sup>1</sup> ALA is made by plants.

**Comment (by Dr. John McDougall):** Your well-meaning friends and family may insist you eat fish in order to get enough of the essential fat DHA for the sake of your brain. The two fatty acids (fats) that are essential for human health are the omega-3 alpha, linolenic acid (18:3n-3; ALA) and the omega-6, linoleic acid (18:2n-6; LA). Only plants can synthesize these two fats. No animal or fish can make these fats, but they can be stored in their bodies. These essential fats are converted in animals, including fish, to longer chain derivatives, such as DHA and EPA. DHA, which stands for docosahexaenoic acid, is a type of fat found abundant in the membranes of the retinas of the eyes and the brain. DHA is naturally found in human breast milk, and preformed dietary sources for adults include fatty fish. The human body has no difficulty converting the plant-derived omega-3 fat, ALA, into DHA or other omega-3 fatty acids, in the liver, thus supplying our needs even during gestation and infancy. <sup>2</sup>

With this solid science you can put your friends' worries at ease—as a non-fish-eater you will be just fine. And you'll also avoid all that toxic mercury and help restore our oceans.

1) Sanders TA. DHA status of vegetarians. *Prostaglandins Leukot Essent Fatty Acids*. 2009 Aug-Sep;81(2-3):137-41.

2 [Langdon JH](#). Has an aquatic diet been necessary for hominin brain evolution and functional development? *Br J Nutr*. 2006 Jul;96(1):7-17.

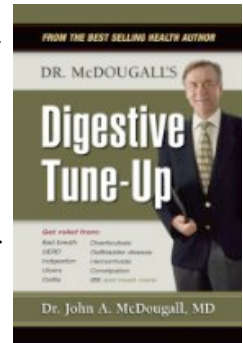
### 4. Cholesterol-lowering Statins Weaken Muscles and Cause Falls

**Statin Therapy, muscle function and falls risk in community-dwelling older adults** by D. Scott, published in *QJM*, monthly journal of the Association of Physicians, found "Statin use may exacerbate muscle performance declines and falls risk associated with aging without a concomitant decrease in muscle mass, and this effect may be reversible with cessation." <sup>1</sup> A common side-effect of statin therapy is skeletal muscle damage (myopathy), which sometimes includes muscle pain (myalgia) and weakness. Enzymes released from the muscles (creatine kinase) may or may not rise in the blood in association with this damage.

In this study, a total of 774 (48% female) participants were studied over 2.6 years. The average age was 62.0 (range 51–80 years). No differences in effects were found among different kinds of statins. Stopping statin use was associated with improvement.

**Comment (by Dr. John McDougall):** This paper describes subtler, easily overlooked, harms from cholesterol-lowering statins—muscle weakness and falls. We commonly hear of the rare but severe form of muscle damage, rhabdomyolysis, which can occasionally result in death. About 1% to 5% of people on these medications experience muscle inflammation and pain (myositis). A recent study, with electron microscopy and biochemical approaches, examined the muscle tissues of patients on statins. They found muscle cell damage in over 70% of people on statins, *even when they had no complaints of pain.*<sup>2</sup>

The safest and least expensive way to lower cholesterol levels is to eat a low-fat, no-cholesterol diet, like the McDougall Diet. Typically people experience a 20 to 60 mg/dL reduction in total cholesterol in seven days on blood tests—along with many other benefits from their change in diet. I do not prescribe [statin](#) drugs in otherwise healthy people because benefits, in terms of reduced heart attacks and death, are not apparent. I do prescribe [statins](#) in patients with a high risk of a future heart attack or stroke (for example, a person with a history of a previous heart attack, angioplasty, or bypass surgery). For these few people in need of medication my goal is to reduce their total cholesterol below 150 mg/dL with the foundation of their care always being the McDougall Diet, strictly followed.



- 1) Scott D, Blizzard L, Fell J, Jones G. Statin therapy, muscle function and falls risk in community-dwelling older adults. *QJM*. 2009 Sep;102(9):625-33.
- 2) Draeger A, Monastyrskaya K, Mohaupt M, Hoppeler H, Savolainen H, Allemann C, Babiychuk EB. Statin therapy induces ultrastructural damage in skeletal muscle in patients without myalgia. *J Pathol*. 2006 Sep;210(1):94-102.

## 5. Osteoporosis Drugs May Cause Esophageal Cancer

**Reports of esophageal cancer with oral bisphosphonate use** by Diane K. Wysowski, Ph.D. from the Food and Drug Administration in the January 2009 issue of the *New England Journal of Medicine* found that, “Between the time of the initial marketing of alendronate (Fosamax) in October 1995 through mid-May 2008, the Food and Drug Administration (FDA) received reports of 23 patients in the United States receiving a diagnosis of esophageal cancer, with alendronate (Fosamax, Merck) as the suspect drug (in 21 patients) or the concomitant drug (in 2 patients).” The median time from alendronate use to diagnosis was 2.1 years. Thirty-one patients from Europe and Japan were reported as having received a diagnosis of esophageal cancer after using alendronate (the suspect drug in 21 of the patients).<sup>1</sup> Several critics with ties to the drug industry responded to this potential risk in the April 2009 issue of the *Journal*.<sup>2</sup>

**Comment (by Dr. John McDougall):** The first warning in the Physician’s Desk Reference is:

### WARNINGS

FOSAMAX, like other bisphosphonates, may cause local irritation of the upper gastrointestinal mucosa. Esophageal adverse experiences, such as esophagitis, esophageal ulcers and esophageal erosions, occasionally with bleeding and rarely followed by esophageal stricture or perforation, have been reported in patients receiving treatment with FOSAMAX. Patients are instructed to sit up or stand up for 30 minutes after taking this medication in order to help prevent esophageal damage...



Bisphosphonates, which include Fosamax, Actonel, Boniva, and Zometa, are dangerous drugs with few actual benefits for the prevention of osteoporosis-related fractures—I will not prescribe them. They have been shown to cause delay in fracture healing (non-union of fractures), death of bone (jaw necrosis),

severe bone, joint, and muscle pain in women, and damage to the esophagus. There has also been concern that they may cause heart damage (atrial fibrillation).

Eating the rich Western diet, especially the consumption of animal proteins and associated dietary acids, causes osteoporosis. These acids must be neutralized after ingestion. The bones are the primary buffering system of the body. They dissolve to release alkaline materials. At the same time, changes take place in the kidneys from animal proteins and acids allowing the bone materials to pass out of the body into the urine where these precious materials are lost. There is every reason to believe that osteoporosis is not only preventable by following an alkaline-rich, starch-based diet, but also reversible. My patients have shown improvements in their bone mineral density (BMD) after changing to the McDougall Diet. Exercise is also helpful.



1) Wysowski DK. Reports of esophageal cancer with oral bisphosphonate use. *N Engl J Med.* 2009 Jan 1;360(1):89-90.

2) *N Engl J Med.* 2009 Apr 23;360(17):1789-90.

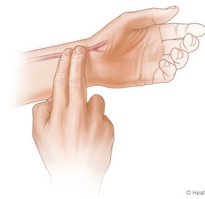
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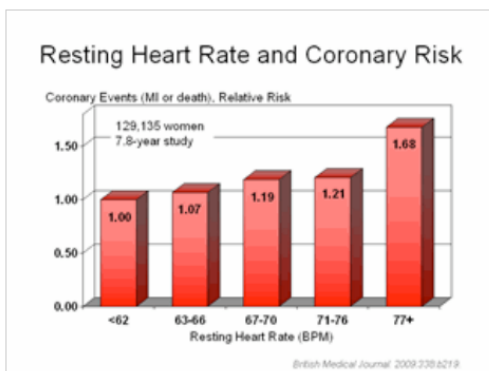
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## Resting Heart Rate Predicts Coronary Events

Resting heart rate is an easy test you can do on yourself. Now, new research shows that resting heart rate is an independent predictor of coronary heart disease and mortality. People with lower resting heart rates have a survival advantage over those with higher heart rates.



This finding comes from the Women's Health Initiative study and includes 129,135 women. Resting heart rates were determined on all women who were in good health at the start of the study. Researchers correlated their resting heart rates with deaths from coronary heart disease over the 7.8-year study. Women with a resting heart rate of 77 or higher were 68% more likely to experience a heart attack or death from heart disease compared to women with a resting heart rate of 60 beats per minute or less. Resting heart rate was found to be an independent predictor of heart disease even after adjusting for BMI, smoking, physical activity, blood pressure, and other common coronary risks.



Other lifestyle factors linked to increased risk of heart attacks in this study included:

- High blood pressure (increased risk by 69%)
- Diabetes (increased risk by 2.7 times)
- Smoking (increased risk by 2.3 times)
- High cholesterol
- Overweight
- High intake of saturated fat (animal fats)

When adjusting for all of these other risks, resting heart rate was still an independent predictor of coronary events (heart attack or death from a heart attack). Women with a resting heart rate of 80 or higher, compared to 60 or less, were 33% more likely to have a coronary event. Other studies have shown a similar relationship in men.

A factor that lowered risk of heart disease in this study was regular, physical activity. In fact, exercise is the best ways to lower resting heart rate. Activities such as brisk walking, biking, aerobics, and active sports strengthen the heart and lower resting heart rate. Resting heart rate can drop as much as 10-20

beats per minute when going from little activity to regular physical activity, 30+ minutes per day, most days of the week.

Check your resting pulse and compare it with the chart below to determine your risk. To check your pulse, sit quietly. Find your pulse on the thumb side of the wrist between the bone and tendons on the inner wrist. Check your pulse for a full minute, or half a minute and multiply by two.

**Resting Heart Rate\***

62 or below

63-66

67-76

77 or higher

\* Beats per minute

**Risk Status (relative risk)**

Ideal risk (1.0) – Doing great!

Low risk (1.07) – Doing well.

Increased risk (1.20) – Could be more active.

High risk (1.68) – Needs a good exercise program.

Reference: Hsia J, et al. Resting heart rate as a low tech predictor of coronary events in women: prospective cohort study. *British Medical Journal*. 2009;338:b219.



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***“Vegetarian Food for Thought”***



“Certainly man by nature was never made to be a carnivorous animal, nor is he armed at all for prey and repine, with jagged and pointed teeth and crooked claws sharpened to rend and tear, but with gentle hands to gather fruit and vegetables, and with teeth to chew and eat them.”

— John Ray (1627 - 1705) Founder of English Botanical and Zoological Science.

“You put a baby in a crib with an apple and a rabbit. If it eats the rabbit and plays with the apple, I’ll buy you a new car!” — Harvey Diamond, Author.



“You don’t have to give antibiotics to broccoli.” — Michael Klaper, M.D.

“You never hear anyone talk about mad tofu disease.”

— John Robbins, Author, Founder of Earthsave International.





## RECIPE CORNER:

*From Connie's kitchen....you might enjoy this loaf as an entrée for your upcoming Christmas dinner! The recipe comes from the cookbook "Tasty Vegan Delights". I have slightly adapted it (I used water instead of soy milk and reduced the salt). Try it.....it's good!*

### SUNFLOWER SEED NUT LOAF

Combine in a large mixing bowl:



1 cup ground raw sunflower seeds

1 1/3 cups ground walnuts

1 1/2 cups fresh whole-wheat bread crumbs

4 medium raw potatoes, grated



1 1/2 cups water

2 small onions, chopped fine

2 cloves garlic, minced

1 1/2 tsp salt

2 tbsp Bragg Liquid Aminos

1/2 tsp sage



Spray a loaf pan with cooking spray and pour the mixture into it. Cover and bake for 45 minutes, remove cover, and bake another 15 minutes, or until done. Turn out onto a platter and garnish with parsley and carrot curls.



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***Merry Christmas and Happy New Year!  
Greetings to all our "Chippers"!***

