

Hand-in-Hand: Healthy Lifestyles, Reduced Heart Disease Risk

Two studies, same findings. Whether for men or women, the evidence continues to mount: Follow a healthy lifestyle and reap the benefits, now and later.

The first study—an extensive one of male physicians—reviewed data from 20,900 healthy men (average 53.6 years old) from 1982 to 2008. In this Physicians' Health Study I, researchers assessed the association between heart failure and six lifestyle factors: normal weight maintained/obesity, regular exercise, moderate alcohol intake, smoking as well as fruit/vegetable and breakfast cereal consumption.

"Previous studies have shown benefit from individual lifestyle factors. We looked at all these factors together," said lead author Dr. Luc Djousse, an associate epidemiologist at Brigham and Women's Hospital in Boston. The study was published in the July 22/29 *Journal of the American Medical Association*.

Perhaps not surprisingly, men avoiding the six healthy lifestyle factors demonstrated the highest risk for heart failure. The lowest risk were men adhering to four or more of the healthy factors.

As a result, the lifetime risk for heart failure throughout the study equated to approximately one in five men (those not following healthy lifestyle factors) and one in ten (those following four or more healthy factors).

- Maintaining a healthy lifestyle, as suggested by the study, can contribute to reduced cardiovascular disease and heart failure risk
- Healthy men through age 70 showed a 13.8% overall lifetime heart failure risk and a 10.6% risk at 80
- The greatest difference was with adiposity, per Djousse. Overweight or obese men had a 17% risk of heart failure vs. 11% in men with a normal weight

Key factor? Exercise.

- 11% heart failure occurrence in men who exercised five or more times week
- 14% heart failure occurrence in men who didn't exercise

Study 2: Women. Focused on different cardiovascular risk issues, research also from Brigham and Women's Hospital in Boston assessed 83,882 women in the second Nurses' Health Study. The study, published in the July 22/29 *Journal of the American Medical Association*, delve into assessing the combined risk and distribution of several modifiable hypertension risk factors.

Hypertension, per the researchers, is an "important preventable risk factor for death among women."

In the prospective cohort study, the female participants (aged 27 to 44) did not have hypertension, cardiovascular disease, diabetes or cancer in 1991 and had normal reported blood pressure.

Less Sleep = Hypertension Risk

A new risk factor with clinical implications: Sleep duration.

According to an ongoing cohort study published in the June 8, 2009 *Archives of Internal Medicine* . . .

- Shorter sleep duration adversely affected blood pressure and was linked to increased risk for hypertension
- Poorer sleep maintenance was also significantly associated to systolic and diastolic blood pressure
- 37% increased likelihood of hypertension for every hour of reduced sleep duration
- 43% of study participants averaged fewer than 6 hours nightly
- 1% of study participants averaged 8 or more hours of sleep



The study's six low-risk, modifiable lifestyle factors for hypertension:

1. Body mass index (BMI) of less than 25
2. 30 minutes of vigorous exercise daily
3. High DASH diet score (Dietary Approaches to Stop Hypertension)
4. Modest alcohol
5. Use of nonnarcotic analgesics (painkillers) less than once per week
6. Taking 400 µg/d or more of supplemental folic acid

All six modifiable risk factors were independently associated with the risk of developing hypertension in the 14-year study; the association was cumulative.

How the results stacked up. Like the male study, women following the lifestyle factors had lower incidence of high blood pressure.

- 80% reduced incidence by following six factors
- 72% reduced incidence by following five factors
- 58% reduced incidence by following four factors
- 53% reduced incidence by following three factors
- Obesity proved a significant risk factor for the women, just like the men's study

Per the study authors, adopting low-risk dietary and lifestyle factors has the potential to prevent a large proportion of new-onset hypertension occurring among young women.

Getting the right help you need. Some physicians believe the answer to people living a healthier lifestyle isn't just individual, but also community. They cite more recent government interventions, like New York, who barred smoking in restaurants or trans fats.

That is all well in good, but Cenegenics has an even better idea. Since 1997, we've surrounded our patients with a new paradigm in medicine as well as a strong support system—an expert age management medicine team to guide them toward healthy living goals and keep them on track.

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It begins with a highly comprehensive Executive Health Evaluation to determine your metabolic, physiologic and hormonal baselines. From there, we customize a program designed to help you meet your short- and long-term health goals.

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Americans & Healthy Lifestyles: On Downturn

Eat five servings fruits/veggies daily, exercise 12 times per month, keep a healthy body weight, drink moderately, don't smoke

- 8% of us are actively living the 5 main healthy lifestyle recommendations
- 36% more adults (40-74) have an increased BMI (over 30) in the last 18 years
- Smoking rates haven't changed
- Moderate alcohol consumption has risen from 40% to 51%
- Consumption of fruits/veggies decreased from 42% to 26%
- Findings mean an overall future risk for cardiovascular disease
- Healthcare costs also are expected to rise in the aftermath of diseases associated with poor health choices

Per an *American Journal of Medicine* online report, based on comparisons from the National Health and Nutrition Examination Survey (NHANES) in 1988-1994 and 2001-2006

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