



Grab The Tape Measure—And Shed Some Pounds
Expanding waistlines are a heart disease risk factor

The abdominal fat behind that expanding waistline—toxic, metabolically active tissue—has been identified as a powerful risk factor for cardiovascular disease (CVD) in women. A new study cautions women that traditional risk assessment tools can give them a “false reassurance” that they’re at a lower risk for CVD . . . and, as a result, reduce their motivation for choosing healthier lifestyle modifications. From the outside, this may seem like a “woman” thing, but there’s a strong health message here for men as well.

Funding for the study, which was published in the August 2008 *Journal of Women’s Health*, came from the nonprofit Sister to Sister Foundation (dedicated to offering free heart-disease screenings and heart-healthy information to women) and Everyone Has a Heart Foundation.

According to the study . . .

- There are 1 million CVD deaths annually in the US—over half are women.
- Many women don’t know they’re at risk for heart disease.
- Physicians may not treat a woman’s risk factors aggressively.
- Early identification of heart-health risk factors and lifestyle intervention is critical.

Per a John Hopkins press release, Erin Michos, MD, MHS—study researcher, cardiologist and assistant professor at the Johns Hopkins University School of Medicine and its Heart and Vascular Institute—reported the national, multicity screening of 8,936 women (ages 35-63) revealed a “strikingly high number of overweight American women whose stretched girth was tied to a serious underestimation of risk using traditional tools to assess heart health.”

Although previously calculated as having a low ten-year risk factor for CVD, these women now have a “high lifetime risk.” Having a “single, major risk factor” for heart disease by age 50 reduces a woman’s “median lifespan compared to women with no risk factors.”

Looking at the study. Researchers wanted to “characterize the prevalence and awareness of traditional CVD risk factors, obesity and coronary heart disease (CHD) risk classification using the Framingham Risk Score (FRS) among women attending the 2006 Sister to Sister National Woman’s Heart Day event.”

The screening of these women spanned 14 U.S. communities and identified cholesterol levels, blood glucose levels, blood pressure, body mass index and/or waist circumference. Participants completed a standardized questionnaire on demographics, personal and family medical history and medications used.

Finding and conclusions. According to the study, participants had “a high prevalence of cardiometabolic risk factors, especially dyslipidemia and obesity” with central adiposity placing them at higher risk for the development of CVD and other comorbidities. The newly identified multiple risk factors in this population support the value of community health screening in women.”

- Women initially classified by Framingham Risk Score as low risk (85%), intermediate risk (6%) and high risk (9%) were reclassified when waist circumference was added: 59% of low-risk and 50% of intermediate-risk women had 1 or 2 risk factors; 19% and 41% had ≥3 risk factors, respectively
- Women without a previous diagnosis of dyslipidemia or hypertension were given a new diagnoses, 48% and 7%, respectively
- 39% of the women were overweight and 35% were obese (with a BMI over 30 and often over 30 pounds overweight)
- Factoring in waistlines 35 inches and greater, 55% of the women were at an increased risk for CVD
- Over half of the study subjects lacked awareness of their own risk factors as well as the risk factors linked to CVD

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“Our results really emphasize the growing epidemic of obesity in America and showcase its potential for misreading or masking future harm to women’s heart health,” Michos said in the John Hopkins press release. Being overweight can lead to other risk factors and other cardio problems: high blood pressure, blood sugar imbalances, excess lipid levels.

Adipose Fat: Dangerous problem for men and women. Lurking behind that expanded waistline is real trouble. This “highly active metabolic” organ releases cytokines, which are signaling proteins involved in cellular communication, the development/functioning of the immune response as well as lipid and glucose metabolism.

Intra-abdominal adiposity (IAA) is a factor in cardiometabolic risk factors, leading to CVD and type 2 diabetes. It has the mechanism to engage in “cross talk” with distant organs and also secretes proteins called adipocytokines, which control metabolic functions and are linked to insulin resistance.

Compounding the issue is the IAA’s interaction with a recently identified physiologic system—the endocannabinoid, which has receptors throughout the body, including numerous ones in the liver, pancreas, gastrointestinal tract, satiety signals and others that affect your waist circumference. That can lead to weight gain, insulin resistance, weakened glucose homeostasis and dyslipidemia, a disorder manifesting elevated “bad” cholesterol levels and high triglyceride concentrations.



Grab the tape measure and check your waist girth, starting at the top of the hipbone. Measure at your greatest waist area. Keep the tape measure even, not pulling too tightly. A total of over 40 inches for men or over 35 inches for women signals a major concern. It’s time to get serious about shedding those extra pounds and getting your health back on the right track.

Reversing your course with Cenegenics. Michos did add that awareness was key and that “losing weight, especially abdominal fat, is the first step in lowering blood pressure and getting blood cholesterol levels under control. Even losing 5 pounds can reduce your risk for pre-diabetes by 31%.

We agree. Your first action step is having a highly comprehensive evaluation to learn just where you are—identifying your weakest health links and health strengths. And that’s right where our innovative medical approach begins.

The science behind our medical specialty, age management medicine, helps us improve your health span by identifying and meeting criteria that places you in the lowest possible risk category for disease, including heart disease, metabolic syndrome, stroke and Alzheimer’s.

You’ll undergo an intensive Executive Health Evaluation, which helps us establish your metabolic and physiologic baseline. From there, we use solid science and established protocols to customize a program that targets your short- and long-term health goals.

And you are guaranteed our Cenegenics five-star service and one-on-one attention from your personal medical team—physician trained/certified in age management medicine, nutritionist and exercise physiologist—as well as our patient services team.



The Sister to Sister Foundation says . . .

- 1 in 4 U.S. women dies of heart disease, more than all breast cancer and all other cancers combined.
- Only 1/3 of U.S. women consider themselves at risk for heart disease.
- A woman’s heart attack symptoms may differ than a man’s: Women tend to have shortness of breath, fatigue, abdominal pressure, nausea or heartburn, or jaw, neck, back or upper shoulder pain. Men tend to feel chest pain or pressure, or left-arm pain.

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Discussions are always confidential and without obligation.