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Diabetes on the Rise: Implications for Coronary Heart Disease

“U.S. government says diabetes, obesity becoming epidemic.” “Link found between diabetes and obesity.” “Obesity-linked diabetes rising in children.” No doubt you’ve read at least some of the headlines by now. But in case you feel overwhelmed by this barrage of information, we thought we would clarify some of these data for you.

First of all, what you’ve been reading about the obesity epidemic in the U.S. is probably true—obesity is our nation’s fastest rising public health problem. In fact, obesity rates among U.S. adults increased by 75% between

1991 and 2001. An estimated 2/3 of Americans are now considered overweight and/or obese. Even more frightening, obesity rates have doubled in children and tripled in teens over the last 20 years. Roughly 1 in 10 middle-aged Americans now has diabetes.

So what’s wrong with carrying around a few extra pounds? Besides your clothes fitting a little snug, it’s harmless, right? Wrong! Body mass index (a quick measure of obesity) is one of the strongest predictors of diabetes (not to mention many other diseases). In fact, diabetes has been nicknamed “obesity’s twin epidemic” because the two go hand in hand. In a sample of U.S. adults, for every 1 kilogram (2.2 pounds) increase in weight, the risk of diabetes increased by 4.5%. To clarify, we’re talking about type 2 diabetes, formerly known as adult-onset diabetes

So what does this have to do with coronary disease? Once again, the two conditions go hand in hand. A person with diabetes has the same risk of heart disease as a person without diabetes who has already had a heart attack. (It typically begins when the inside walls of the coronary arteries are damaged, due to an underlying condition like diabetes or high cholesterol). Worse yet, a person with diabetes is more likely to die during a heart attack or soon afterwards than a person without diabetes. In fact, diabetes is the sixth leading cause of death. Its prevalence in the U.S. has increased 61% from 1990 to 2001, a substantial rise in a relatively short time frame.

Experts argue that the tendency to develop diabetes is at least partly inherited, the rapid rise in their incidence cannot be entirely attributed to genetics. Rather, lifestyle factors such as poor diet and physical inactivity are to blame for much of this increase. We’ve all heard the reasons: large portion sizes, eating out more, more sedentary lifestyles, etc. The list goes on and on.

Treatment:

- People with diabetes have the same LDL cholesterol goals as people with existing coronary heart disease: <100 mg/dl. While eating a healthy diet is the first step in lowering LDL, many people also require medication.
- Weight loss is also a critical component to treatment of both conditions. Evidence from several studies indicates that losing weight reduces the risk that overweight people will develop diabetes. Also, a healthy diet plus exercise makes a difference, even if you don’t lose weight.
- Working with a Registered Dietitian can help you prevent obesity and/or diabetes, and help you develop a lifestyle plan for managing your diabetes if you do have it.

JAMA 2003; 289:76-79

JAMA 2001; 286:1195-1200

Nutrition Action Health Letter



Exercise: Making It Work For You

“I don’t have time to exercise.” This is arguably the most common complaint we hear from patients, friends and relatives. However, in our office, we firmly believe that most people can find some way to increase the physical activity in their lives. Although we vary in stages of life, from young moms to working retirees, we all find the time for regular exercise. To inspire you, here are some of our unique challenges and creative solutions for staying fit!

Cindy (works part-time; mostly stays at home with 2 young boys): Being home with the kids creates challenges for exercise; I incorporate them into my fitness routine by putting the little one in the jog stroller while the oldest rides his bike near me. It’s not the perfect solution (there are a few stops along the way to look at snakes, tie a shoelace, etc.) but I can fit in a 3-mile run pretty easily. A friend and I manage to run with 5 kids this way. I also rely on some home equipment—an elliptical trainer that is conveniently located in the kids’ playroom. My husband and I sometimes take the kids to Family Swim at our local YMCA, where we take turns swimming laps while the other one plays with the kids, a win-win situation for everyone. My current favorite is a Pilates video which I can do after the kids go to bed.

Dr. Connor (working retiree): I work full-time at the Medical School, dividing my day into patient care, teaching and research. I used to enjoy running 20-30 minutes each day, but my hips and knees no longer permit that. In the early morning, I also use my stationary bicycle and spend 25 minutes in yoga. During the day, I walk around campus as much as possible, getting in 5,000 steps. On the way home, I park my van, take my bike out and ride for 25 minutes, rain or shine. On weekends, I take a further bike ride along the river on the new trail from OMSI to the Sellwood Bridge and further. (Bike riding is possible for those of us with joint problems.) At the end of a working day, if I find that I haven’t had much activity, I simply go out and walk around the neighborhood at 11:00 pm before going to bed. The pedometer tells me if I haven’t done enough during the day. Biking and walking keep me mentally alert and ready for what comes.

Kylie (works several jobs, recently engaged): Working three jobs a week, it is difficult to find time to exercise! I have such a variable schedule. Some days I start work before the sun comes out and other days I work until well after the sun sets. The only way for me to keep up on my activity is to schedule it in my planner. I also have four different exercise programs that I rotate through depending on how I am feeling that day; I do yoga, Pilates, running, and biking. I also try to include my fiancé in my activities so we can use the time to catch up on our day and talk about our plans for the week. During the day, I use my pedometer to monitor my activity. Doing those little things such as taking the stairs, parking my car further away from the store, and taking my dog for a walk really add up!

Lila (works 2 jobs; personal trainer/nutrition consultant): I work about 7 days/week now, but still manage to fit my exercise in. I’m just a little more creative, scheduling my activity as appointments and going by my pedometer reading. I strive to reach 10,000 steps/day (5 miles) and do this by taking walk breaks when I’m at OHSU, and between clients. I get up and move any chance I get and when I’m at my personal practice (which is in a gym), I schedule my workouts just like my clients. I take a Pilates class every Monday and schedule all my clients around that, and I try to walk with my clients and do little things with them whenever I can. I take a dance class after work on Tuesdays, so that is my fun cardio day, and on the weekends (after working a certain number of hours), I head out my door on foot to run errands or go on a long walk in Forest Park. By the end of each week I’ve done something active almost every day. Even if it’s not structured exercise, it’s still activity and it still counts and keeps me feeling great and energized! Check out my growing business at: www.LO-Solutions.com.

Sandy (works part-time; kids in college): When I tell people that I exercise at 5:00 am, they let me know I must be crazy. However, after years of trying to fit exercise in during the day, I came to the conclusion that if I didn’t do it before starting the day, it didn’t get done. I now strive for 6 days a week, but usually get in five days at a gym. I generally use the elliptical climber, treadmill or stationary bike, combined with alternating days of weight lifting. I also try to be as active as possible during my workday (working in several buildings at OHSU involves a considerable amount of walking.) My next goal is to add a Pilates or yoga class, and hopefully prevent injuries to my aging bones and joints.

Sonja (works full-time; chases Dr. Connor and 3 young grandsons): Thank heavens I work on the 4th floor and make a number of trips up and down each day (I do not take the elevator unless I am carrying something heavier than myself). This keeps me in shape to hike (we regularly take the grandsons on a hike “straight up” our street, around Fairmont and down the Marquam Nature Trail to our street) and bike (I join Bill for his weekend bike outing). I am in the “yoga for life” club and do not miss my weekly class unless I am out of town or the Queen of England is in town.

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Jane's Asian Pasta Salad

This recipe came from one of our dietitian friends. It was a big hit when served at a salmon barbecue we held in conjunction with a bridal shower for one of our staff members. We made this salad ahead of time, putting each of the ingredients in a separate package. At serving time we put the noodles in a colander, rinsed them with cold water to separate the noodles and drained them well before putting the salad together. This is a large salad that could easily be cut in half for a small group.

1 package (12 ounces) Somen (Japanese noodles) *

Sesame Seed Dressing

2 teaspoons toasted sesame seeds
2 tablespoons sugar
1/4 cup lower-sodium soy sauce **
1 tablespoon sesame oil
1/4 cup rice vinegar
1 teaspoon grated fresh ginger root

1 1/2 cups shredded Chinese cabbage
or other greens

1 1/2 cups chopped tomatoes
1 cucumber, peeled and chopped
1/2 cup chopped green onions
2 cups broccoli, cut into small pieces
1 cup grated carrots

Break Somen noodles in half and cook 2 or 3 minutes in unsalted boiling water. Drain and rinse with cold water. Place noodles in a large bowl and set aside. *If made ahead store in refrigerator.* Prepare dressing by combining sesame seeds, sugar, soy sauce, oil, vinegar and ginger; shake well to mix.

When ready to serve, pour half of the dressing over the cooked noodles and mix well. Add shredded cabbage or greens, tomatoes, cucumber, green onions, broccoli and carrots. Pour remaining dressing over the salad and mix well just before serving.

Makes 8 servings (1 1/2 cups each).

* Somen can be found in the Asian section of most supermarkets

** *Kikkoman Lite Soy Sauce* is available

PER SERVING:

CALORIES 231
SODIUM 325 mg
FIBER 4 gm

TOTAL FAT 3 gm
SATURATED FAT trace gm
CHOLESTEROL 0 mg
CHOLESTEROL-SATURATED FAT INDEX trace

It's
BARBBIQUE
TIME!

Nutrition Tidbits

Portion Sizes and Calorie Intake

Want to eat *more* calories at mealtime? Here's one way: order larger portion sizes! OK, there aren't too many of us trying to eat *more* calories; most of us want to figure out how to eat fewer calories at mealtime. However, some intriguing new research gives insight into environmental factors that lead to increased calorie intake.

Researchers at Pennsylvania State University gave college students sub sandwiches of varying sizes, ranging from 6-inches to 12-inches. The results? Being served the 12-inch sandwich led to increased caloric intakes of 31% (women) and 56% (men) compared to the 6-inch sandwich. In other words, when served bigger portions, people ate more food. You may be thinking, "duh, that's so obvious," but this phenomenon has important implications in weight control. In this era of "value sizes", where you get more food for your money, we must seriously evaluate what we're getting more of. If you find yourself eating out frequently, as most Americans do, consider ordering the smallest portion size on the menu, and even then, not always eating every last bite.

J Amer Diet Assoc March 2004;367-372

Eat Breakfast to Lose Weight

We all know the benefits of eating breakfast, but for many dieters, breakfast is the first meal to go when cutting calories. A recent study of people who had lost a significant amount of weight (average of 70 pounds) and maintained that weight loss for over 6 years, examined their breakfast-eating habits. The results? We're not surprised --78% of subjects who had lost weight and kept it off reported regularly eating breakfast *every day of the week*. The authors concluded that eating breakfast is "a characteristic common to successful weight loss maintainers and may be a factor to their success." Breakfast really is the meal of champions!

Obes Res Feb 2002; 78-82



Steps on Pedometer Correlate with % Body Fat

By now you've probably heard the recommendation to accumulate 10,000 steps/day using a pedometer—we've written about this in previous newsletters. (In fact, most of our staff members now wear pedometers daily to encourage us to keep moving!) A recent study of middle-aged women correlated average steps/day to body composition. Researchers found a significant positive correlation between steps/day and percent body fat, body mass index (BMI), and waist and hip circumference. Simply put, the more they walked, the lower their body fat. They also found the average BMI of women who accumulated 10,000 steps/day was in the normal range. Not earth-shattering news, but more reason to keep moving!

Med Sci Sports Exerc. May 2004; 911-914

Broccoli, Raisin and Sunflower Seed Salad

This is the perfect salad to take to summer barbecues. It received the highest ratings at our recipe testing. It's hard to believe something so simple can taste so good. With its slightly sweet flavor, it's a hit with kids, too! Tastes best if prepared several hours in advance.

Dressing:

1/3 cup low-fat mayonnaise*
1-2 tablespoons sugar
2 tablespoons rice vinegar

Salad:

4 cups broccoli, cut into small pieces
2 tablespoons finely chopped sweet or red onion
1/4 cup dried raisins or cranberries
1/4 cup sunflower seeds or toasted pine nuts

To prepare Dressing: In a large mixing bowl, combine mayonnaise, sugar and vinegar until well blended.

To prepare Salad: In the bowl used for the dressing, combine broccoli, onion, raisins and sunflower seeds. Chill and serve. Makes 8 one-half cup servings.

*We prefer Best Foods Just 2 Good Reduced Fat Mayonnaise.



~ Per 1/2 Cup Serving ~

Calories 224
Sodium 130 mg
Fiber 1 gm
Total Fat 5 gm
Saturated Fat 1 gm
Cholesterol 3 mg
Cholesterol-saturated fat index 1

