



# INSIGHTS

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## IN THIS ISSUE...

### The Value of Preventative Medicine

- Focusing on prevention, not simply treatments

### Help Yourself To...

- Tips for health menu substitutions

### Are You a Ticking Time Bomb?

- Heart attack risk factors and preventative measures

### Tips for a Happy Heart-Healthy Life

- Despite genetic risk factors, you can make a difference to your heart-health

## The Value of Preventative Medicine

*We need to focus on disease prevention, not simply paying for treatments.*

I just realized that I don't have any idea what my blood pressure or cholesterol levels are. I should. I'm in 'that age' category. You know, the one where people who are younger than you think you are lucky to still be alive.

I've been thinking lately about my immortality. Not in a morbid, can't get to sleep kind of way, but rather in the how can I make people aware that there are small things that can be done to improve their chances of enjoying their retirement years.

How about this as a way to improve group health experience? If corporate Canada were to ask those employees with two or more modifiable risk factors (smoking, weight, high blood pressure, and/or cholesterol and inactivity) to volunteer to undergo a health assessment and intervention program that included exercise, weight management and smoking cessation, wouldn't you think this would have a positive impact on the health of the organization?

Well, such an undertaking did take place. It was called Project Impact. It was a cardiovascular initiative aimed at reducing heart attacks and strokes. The three-month program had a huge impact on employees' living habits. After three months, employees were re-evaluated and there was a massive improvement in cardiovascular health. All major risk factors had decreased and 40% of the smokers had kicked the habit without medication.

The most important lesson emerging from Project Impact was the value of preventative medicine. The number 1 driver of healthcare costs in organizations and the public system is preventable in 80% to 90% of the cases involving working age Canadians.

The value of a positive approach on healthcare is evident in the return on investment data from the study. For every dollar invested in Project Impact, there was a minimum return of \$1.64 for the employer. For plan members with three risk factors, the return was \$2.04. It jumped to \$3.93 for blue-collar workers. The returns include projected disability, absenteeism and drug savings, but they did not incorporate savings to the public system, which would make them even more impressive.

Despite the growing body of research on wellness programs, the focus on health within the public system and in most organizations, sadly, remains on a curative or reactive approach to health medicine. Most provincial healthcare plans don't pay for preventative health practices. Perhaps they should. We need to focus on disease prevention, not simply paying for treatments. A healthy workplace depends on it. Canadians who want to enjoy their retirement years should demand it.

Until next time...

## Help Yourself To...

If you could reduce your risk of heart disease by adding a combination of foods to your daily menu, would it be worth a try?

Studies have already shown that various foods, including soy protein, oat bran and nuts, can help lower cholesterol. But a 2003 study by University of Toronto researcher Dr. David Jenkins combined the foods in a "dietary portfolio." The result: patients were able to keep their LDL cholesterol levels almost as low as if they were taking prescription medications.

Jenkins' eating plan isn't a fad diet - it doesn't eliminate food groups or involve reducing calories drastically. Rather, he suggests substituting some of these heart-healthy foods for foods you would normally eat. Some of the guidelines of his plan include the following:

**Dispense with the chips**, and snack on a handful of nuts instead. The study used almonds but Jenkins says that other tree nuts may also have a similar effect.



**Opt for soy milk** instead of milk, and choose veggie burgers, tofu or soy deli luncheon meats over animal meat.



**Include sources of sticky fibre** in your diet. Grains such as oats and barley and vegetables such as eggplant and okra are particularly good replacements. Participants in the study also took a natural psyllium supplement three times a day.



## Are you a ticking time bomb?

CityTV Toronto sportscaster and former Maple Leafs player Jim McKenny had just finished an intense Bikram yoga class three years ago when he felt a crushing pain in his chest. McKenny, who was 56 at the time and vacationing in Jamaica, was rushed by plane to the United States for diagnosis and treatment.

The verdict: the 170 pound hard body was having a heart attack. This, despite the fact that he'd never had any sign that his heart wasn't functioning exactly as it should. McKenny looked the picture of health, ate lots of fruits and vegetables and exercised daily with yoga, weightlifting, golfing and cycling. Although he had battled alcoholism in the past, he hadn't touched a drop for more than a decade, and regular physicals had always given him a clean bill of health. "Sometimes," he says, "the worst news you can get from a doctor is, 'You're okay.'"

Former U.S. president Bill Clinton would agree. Treated by some of the best doctors in America when he was in the White House, he had no idea he was a heart attack waiting to happen. How could that be and what does it say for the rest of us?

Determining heart-attack risk is a tricky thing. Each of us has a different susceptibility to cardiovascular disease. Some people will live to be 100 on burgers and shakes, while a few vegetarian marathon runners will have a heart attack at 35. Your fitness level and what you eat play a role, of course, and so do genes and gender. Women have fewer heart attacks before they reach menopause than men have. But they catch up within a few years, and heart

disease is an equal-opportunity killer after that. By the age of 70, one in five Canadian women and one in four men report being diagnosed with heart problems. As many as 40% of those who die of a heart attack had no idea they had heart disease.

You probably know that cardiovascular disease has long been the leading cause of death in Canada. What you may not know is that there's a magic bullet offering a defence against heart attacks, as well as a host of other conditions, such as Type 2 diabetes, hypertension and some forms of cancer. How can you protect yourself? Get off your duff and get moving, says Michael Sharratt, an exercise physiologist in the Faculty of Applied Sciences at the University of Waterloo. "A sedentary individual is twice as vulnerable to a heart attack than someone who is active," he says. "The body was built to be challenged."

**You have to work at getting enough exercise in today's world. Humans developed as hunter-gatherers who were moving all the time. But now, desk jobs and sedentary lives keep us inactive for much of the day.**

The heart is a muscle and, like any other muscle in the body, it grows stronger if it's exercised. If you don't use it, it deteriorates. Unfortunately, there's no equivalent to the bicep curl for the heart. It is only exercised by using other muscles, preferably in an aerobic activity. If you frequently and systematically use your arms and legs, creating a demand for oxygenated blood, the heart will respond in a



**Every year, more than 70,000 Canadians have a heart attack. For thousands of them, the first symptom is death.**

predictable way: by getting stronger.

Sharratt says exercise has another impact on heart health, as well: keeping excess weight under control. Consider that for every extra pound of fat you have, there's an extra mile of blood channels that the heart must supply. That means your heart has to work harder just to keep the body fat alive.

So what and how much exercise do you have to do in order to keep your heart ticking along nicely? "If you can incorporate brisk walking into your daily activities, that's one of the best forms of exercise," says Dr. Andreas Wielgosz, a spokesman for the Heart and Stroke Foundation of Canada. The reason? "It's the least expensive, it's aerobic, it's gentle on the body and it's easy to do."

That doesn't mean you should give up mornings at the gym. Anything that keeps you moving for at least a half-hour, most days of the week, fits the bill. Start slow and work your way up. If you have problems with hypertension or a family history of heart disease, talk to your physician first.



## Tips for a Happy Heart-healthy Life

Despite risk factors you can't change, such as family history, the way you live does make a difference to your heart. The good news: Leading a heart-healthy life doesn't have to hurt. Read on for a pain-free prescription:

**1. Have some fun.** "People think of exercise as something you do at the gym," says Dr. Andreas Wielgosz. "But that's just one subset of exercise." The main thing is to build some activity into your schedule most days of the week. That can mean tobogganing with your kids, strolling through the park with a friend or riding your bike to work. "Make it part of your routine," he advises.

**2. Aim for abs of steel.** Excess abdominal fat is the leading risk factor for heart disease and stroke, reducing the average age for a first heart attack by four to eight years. Basically, your tummy is a measure of whether you're accumulating fat that can clog up your arteries. Target a midriff of less than 40 inches for men and 35 inches for women.

**3. Have sex.** Sexual activity can provide heart-health emotional bonding, perhaps explaining why one study shows that having orgasms at least 100 times a year (that's twice a week) is associated with longevity. That's sex in the broader context of a loving relationship. Sexual dysfunction can be a sign of heart disease. Erections can reflect the vascular health of a man's heart.

**4. Sleep tight.** "The heart's gene expression is different when we are sleeping versus awake," says Heart and Stroke Foundation researcher Dr. Michael Sole. "The heart actually restructures and repairs at night."

**5. Moderate your diet.** Aim for fist-size portions, and don't reach for seconds. If you do, you're almost certainly eating too much.

**6. Relieve the pressure.** Emotional stress causes physical stress. Since you can't always lower or eliminate stress, what's important is how you compensate for it. Yoga, exercise or knitting, for example, provide healthy, pleasant ways to manage your emotions, as opposed to smoking or overeating, which can contribute to heart troubles.

**7. Follow your doctor's orders.** Many people are uncomfortable with taking pills 'forever' to lower their blood pressure or cholesterol. They understand the need for taking medication when they feel sick, but once they feel all right they ask, 'Well, why do I have to keep taking these?' The short answer: these medications have a proven ability to stave off potentially fatal heart attacks and strokes, keeping you alive longer. Stick with the program.

Source for heart health articles: Reader's Digest - April 2006