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9 Foods to Help You Lose Weight

Anthem  360 Health

Losing weight is a matter of simple math. To drop pounds, you need to eat fewer calories than you burn. There's no way around that. But what you eat can have an impact.

"Certain foods can help you shed body weight," says Heather Mangieri, a spokesperson for the Academy of Nutrition and Dietetics. "because they help you feel full longer and help curb cravings."

Some even kick up your metabolism. So consider this list when you go to the supermarket.

1. Beans.



Beans are high in fiber and slow to digest.

Cheap, filling, and versatile, beans are a great source of protein. Beans are also high in fiber and slow to digest. That helps you feel full longer, which may stop you from eating more.

2. Soup

Start a meal with a cup of soup and you may end up eating less. It doesn't matter if the soup is chunky or pureed, as long as its broth based. You want to keep the soup to 100 to 150 calories a serving. So skip the dollops of cream and butter.



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3. Dark Chocolate



Want to enjoy chocolate between meals? Pick a square or two of dark over the milky version. In a Copenhagen study, chocolate lovers who were given dark chocolate ate 15% less pizza a few hours later than those who had eaten milk

chocolate.

4. Pureed Vegetables

You can add more veggies to your diet, enjoy your "cheat" foods, and cut back on the calories you're eating all at the same time. When Penn State researchers added pureed cauliflower and zucchini to mac and cheese, people seemed to like the dish just as much. But they ate 200 to 350 fewer calories. Those healthy vegetables added low-calorie bulk to the tasty dish.

5. Eggs and Sausage

A protein-rich breakfast may help you resist snack attacks throughout the day. In a study of a group of obese young women, those who started the day with 35 grams of protein — that's probably way more than you're eating — felt fuller right away. The women were given a 350-calorie breakfast that included eggs and a beef sausage patty. The effect of the high-protein breakfast seemed to last into the evening, when the women munched less on fatty, sugary goods than the women who had cereal for breakfast.

6. Nuts

For a healthy snack on the run, choose a small handful of almonds, peanuts, walnuts, or pecans. Research shows that when people munch on nuts they automatically eat less at later meals.

7. Apples

Skip the apple juice or the applesauce and opt instead for a crunchy apple. Research shows that whole fruit blunts appetite in a way that fruit juices and sauces don't. One reason is that raw fruit contains more fiber. Plus, chewing sends signals to our brain that we've eaten something substantial.

8. Yogurt

Whether you prefer Greek or traditional yogurt can be good for your waistline. A Harvard study followed more than 120,000 people for a decade or longer, Yogurt, of all the foods that were



TO GET RICH
NEVER RISK
YOUR
HEALTH.
FOR IT IS
THE TRUTH
THAT
HEALTH IS
THE WEALTH
OF WEALTH
RICHARD
BAKER



Asthma attacks may happen more often in the winter



Mite-Proof covers on box springs can help keep dust mites away.

tracked, was most closely linked to weight loss.

9. Grapefruit

Yes, grapefruit really can help you shed pounds, especially if you are at risk for diabetes. Researchers at the Cripps Clinic in San Diego found that when people ate half a grapefruit before each meal, they dropped an average of 3 1/2 pounds over 12 weeks. Drinking grapefruit juice had the same results. But be careful. You cannot have grapefruit or grapefruit juice if you are on certain medications, so check the label on all your prescriptions, or ask your pharmacist or doctor



Shop Smart

Remember to load your shopping cart with lots of lean protein, fresh veggies, fruit, and whole grains, says food scientist Joy Dubost, PhD, RD "The overall nutritional composition of your total diet remains the most important thing when it comes to lasting weight loss."

Winter Asthma

For many people asthma attacks may happen more often in the winter.

"There are two challenges for people with asthma in the winter. One is that they spend more time inside. The other is that it's cold outside," says H. James Wedner, MD, an asthma expert at Washington University in St. Louis. While you're indoors, you breathe in asthma triggers such as mold, pet dander, dust mites, and even fires in the fireplace. When you venture out you could have an asthma attack from inhaling the cold air.

Here's how to breathe easier during the cold months:

Learn Your Triggers

When you inhale something that triggers your asthma, your airways — the tubes in your lungs that carry air—can become tight and clogged with mucus. You may cough, wheeze and struggle to catch your breath. Talk to your doctor about having tests to find out what your triggers are. Once you know them, you can make some changes at home that may help.

- **Limit time around pets.** Having a dog or cat in your home may trigger your asthma. Try to keep the animal out of the bedroom. Curbing allergy triggers where you sleep can make a big difference, Wedner says.
- **Cover bedding.** If mites are a trigger use mite-proof covers on the mattress, box springs and pillows, he says. Those help keep dust mites away overnight.
- **"Keep the house cool and dry"**—dust mites as well as mold don't grow very well when it's cool and dry." Wedner says. Ways to help

Winter Asthma

keep your home dry during the winter include:

1. Run the fan in your bathroom when taking a bath or shower.
2. Use the exhaust fan in the kitchen when cooking or using the dishwasher.
3. Fix leaky pipes and windows.

The common cold and flu are both more likely to strike in the winter and can lead to asthma flare-ups. You can lower your family's risk of these illnesses, though:

1. **Wash your hands.** This helps keep viruses from getting into your body when you touch your eyes, nose, or mouth.
2. **Stay away from people who are ill.** If a coworker or friend has the cold or flu, keep your distance.
3. **Get a flu shot.** Experts suggest that most people get a flu shot each year. This helps protect you from catching the flu.

Tips to Avoid Cold Air

To protect yourself from asthma flare-ups due to chilly weather, Wedner offers these suggestions:

- **Cover your face:** Drape a scarf across your mouth and nose, or wear a winter face mask that covers the bottom half of your face.

Exercise indoors. Work out at a gym or inside your home, or walk laps inside a mall.

Treating Winter Asthma

People with asthma not only use quick-relief meds, they often need to take medicine every day for long-term asthma control. But sometimes they make the mistake of stopping the medications when they no longer feel symptoms, Wedner says

So, even if you haven't had a flare-up for a long time, be sure to follow your doctor's directions for controlling your asthma. As winter nears, make sure you have current prescriptions for all medications.

Talk to your doctor about an asthma action plan, says Daniel Jackson, MD, of the University of Wisconsin. The plan should make it clear when to take each type of medication and when to call the doctor or call for emergency medical help. Divide the plan into three categories or zones.

1. How to handle your asthma when you're feeling good and have no symptoms.

2. What to do if you start to have symptoms
3. The steps to take if your symptoms are severe or you can't control them.

You probably won't need to change your action plan for the winter but keep it handy.

Tips for Children

As winter approaches you can help your child have fewer asthma problems, too.

- Give them some responsibility for keeping their asthma under control. This includes knowing how to avoid triggers and how to follow their action plan.
- Discuss your child's action plan with the school nurse.
- Teach the importance of proper hand washing, especially during cold and flu season.

New Cholesterol Drug Guidelines:



Q&A New guidelines released Tuesday by the American Heart Association and the American College of Cardiology change the standards for who should be taking these cholesterol-lowering drugs.

As doctors follow the new guidelines, more people are expected to be put on statins. The guidelines include new weight and lifestyle measures to lower the risk of having a heart attack and stroke. The guidelines also recommend that doctors focus on overall risks to the heart and less on cholesterol numbers.

Three doctors give their perspectives on the guidelines.

Q: What's behind the change?

"The new focus is on risk" rather than simply a cholesterol number says Timothy Henry MD, director of cardiology at the Cedars-Sinai Heart Institute "This is a plan for dealing with cardiovascular risk." "It starts with knowing what our risk is and then helping to manage that risk, starting with a healthy lifestyle. It starts with exercise,

CHOLESTEROL DRUG GUIDELINES

losing weight (if necessary), and eating the right foods. It's also being aware of the risks."

Q: What was wrong with using cholesterol numbers, as we have in the past?

"Nothing was wrong, (it's) just a different approach or focus," Henry says. "Rather than numbers, it's moving the focus to understanding risk and with a focus on a heart-healthy lifestyle."

Q: Who is likely to get a statin now?

Just as in the past people diagnosed with heart disease will start taking a statin.

New to the guidelines. People with extremely high LDL, or "bad" cholesterol, and all middle-aged people with type 2 diabetes will be advised to take a statin

Also, men and women 40 to 75 who have an estimated 10-year risk of heart or blood vessel problems of 7.5% or higher will be recommended a statin.

Q: How is that risk determined?

To determine that risk, doctors use a calculator that figures out the chances of having heart problems in the next 10 years.

The calculator takes into account cholesterol numbers, age, blood pressure, smoking habits, and use of blood pressure medicines. All of these things affect your chance of having heart problems.

The risk calculator does not apply if you already have heart disease.

Q: After the guidelines were released, some doctors questioned how the calculator works, saying it overestimates how many people need statins. What advice would you give to people about the calculator and how to use it?

Henry says people can still use the calculator. "No risk calculator will be perfect," Henry says. "It provides a relative risk for the patient, based on established risk factors."

Another doctor tells patients not to use it on their own. "Having used the calculator in over 100 patients, I agree that the (need for) statin use is overestimated," says Ravi Dave, MD, of the UCLA Medical Center in Santa Monica. "I am using the guidelines with my clinical judgment and a patient's specific history to guide me," he says. "These are just guidelines."

Q: If people start taking a statin, will they be expected to get their bad cholesterol to a certain number?

Rather than target a specific number, doctors will try to lower your cholesterol by a certain percentage. Dave says. How much your doctor expects you to lower your cholesterol will depend on your level of risk, he says, and whether the goal is aggressive or medium-risk reduction.

If you are at high risk, the goal will be to cut the bad cholesterol by half. If you have some risk, your doctor may tell you to lower your cholesterol by 30% to 50%, he says.

Lowering cholesterol in this way helped people avoid heart attacks and strokes in the studies the experts looked at.

"We were much too focused on a number," Dave says. "Patients had to reach a certain number to determine success." Few patients did that, he says.

Q: Did the drug manufacturers have any role in this recommendation?

None actually," says Robert Eckel MD, professor of medicine at the University of Colorado. He was a member of the cholesterol guidelines panel.

"People (on the panels) who felt they were conflicted did not vote on the guidelines," he says.

The expert panel looked at many studies to make its decision, the doctors say. For instance, studies showed that lowering bad cholesterol levels by 30% to 50% in patients at moderate risk could lower their chance of having a heart attack.

Q: Statins have side effects, including muscle aches. Can people try lifestyle changes first?

Living a healthy lifestyle is still important, the doctors agree. "Targeting a healthy lifestyle is the first step," Henry says. "The focusing is on the use of statins for moderate to high-risk patients."

If your risk is very high, Dave says, your doctor may prescribe medication for you as well as encourage you to improve your lifestyle.

And some people can't take statins, Henry says because of side effects.

Antibacterial Soaps and Body Washes: FAQ

Even though the FDA has asked makers of antibacterial soaps and body washes to prove the products are both safe and effective long-term, the products won't disappear from store shelves—at least not at the moment.



The FDA's request is a proposed rule. That means makers can still sell their products while they give the FDA the information it requested.

Here is what else you may want to know about the FDA's action.

Q: Which products are affected?

The FDA's proposed rule covers only antibacterial hand soaps and body washes. The active ingredients include triclosan in liquid soaps and triclocarban in bar soaps.

Under the proposed rule, the makers of these products have to show they are safe for long-term, daily use. They must also prove they work better than soap and water to prevent illness and the spread of certain infections.

Most of these products are labeled as "antibacterial" or "antimicrobial." They are sold over the counter.

Q: What about cleaning products?

Although many cleaning supplies also are marketed as antibacterial, the rule does not include them. It also does not affect hand sanitizers, wipes, or antibacterial products used in health care settings, where the infection risk is much higher.

Q: What are the specific safety issues and concerns?

- How well they work according to the FDA, "there is currently no evidence" that antibacterial products work better in preventing illness than washing with soap and water.

- Bacterial resistance. Long-term use of soaps and washes with antibacterial chemicals could mean bacteria become resistant to these chemicals and are no longer killed or destroyed by them.

- Hormone disruption. Some research shows that the chemicals may interfere with hormones needed for normal brain and reproductive development.

Q: What does the research show about triclosan and triclocarban?

Studies about hormone disruption with the two ingredients have had mixed results, says Bruce Hammock, PhD, of the University of California Davis. Many of these studies are on animals, not humans.

Triclosan is more concerning than triclocarban, he says. He sees the use of triclosan in antibacterial hand soap, which is typically used multiple times a day, as "high-volume use of a chemical that has very little demonstrated benefit."

My opinion is there is so little benefit that any risk is unacceptable," he says of the antibacterial liquid soaps.

Triclocarban has mixed reviews. Mannock says. While some research has suggested that triclocarban causes cancer, other research has found it could be an anti-inflammatory, which could be helpful. Hammock says.

Bottom line? "I don't think there is any data to support that (the antibacterial products) are better than soap and water," says Aaron Glatt, MD, a spokesman for the Infectious Diseases Society of America.

Q: What does the industry say?

The products are both safe and effective, says Brian Sansoni, a spokesman for the American Cleaning Institute. It issued a joint statement on Monday with the Personal Care Products Council in response to the proposed rule.

The statement reads, in part, that the industry "has submitted to the FDA in-depth data showing that antibacterial soaps are more effective in killing germs when compared with non-antibacterial soap."

Two dozen studies have found that the products work to kill germs, it says.

The statement did not mention hormone disruption.

Q: What is the timeline for the FDA's proposed rule?

Antibacterial Soaps and Body Washes:FAQ

Public comments will be invited on the proposed rule until June 2014, followed by a time period to give companies a chance to submit new data and then a rebuttal period.

The FDA hopes to issue the final rule by September 2016.

Q: Does this proposed rule effectively ban these products?

According to the FDA, by the time the proposed rule is final, manufacturers who haven't provided convincing data must change the product's ingredients or remove the antibacterial claim.

Q: Until a final decision is made, what's the best advice for people now? Should they buy or not buy antibacterial soaps?

Glatt says there is no need to throw away anything you may have at home now. But he suggests that people not buy antibacterial soaps and body washing going forward. "This is not a smart use of people's money at this point in time."

Eat to Ease Your Allergies

You won't cure your nasal allergies with a special diet. But



what you eat can make a difference in how you feel. Some foods may make symptoms better, and some may make them worse.

Nasal Allergies: Foods That Help

Fish. Some studies have found that omega-3 fatty acids — found naturally in salmon, tuna, and other fish—may lower the risk of getting allergies in the first place. Could they help treat people who already have allergies? While some early evidence is promising, it's too soon to say, says Clifford W. Bassett, MD, an allergist at the NYU School of Medicine.

Fruits and Vegetables. One Spanish study found that kids with allergic asthma who ate lots of tomatoes, eggplant, cucumber, green beans, and zucchini had fewer symptoms than kids who didn't. Fruits and vegetables high in vitamins C and E—such as spinach, broccoli, and tomatoes—may also lessen swelling in the airways.

Hot drinks and soup.

Fluids like these can indirectly warm up the airways as they go down. That helps break up mucus in the lungs, making it easier to cough up.



Mediterranean diet. Nuts, healthy oils, fresh fruits and vegetables, fish, and even red wine are good for your heart, and maybe your airways, too. One study found that the diet helped control severe asthma symptoms. Another found that pregnant women who ate this way were less likely to have kids with allergies or asthma.

Yogurt. You might not think that your gastrointestinal tract has much to do with your runny nose. While there is conflicting evidence, some experts say that having a healthy "good" bacterial—probiotics—in the intestines may help allergy symptoms such as runny nose and congestions of the nasal passages. One study found that aller-



gic kids who drank milk enriched with probiotics had fewer pollen allergy symptoms.

Yogurt is a good natural source of probiotics. Buy a brand that has live cultures in it.

Foods to Avoid

Raw fruits and vegetables. Some pollens have proteins that are very similar to those in common fruits and vegetables. Your body can mistake the two. If you're allergic to ragweed, for example, you might also have symptoms after eating cantaloupe or watermelon.

Sometimes allergy triggers might catch you by surprise. "Birch and hazelnut have similar proteins," says Bassett. "So people with a birch allergy may get symptoms after drinking a cup of hazelnut coffee in the morning."

Before you start redoing your grocery list, know that cooking fruits and veggies first often destroys the proteins. That lowers your risk of a reaction.

Spicy food. Spices can trigger the release of histamine. That's the chemical that causes swelling and stuffiness in the nasal passages.

Alcohol. For some people a glass of alcohol causes swelling and stuffiness in the nose. If you're already congested, that could make your symptoms worse.



If you have nasal allergies, try making some changes to your diet. See if it eases your symptoms. But Bassett warns that if you are in major discomfort, you shouldn't try to treat it on your own.

"Changing your diet can help, but it's not substitute for treatment with allergy medication," he says. Out-of-control allergies can cause a lot of sickness and misery. Good medical care will get your symptoms under control.