

"America's Wellness Guide"

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Obesity and Coronary Artery Disease:

An ounce of prevention is worth more than a pound of cure

By Richard J. Gordon, M.D., FACC

Stern Cardiovascular Center

A Healthy Heart: A Guide for Everyone

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Stern Cardiovascular Center

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Obesity and Coronary Artery Disease:

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Coronary artery disease is the leading cause of death in the US in both men and women. Coronary artery disease involves a narrowing of the blood vessels that supply blood to the heart muscle. It is almost always caused by a process called atherosclerosis which involves fatty deposits in the walls of the blood vessels. This process leads to a narrowing of the blood vessels that impairs blood flow to the heart and can cause chest pain (angina). If the blood vessel is blocked this may lead to a heart attack (myocardial infarction).

Decades of medical research have uncovered multiple risk factors that can increase a person's risk of heart disease. Some of these risk factors cannot be changed, such as gender, age and race.

There are, however, risk factors that we can change such as smoking, high blood pressure, high cholesterol, type 2 diabetes, obesity, and a sedentary lifestyle. Over the past 50 years, there have been numerous large-scale clinical trials that have evaluated the association of risk factors and the development of heart (or cardiovascular) disease. There have also been large-scale public health

campaigns to make the public aware of these risks.

Indeed, we now have data showing the link between the reduction of certain risk factors, such as smoking, and the decrease in cardiovascular disease. We have made important strides in the fight against heart disease, but an epidemic of obesity and diabetes threaten to reverse these trends.

In contrast to the decreasing numbers of people who smoke, have high blood pressure or high cholesterol, the number of overweight and obese people has steadily increased. By convention, the measure of obesity is expressed in units of kilograms per meter squared and is referred to as body mass index (BMI). This is a measure of your weight scaled down according to your height.

Overweight is defined as a BMI 25 to 29.9, obesity (BMI >30), and morbid obesity (BMI >40). In the 1960s, the National Health Examination Survey estimated approximately 32 percent of men and women met the definition of being overweight, and of those approximately 13 percent were obese. The latest data from the National Health and Nutrition Examination Survey (NHANES) from 2007-2008 indicates that 68 percent of US men

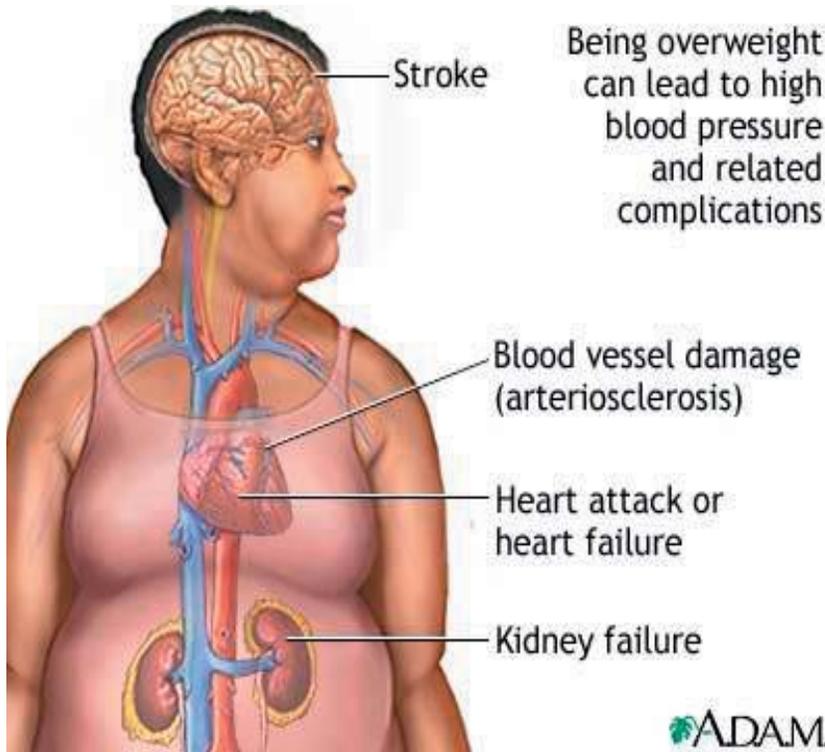
and women were overweight, and of those approximately 33 percent were obese. The fact that similar trends are being seen in our children and adolescents is particularly alarming. The NHANES data from 2007-2008, shows that almost 17 percent of children and adolescents are obese.

Being overweight or obese (particularly increased waist circumference) markedly increases the chances of developing accelerated atherosclerosis giving rise to premature heart attacks and strokes (see figure 1 next page).

This is partially explained by the strong association of obesity with the development of type 2 diabetes and metabolic syndrome -- a condition whereby a person has a cluster of risk factors including abdominal obesity, increased triglycerides, reduced HDL ("good" cholesterol), high blood sugar and high blood pressure. The underlying process appears to be related to the fatty cells (adipocyte). These cells release products called adipokines, which result in insulin resistance, inflammation, elevated cortisol levels, and a prothrombotic state; all factors that will increase the chances of heart attack and stroke.

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Figure 1



In these tough economic times the financial burden of obesity on our country is tremendous. It is estimated that 300,000 people die each year in the US from causes related to obesity, and an estimated 10 percent of all US medical expenses go toward obesity-related conditions. Of particular interest to people living in the Mid South, Tennessee along with Mississippi and Alabama lead the country in obesity (see figure 2 next page). Percentage with obesity BMI >30% One of the best investments a person can make is working towards the prevention of factors that cause obesity.

After your doctor rules out medical reasons for your weight gain, such as hypothyroidism, attention should be turned to dieting and increasing physical activity. It may be helpful to work with your physician and nutritionist to come up with safe daily calorie counts that will strike a balance between weight loss and good nutrition. Losing weight slowly and methodically is more likely to meet with long-term success than rapid weight loss. A nutritionist can

make valuable recommendations regarding food choices and portion sizes. Often rather modest reductions in weight loss (about 10 percent) can substantially improve your health.

There are some lifestyle changes that can be made to help reduce weight and consequently improve overall health. Small changes daily are often more successful than drastic measures. Once you have been cleared by your health care provider consider some of the following.

- Think of ways to increase activity. Changes may be as small as taking the stairs instead of the elevator, or parking further away and walking to your destination. Eventually try to exercise at least 30 minutes three times a week.
- When planning activities with friends or family, instead of meeting at a restaurant, take a walk in the park or go bowling. Try to take the focus off of eating and put it on physical activities.

- Don't rush when eating meals. Research shows that when we focus on what we are eating and slow down and enjoy each mouthful we feel more satisfied. A meal wolfed down in the car or in front of the TV is less likely to be satisfying and we are more likely to want to eat more.
- Plan your meals ahead of time and try to have healthy snacks on hand. Some good ideas may be crunchy carrots, apples or light popcorn instead of potato chips or sweet snacks. If you are looking for a quick fix or have nothing planned, you are more likely to turn to fast food products.
- Water is an essential part of a healthy diet. As long as your doctor does not have you on a fluid restriction, start out slowly and try to replace one soda each day with an 8 ounce glass of water. As time goes on try to incorporate more water into your daily routine, up to 6 glasses daily is recommended.

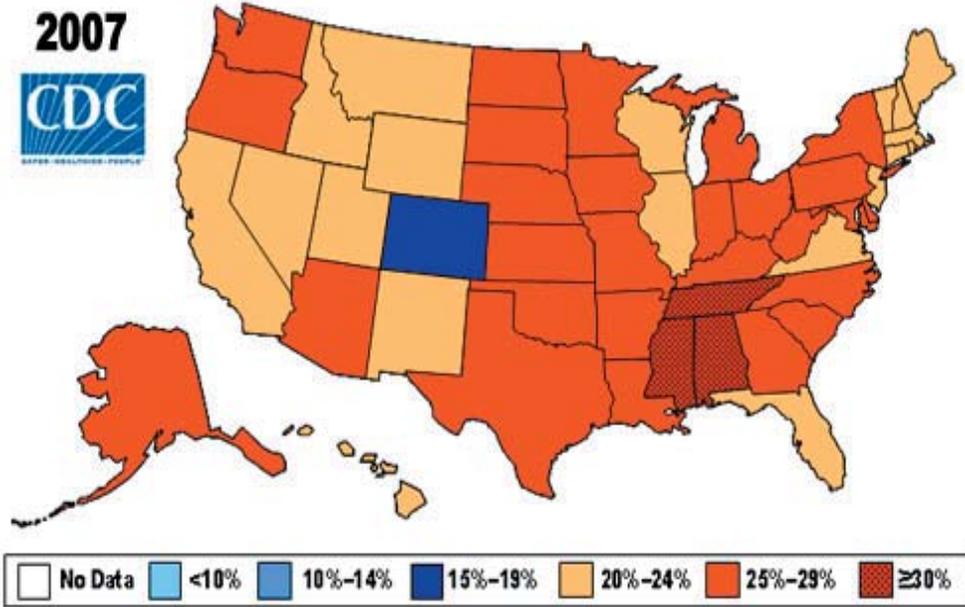
Always talk to your health care provider before embarking on an exercise program particularly if you have multiple risk factors for heart disease and have been inactive for a long period of time.

There are two prescription medications that have resulted in a ~5-10 pound weight loss. One medication is called subutramine and the other orlistat. These medications are rarely successful without accompanying lifestyle changes. You should discuss with your healthcare provider if either of these drugs might be appropriate for you.

Finally, if you are morbidly obese and have not had success with dieting you may be a candidate for weight-loss surgery. There are two main types of weight-loss surgery. The first is called laparoscopic gastric banding which involves putting a band around the

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Figure 2



Since starting his practice in Memphis, five years ago, Dr. Gordon has devoted much of his time to the rural communities around Memphis. In January of 2010 Dr Gordon was delighted to join The Stern Cardiovascular Center as their Director of Outreach Services. He will continue to see patients in Millington, Munford, Ripley, and Somerville and has added a new location in Oakland.

The new cardiac testing center in Munford offers state of the art nuclear testing and echocardiography. Dr Gordon will be available for cardiac consultation. His skills include, but are not limited to, management of cholesterol and hypertension, stress and nuclear testing, echocardiography, cardiac catheterizations and pacemaker implants.

Dr Gordon, along with the staff at Stern Cardiovascular Center strives to provide the highest in quality care for all patients while maintaining a professional and caring environment. The Stern Cardiovascular Center, Tel: 901-271-1000, 1-800-523-8226 www.sterncardio.com

upper part of the stomach. This creates a small pouch to hold food. The band limits the amount of food you can eat by making you feel full faster. The second type of weight-loss surgery is called gastric bypass. This involves changing how the stomach and small intestine handle food.

In summary, approximately 2/3 of the U.S. population is either overweight or obese. This is an alarming number which portends an increase in cardiovascular disease as well as other health problems. By taking a proactive role in maintaining a healthy body weight, you can greatly decrease your chances of having a heart attack or stroke. This will pay large dividends for patients, their families, and society as a whole.



About the author

Richard J. Gordon, M.D. FACC is a Cardiologist with many years experience. He is certified by the American Board of Internal Medicine in Cardiovascular disease and completed his Cardiology fellowship at the highly respected Baylor College of Medicine, Houston, Texas. After nine years of private practice in Indianapolis, Dr. Gordon moved with his wife and four children to Memphis, Tennessee.

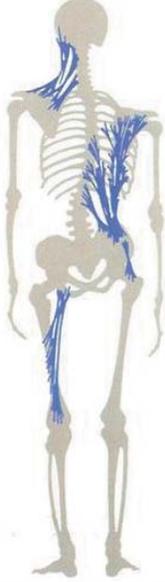
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