

*A quarterly publication
dedicated to providing
proactive information to
members of VIP Care.*



A contemporary version of traditional medicine

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The new cholesterol guidelines

There are new national guidelines for cholesterol management! The National Cholesterol Panel published its' third set - the *ATP III*. The purpose of the guide is to diminish the risk of having a heart attack over the next ten years. The guidelines continue to emphasize treatment of patients with coronary heart disease (CHD), but now include three new features:

- Direct calculations on the impact of multiple heart attack risk factors.
- Lower values for optimal cholesterol levels based on individual history.
- Specific recommendations for how to achieve desired cholesterol levels.

The five major CHD risk factors are:

- 1) Smoking
- 2) Blood pressure - 140/90
- 3) HDL less than 40
- 4) Family history of premature heart disease (first degree male relative with CHD before age 55 or female before age 65)
- 5) Age: men 45+ and women 55+.

Treatment of cholesterol is based mainly on the serum LDL (bad) cholesterol and, to a lesser degree, the HDL (good) cholesterol. The new goals are:

Risk Category	LDL Goal (mg/L)
CHD or equivalent	<100
2 or more risk factors	<130
0 - 1 risk factor	<160

It should be noted that people who have a history of symptomatic carotid artery disease (like a TIA or stroke), abdominal aortic aneurysm, diabetes, or a calculated heart attack risk actor of over 20% in ten years, are felt to have a coronary heart disease equivalency and are ideally recommended to get their LDL below 100. For a calculation on your risk, see an online calculator at <http://hin.nhlbi.nih.gov/atpii/calculator.asp>.

ATP III also identifies another group of patients at higher risk for heart disease. They may or may not have elevated LDL levels. These patients have resistance to the effects of insulin on their cells. This syndrome is called the "metabolic syndrome" and is now

diagnosed when a person has three or more of the following:

- Abdominal obesity (a waist circumference of >40" in men or 35" in women)
- Elevated triglycerides - over 150 mg/dl
- Low HDL cholesterol levels - (<40 mg/dl for men and <50 mg/dl for women)
- Elevated blood pressure (over 130 systolic and/or 85 diastolic)
- Elevated fasting blood sugar (greater than 109 mg/dl)

These patients can lower their risk of heart disease by losing weight and increasing physical activity.

Please make sure you have been approved to be involved in an exercise program before starting.

What's new . . . what's old . . . what matters . . .

Like many of you, I get medical information from the media - lately, focusing on the internet. But there can be a danger in relying on this and other media for medical information. New medicines are often hyped before they are in pharmacies. Headlines make general statements, but the specifics are deep in the article. Or the article may be brief, lacking detail and data, leaving the reader to draw their own conclusion. Implications of these new findings may cause readers to alter good habits.

An example is a recent headline that read, "*Danish study concludes mammograms do not prevent deaths*

from breast cancer." This may lead a person to cancel this valuable test. Then, if the reader missed the follow-up article days later, "*Medical experts urging women to ignore a recent Danish study that breast cancer screening is not a proven lifesaver,*" she may not have all the information she needs to make this very important decision.

Accessing medical information through the media, especially the internet, has become a way of life for many Americans. Helping you avoid the "potholes on the information highway," see the article on page 2, "*Internet health - a road map.*"

In this column, I will report on studies that have made the recent media and provide you with "what matters" on these issues. And by the way, I agree with the latter headline on this issue.

