

Volume 18, Number 2

June 2003

The Lipid Clinic is located in Suite 330, 3rd floor of the Physicians' Pavilion at OHSU. **To make Lipid Clinic appointments**, call: **(503) 494 - 1794** (new patient) or **(503) 494 - 1775** (follow-up).

Lipid Clinic Staff: D. Roger Illingworth, MD; William Connor, MD; P. Barton Duell, MD; Sonja Connor, MS, RD; Lila Ojeda, MS, RD; Shannon Hughes, BS; Ligia Cazan, LPN

Lipid Clinic News Editor: Cindy Francois, MS, RD

Co-editors: Sonja Connor, MS, RD; Lila Ojeda, MS, RD; Shannon Hughes, BS

In This Issue

- *Another Risk Factor For Heart Disease*
- *Breakfast: Are You Fueling Up?*
- *Pedometer & Health Findings in Nurses*
- *Great Summer Recipes and More . . .*

A Re-Discovered Risk Factor for Heart Disease: C-Reactive Protein

High LDL cholesterol. Elevated blood pressure. Smoking. We already know many of the risk factors for heart disease. Do we really need another? Considering that some patients with heart disease may not have very high cholesterol levels, finding additional risk factors is certainly valuable.

Recently, C-Reactive Protein (CRP) has sparked some interest among researchers. If you've never heard of it, you're not alone. So what is CRP? To put it simply, it's a general measure of inflammation going on somewhere in the body. Inflammation can be due to many causes, such as arthritis, but we know it is also a key component in the process of plaque development and rupture—both of which contribute to heart attacks. CRP is a marker for cardiovascular risk, even among patients who may appear to have low risk.

What Does CRP Tell Us?

In a recent study published in the *New England Journal of Medicine (NEJM)*, C-reactive protein was a stronger predictor of heart disease than LDL cholesterol. Several other studies have shown the same thing. In the Nurses Health Study involving nearly 28,000 women, patients who had high CRP and low LDL cholesterol actually had a higher risk for heart attack than women with low CRP and high LDL. There is some speculation that CRP may be more predictive in healthier populations than in the general population with more frequent heart disease. However, a CRP value is only part of the equation.

Should Everyone Get a CRP Test?

This is a tough question, but we believe that the science isn't there yet to suggest that *everyone* should have a CRP test. If someone has a high risk for heart disease, a CRP test probably wouldn't change the physician's recommendations for aggressive treatment. However, for patients who appear to have low or moderate risk for heart disease, CRP could provide useful information about cardiovascular risk.

What Is A High CRP?

A CRP over 3 (mg/liter of blood) is considered high. However, a high CRP value should be confirmed by retesting 3 to 6 weeks later. If your CRP is between 1 and 3, it is considered intermediate. A CRP below 1 is considered low.

How To Lower Risk if CRP is High:

At this time, we don't know what to do if CRP is high. (It may not even be important to lower CRP.) However, there are some factors associated with lower CRP levels. These include:

- **Not smoking:** Smokers have higher CRP levels.
- **Losing weight:** Overweight people have higher CRP levels.
- **Taking "statin" drugs, niacin or some fibrates:** Statin drugs (like Lipitor®, Pravachol®, Zocor, etc.®), as well as niacin and some fibrates, may lower CRP. However, it's too early to suggest that people with high CRP levels should be prescribed these drugs.
- **Being physically active:** People who are more physically active have lower CRP.
- **Eating a low-cholesterol, low-saturated fat diet.** People who eat healthier diets may have lower CRP.
- **Taking a daily aspirin.**

The Bottom Line:

CRP is just another piece of the heart disease puzzle. It may identify high-risk patients who might not be detected by the usual risk factors.

N Engl J Med 2002; 347:1557-1565

Breakfast: Are You Working on an Empty Tank?

It's 6:30 a.m., the alarm goes off and you realize you only have 30 minutes to take a shower, wake the kids and get to work on time. If this sounds familiar, you may be like 1/3 of the adults and 1/5 of children in this country who skip breakfast in order to get out the door.

Our patients often say they skip breakfast because if they eat in the morning, they tend to eat all day long. They use meal skipping as a tool for weight loss. However, did you know that one of the biggest predictors of successful weight loss and weight maintenance is actually *eating breakfast*? It's true! When people deprive themselves of breakfast, they have more of a tendency to hit the vending machines for that mid-morning candy bar, and to overeat later in the day --otherwise known as the "frantic eating frenzy", which may contribute to weight gain. Moreover, if you eat breakfast and several smaller meals during the day, your metabolic rate may actually increase. Remember, it takes energy (calories) to metabolize the food you eat. Hunger pangs in the mid-morning are a good sign—your body is burning the fuel and it needs more! What better reason to eat?

In young students, breakfast-eaters score better in reading and math, have better behavior, fewer morning visits to the school nurse and decreased rates of absenteeism and tardiness. If we apply this to ourselves in the workplace—think of what we could accomplish!

Time-Saving Tips:

- Set out bowls, spoons and cereal the night before.
- Grab your favorite yogurt out of the fridge and add cereal from a baggie you filled the night before. You might like the "tubes" of yogurt that can be eaten without utensils.
- Pack fruits and veggies in small plastic baggies to grab out of the fridge.
- Make oatmeal the night before and microwave in the morning, or make "instant" oatmeal.

Breakfast Ideas:

- Breakfast smoothies: Blend yogurt with your favorite fruit, milk & ice (or frozen banana chunks).
- Yogurt parfait: Enjoy low-fat or nonfat yogurt with a crunchy whole grain cereal and fresh fruit.
- Cereal and fat-free milk—always a favorite.
- Low-fat cottage cheese and fruit—have you tried *Knudsen Cottage Doubles*®?
- Breakfast burrito: Whole-wheat tortilla with scrambled egg substitute or egg whites, veggies and a sprinkle of low-fat cheese.
- ½ bagel with light cream cheese & a piece of fruit.



Pedometer and Health Findings in Portland Nurses

One of the dietitians in our office recently finished her Master's Thesis and found some very interesting results that we would like to share with you. Lila studied 59 nurses from local hospitals in Portland, Oregon; 29 were normal weight (average BMI of 22.5 kg/m²), and 30 were overweight (BMI of 33.0 kg/m²). The nurses were asked to wear (and got to keep!) a *New Lifestyles NL-2000 Activity Monitor* (pedometer) for approximately seven days, and to maintain their normal eating and activity patterns during this time. Subjects filled out a *Health Questionnaire* before and after the study, which examined eating habits, physical activity, perceived quality of life, motivation to lose weight and to exercise, and health behavior habits (i.e., smoking, alcohol, supplement and medication use).

The pedometers stored the steps/day in a 7-day memory. Thus, the nurses did not record or monitor their steps during the study period. Rather, they noted if their activity was average or not for each day and overall for the entire week.

Results:

The normal weight nurses walked significantly more steps/day than the overweight nurses--approximately 1,500 more steps/day. (It is estimated that 1 mile is approximately 2,000 steps, depending on your stride.) The normal weight nurses walked an average of 10,372 steps/day, while the overweight nurses walked 8,907. Plus, the overweight nurses had higher diastolic blood pressure and resting heart rate, exercised less during the study (43% of the overweight nurses exercised during the study, compared to 83% of the normal weight nurses), had worse eating habits (≥37% fat versus 30% fat in the normal weight nurses), poorer perceived quality of life, and less motivation to exercise. Also interesting is that the only five smokers were in the overweight group.

What Does This Mean?

The overweight nurses might benefit from accumulating an additional 30 minutes of exercise each day. This would help them to:

- ✓ Meet the current guidelines to exercise 30 minutes most days of the week (this would add roughly 3,000 steps to the daily total).
- ✓ Meet or exceed the recommendation of 10,000 steps/day.
- ✓ Have positive health benefits, such as lower blood pressure and heart rate.
- ✓ Perhaps result in moderate weight loss.



For More Information about New Lifestyles Digi-Walker™ pedometers, visit: www.digiwalker.com or www.new-lifestyles.com.



USDA Organic: What Does It Mean?

You may have noticed this “USDA Organic” seal on food labels in recent months. On October 21, 2002, the United States Department of Agriculture (USDA) organic standards took effect. With this initiative, the organic food industry is now regulated with one set of standards.



How Does the USDA Define “Organic”?

- “Organic food is produced by farmers who emphasize the use of renewable resources and the conservation of soil and water to enhance environmental quality for future generations.”
- “Organic meat, poultry, eggs, and dairy products come from animals that are given no antibiotics or growth hormones.”
- “Organic food is produced without using most conventional pesticides, fertilizers made with synthetic ingredients, or sewage sludge, bioengineering, or ionizing radiation.”

What Does the “USDA Organic” Seal Mean?

- Before a product can be labeled “organic”, an inspector visits the farm where the food is produced to ensure the farm meets USDA standards.
- Only foods containing at least 95% organic ingredients can carry the new seal.
- “100 percent organic” means that the product contains 100% organic ingredients. “Organic” means that the product contains at least 95% organic ingredients.
- If a product is 70- 95% organic, they can’t carry the “USDA Organic Seal” but “made with organic ingredients” can be listed on the front of the packages.
- Products containing less than 70% organic ingredients can only list certified ingredients on the side label.

Should I Be Eating Organic Foods?

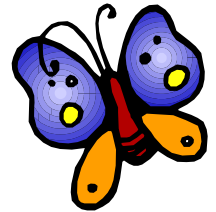
Many factors contribute to the use (or non-use) of organic foods—especially cost (organic produce costs 15-57% more than non-organic produce), availability, and personal opinion. The jury’s still out on whether eating organic food is healthier, and the health risks posed by pesticides and herbicides are also unknown. While it is likely that organic foods are lower in pesticide residues, they can still be contaminated with the pesticides used in surrounding areas (e.g. via soil and air). What’s most important is that you’re eating a balanced diet that includes plenty of fruits, vegetables, whole grains and legumes, organic or not. Whether you choose to purchase organic foods is your decision.



Sourdough Bread Salad with Roasted Vegetables

This wonderful salad requires some time to prepare, but it’s definitely worth the effort. It’s the kind of do-ahead salad that many of us prefer. A great recipe for all those summer barbecues—you’re sure to “wow” your friends with this one.

- 5 thick slices rustic sourdough bread, day-old or lightly toasted
- 1 teaspoon olive oil
- 1 red bell pepper, cut into 1/2-inch strips
- 1 medium red onion, cut into eighths
- 1 medium zucchini, halved lengthwise and sliced into 1/4-inch-thick-half circles
- 1/2 pound red potatoes, scrubbed, halved and cut into 1/4-inch-thick half circles
- 1 small eggplant, cubed
- 2 teaspoons olive oil
- 3 cloves garlic, minced
- 2 cups ripe cherry tomatoes, cut in halves



Bread Salad Dressing

- 1 tablespoon olive oil
- 3 tablespoons balsamic vinegar
- 1/4 teaspoon (or less) Lite Salt
- 1/4 teaspoon freshly ground pepper
- 2 tablespoons minced fresh basil *or* 2 teaspoons dried basil leaves
- 1 clove garlic, minced

Brush both sides of the bread with 1 teaspoon olive oil. Toast both sides of the bread under broiler until golden brown. Cut into 1-inch cubes. Set aside.

Early in the day: Preheat oven to 375°. Spray 2 baking sheets with nonstick cooking spray. Combine bell peppers, onion, zucchini, potatoes, and eggplant, and toss with 2 teaspoons olive oil and 3 cloves minced garlic. Assemble vegetables on baking sheets. Bake for 15 minutes. Turn vegetables and add tomatoes. Continue baking for 10 minutes or until potatoes are done. Remove from oven and allow the vegetables to cool.

Prepare dressing by combining oil, vinegar, Lite Salt, pepper, basil, and garlic. Mix the cooled, roasted vegetables and toasted bread cubes in a large bowl. Drizzle the dressing over the vegetable-bread mixture. Toss well. Chill in refrigerator for 2 to 3 hours or overnight. Toss twice while salad is chilling.

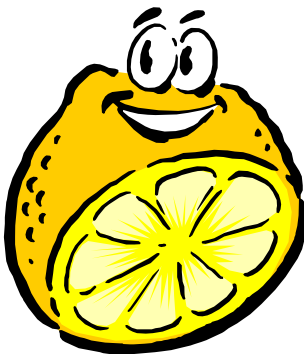
Makes 9 servings (1 1/2 cups each).

Per Serving:	
Calories 232	Total Fat 5 gm
Sodium 353 mg	Saturated Fat 1 gm
Fiber 4 gm	Cholesterol 0 mg
Cholesterol-Saturated Fat Index 1	

Lemon Gelati

This light, frozen dessert is very easy to make. A great cool treat on a hot summer night. Top with fresh strawberries when they're in season!

- 1 1/3 cups sugar
- 2 tablespoons grated lemon peel
- 3/4 cup to 1 cup freshly squeezed lemon juice
- 1 teaspoon vanilla
- 4 cups (1 quart) nonfat plain yogurt



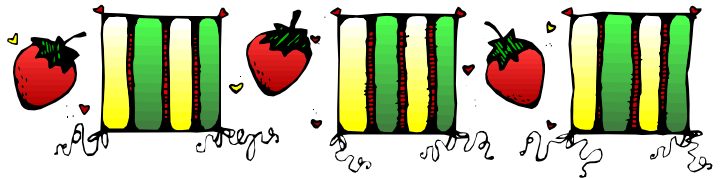
Publication of this newsletter is supported by OHSU Lipid Disorders Clinic, University Hospitals and Clinics, Clinical Nutrition Research Unit, and by educational grants from: Bristol-Myers Squibb, Pfizer, GlaxoSmithKline, AstraZeneca Pharmaceuticals

Combine sugar, lemon peel, lemon juice, and vanilla in a mixing bowl. Stir until sugar dissolves. Add yogurt; stir well. Chill thoroughly. Pour cold mixture into ice cream freezer and process according to manufacturer's directions. Garnish with mint sprigs, if desired.

Makes 12 servings (1 1/2 cups each).

Per Serving:
Calories 137
Sodium 67 mg
Fiber 2 gm
Cholesterol-Saturated Fat Index trace

Total Fat 1 gm
Saturated Fat trace gm
Cholesterol 1 mg



SUBSCRIPTIONS: \$12 (USA), \$20 (outside USA) payable to Lipid Clinic News, OHSU L-465, 3181 SW Sam Jackson Park Rd, Portland, OR 97239 or call (503) 494-7775. Published 4 times per year.