# ***Dr. V's Essentials for a Healthier Life***

## Introduction

This E-book is a synopsis of the information you can expect to obtain from me concerning general health concerns and preventive medicine. Throughout my practice of medicine I have often felt that the information I was giving to people was most likely redundant. However, most of the time I spend on a daily basis is spent reiterating the statements in this book. Most patients feel as though they never get this kind of input from their physicians. Most physicians simply do not have the time due to the pressures of costs of health care and the decreasing reimbursements for patient's visits. It is my philosophy that investing a substantial amount of time discussing the basics of what is important for each individual for preventive health care maintenance will save a lot of time for future visits and the need for future medications.

Many people spend a lot of time on the Internet evaluating medications and looking for reasons not to take certain medications. They also spend time reading the pharmacy information and often conclude that a drug is unsafe for them. If patients spent as much time evaluating what they put into their bodies on a daily basis and considered the negative side effects of too many calories per day or cigarettes or alcohol or any recreational drug, they might not require a medication in the first place. I think that the efforts placed in knowing what a medication's negative side effects is admirable and necessary, but it may be a bit hypocritical and misplaced energy considering the efforts that could be exercised in regards to preventive health care maintenance. Also, the

medications are scrutinized and researched and challenged by years of study and then reevaluated by professionals who are well educated in the field of drug and research development. The Food and Drug Administration (FDA) is an institution that is in place for the reason of reviewing the safety of a potential drug going to market. The physician is well educated and is able to synthesize the information about a medication and its potential side effects. I believe it is good to ask questions and to arm yourself with information, but it is also good to allow yourself to be educated by your physician and to give yourself the opportunity to learn what medications may be helpful for you if necessary before deleting a medication from a potential list of medications based on your own personal research.

The best thing you can do is find a physician you feel comfortable with being completely open and honest about your symptoms and concerns. Getting to know your physician and getting to know his or her philosophy will allow you to get an impression of how comfortable you will be with future care if it is advised. If the philosophy does not seem to satisfy you or allay your fears, you may not be confident to continue with your medical care with that particular physician. Do not be afraid to change physicians if this is the case. Most physicians will not be offended as they also realize that each person is different and each physician is different and there are many ways to practice medicine and many philosophies that may be true.

I find that the most successful doctor patient relationship is the one that does not have a lot of resistance in the manner of giving information or receiving it whether it is from patient to doctor or vice-versa. The relationship between doctor and patient can be a facilitator or an inhibitor to quality medical care.

The one thing the patient has to remember is that the constructive information that is given is not personal. It is not meant to be degrading or demeaning or negative. The information given by any physician is only suggestive and ultimately it is your choice if you choose to implement the opinion that is given.

In "Dr. V's Essentials for a Healthier Life," there are a few repetitive themes: weight reduction for the overweight individual is important, smoking should never be started and if started should always be discontinued as early as possible and preventive health maintenance and regular exercise should always be implemented when ever it becomes possible.

Ultimately, our goal as Family Practice physicians is to reduce the risk of cardiovascular disease, stroke and cancer. Every visit to your Family Practice physician's office should be implementing a check list and overall assessment of how you are doing in reducing your risk in these areas. If steps are not being taken in your life plan to decrease these risks; the visit should be utilized to reinforce the risk reduction and steps taken to control those factors that can be controlled from a medical intervention in addition to personal life habit modification.

Then next sections will be as follows: weight reduction; diet and exercise; heart attack and stroke risk reduction, preventive health care maintenance.

## Weight Reduction

Weight reduction is probably the single most universally valuable form of treatment that can improve someone's quality of life and at the same time reduce the risk of morbidity and mortality and subsequently decrease the risk of cardiovascular disease and stroke. It is not weight reduction alone, but it is a fantastic beginning and in many cases can cure the hypertension, the diabetes and if the appropriate diet is implemented in conjunction with weight reduction; the risk of heart disease and stroke can also be reduced.

Most of my patients are overweight. For every 20 patients seen, at least 18-19 require a discussion on weight reduction. Most people have a skewed understanding of what is their ideal weight. Most people overestimate their ideal weight by at least fifty pounds. When people are told what their ideal weight should be, they usually say, "I would be skin and bones if I was that weight," or they might say, "I haven't been that weight since high school." The fact of the matter is, your weight in high school, if it was at ideal weight, is most likely the weight you should be now or even less in order to omit weight as a risk factor for increase risk of diseases. Simply put: if you multiply your height in inches over five feet by five and add 5 for women and 10 for men; this would an estimate of your ideal weight. For example a person who is 5' 10" tall, a male should have an ideal weight of about 160 pounds. Many people will argue with that estimate and

frankly, it is probably a difficult task to get to that goal if you are 100 pounds or more over ideal weight. However, getting at or near the ideal weight will improve your quality of life and decrease your risk factors and give one a better sense of self image that will be invaluable in the quest for quality physical and mental health which are not mutually exclusive.

## Diet and Exercise

When I ask people: "what are you doing in order to lose weight?" Most people say I am trying and I am watching what I eat. Translation: they are trying to eat healthier food and eat less "unhealthy" food. Most people are trying to find a magic bullet that will melt away the pounds while allowing them to continue to eat at the same rate of caloric intake. It is without a doubt a simple mathematical formula: weight on will equal caloric intake minus the aerobic exercise induced caloric expenditure minus the daily baseline level of caloric expenditure. Most people will admit that they just eat too much. Others where a metabolic disorder has been ruled out (hypothyroidism) are in continual denial about their caloric intake. They will exhaust themselves claiming that they absolutely do not "eat that much." One person actually brought her diet in a box to the office and displayed what would be insufficient calories to maintain or gain at her current weight, however, she was gaining or maintaining a weight that was well over 100 pounds overweight.

It is virtually impossible to gain weight if you are taking in fewer calories than the amount required to maintain the energy level necessary to supply nourishment to all your

cells in your body at their current weight. Someone who is 300+ pounds and will not admit that they are taking in well over 1400 calories a day and more like 3000+ calories per day, are in denial. Most people when asked to count their calories and eat fewer than 1400 calories per day and exercise 20 to 30 minutes of continuous walking, jogging, swimming or running per day, will not be able to incorporate that into their life plan. Many will say: "I don't have enough time to count calories" or they will say, "I work all day and I am on my feet all day and I put on many miles per day in my job." These are arguments that are characteristic of someone with a food addiction. They will do anything at all to avoid the facts and the truth of how much they are taking in daily. Truck drivers are notoriously blaming their chosen profession as the reason why they cannot eat correctly. They eat at diners, fast food restaurants, and at odd hours and ultimately they do not have time for exercise. Most people when pressed to answer if they can put a few apples and oranges in bag and or take nutrition supplements that will give them sufficient amount of calories per meal, save them money and help them to eat properly, most will answer affirmatively. Whatever the reason for the food addiction, whether it is cultural, job related, genetic or due to depression, reducing the caloric intake by counting calories is the only method for continued weight control and weight loss that has been proven experimentally. It is not rocket science. Weight on is equal to the sum total caloric intake minus calories burned. Most people take in at least 1000-2000 calories a day more than required for their ideal weight.

I agree it is difficult to schedule even 20 minutes a day that you can motivate yourself enough to perform the adequate aerobic activity, however, when asked if people ever

watch TV for at least 20 or 30 minutes; most people will respond affirmatively. I have found that the most objective form of exercise is the treadmill. It is also the most versatile. It can be set for the speed that is comfortable to almost anyone including those individuals who have a musculoskeletal disorder that inhibits their ability to do exercise. The other advantage to the treadmill is that it will be programmable and also records number of calories burned. This is continual incentive for someone who needs that kind of input (reward for work done= calories burned= weight reduction). Once you get to your ideal weight, after 20 minutes of exercise and about 200 calories of energy burned you will also sweat out enough to lose about one pound of weight. This is a substantial reward for anyone. People who are much higher than ideal weight will be able to lose even more as long as they do not replace the calories burned with their caloric intake. This is where calorie counting is very important. If you attempt to estimate based on volume, more than likely you will fool yourself into thinking that you have eaten fewer calories, but in reality you will either choose higher calorie per gram of food items (high fat) or you will eat too much healthy food thinking that it is healthy for you to eat as many green beans as you want or as much salad as you want. Most people will try to doctor up their salads or vegetables with high calorie dressings or cheeses or croutons or meat or bread the vegetables and fry them. Ultimately they have a high calorie vegetable or salad. You need to know exactly how much you put into your body on a daily basis; end of story.

Once you get to ideal weight you can take in 1500 calories per day and continue your exercise program to include the continual walking, jogging or running or swimming for at

least 20 minutes. I think it is reasonable to give yourself a holiday to repair your muscles and if you at least perform these exercises four or five days per week, you will feel much better about yourself and your efforts. The more distance you can perform in the same space of time, the more calories you will burn per minute. I also insist that the exercise device is placed in the most comfortable room in the house. Do not expect to use your treadmill in the basement or the garage or the storage room or laundry room with laundry hanging on it. I advocate using the treadmill in front of the television, preferably on the history channel or the biography channel. They are both informative and inspirational and they will also give you a stronger sense of self and where you have been and where you are going with your own life.

## Heart Attack and Stroke Risk Reduction

There are five or six important risk factors for development of cardiovascular disease or cerebrovascular disease (stroke). When we talk about decreasing the risk of cardiovascular disease we are talking about decreasing the risk of heart attack (myocardial infarct). When we refer to cerebrovascular disease we are talking about a brain attack (stroke or cerebrovascular accident (CVA or stroke)). Both involve the sudden loss of blood flow to the major organ in question. This is usually due to atherosclerosis and platelet aggregation to the site of injury on the blood vessel wall and the risk factors I will be talking about will increase the risk of heart attack or brain attack.

Smoking, diabetes, high blood pressure, high cholesterol and male gender are thought to be the greatest risk factors for the ages fifty and above and for ages 60 and above females are at a higher risk of developing heart disease and stroke relative to woman of younger ages. The relative risk factors include overweight, inactivity, other diseases such as chronic kidney disease, second hand smoke exposure, genetic predisposition, low good cholesterol which in many cardiologists point of view is as much a risk factor as high bad cholesterol. It is the efforts of the Family Physician and ultimately the goal of patient care to reduce the risk factors by choosing appropriate lifestyle interventions and medical therapies in order to address these issues.

At this point in time one would think that everyone over the age of 40 should realize the benefit of 81 mg of aspirin per day barring an allergy to aspirin or high risk for gastrointestinal bleed. If you are a male and you have high blood pressure, you no doubt would benefit of the potentially life saving value of an aspirin a day.

Smoking is absolutely the greatest risk factor for someone with multiple risk factors for heart disease. Even if all other risk factors are under relatively good control, continued tobacco dependence will always exponentially elevate the risk factors for heart attack and stroke well above the baseline level of risk at any given age.

Anyone with diabetes is presumed to have heart disease. Therefore, any of the parameters for patients already having heart disease in the form of heart attacks or unstable angina treated with cardiac catheterization and stent placement or coronary

artery bypass surgery, should be treated similarly for patients with diabetes. Patients with history of strokes (brain attacks) should also be treated similarly as those with heart disease and diabetes. The same disease processes to blood vessels may also occur at the level of the carotid arteries or higher and subsequently plaque formation at these levels and the rupture or disruption of the plaque and subsequent dislodged plaque causes the acute stroke or brain attack by blocking arteries supplying oxygen to various parts of the brain.

Lowering blood pressure to 110/70 or lower as long as the patient does not feel dizzy or lightheaded is the current recommendation for those with diabetes, stroke and heart disease. Those with a low number of risk factors can use the current standard of 136/85 as the upper limit of normal and treat aggressively with a moderate amount of risk factors.

Lowering bad cholesterol (LDL) to a level lower than 130 is important for those with a low number of risk factors. LDL under 100 for a moderate amount of risk factors and those with diabetes, heart disease and cerebrovascular disease should aim for lower than 70. HDL or good cholesterol is the one form of cholesterol that you would actually want to increase. Increase in this lipoprotein can be accomplished mostly by quitting smoking and performing regular exercise. The goal for HDL levels in patients with moderate to severe risk factors should be greater than 50. The goal for low risk factors should be greater than 40.

The occurrence of diabetes in some areas is reaching epidemic proportions. I am diagnosing several new patients a day based on routine screening alone. Many patients who displayed signs of glucose intolerance last year and were not placed on a diabetic diet, more often than not have developed definitive diabetes this year. The goal for treatment to reduce the risk of cardiovascular disease and stroke is to have a glycohemoglobin (HgbA1C) of less than 6.0. Most assays today will register an abnormal HgbA1C at 5.8. The average glucose over the 24 hours per day for the last three months at this level is about 120 mg/dl.

## Preventive Health Care Maintenance

If an individual has a fasting glucose greater than 110, it is more than likely a patient that needs to pay attention to what they are eating and most likely would start to benefit from a diabetic diet. If they are not ideal weight, they need to lose 6-8 lbs/month by taking in fewer than 1400 calories/day (ADA diet) until the ideal weight is obtained. Exercise 20-30 minutes per day, about 4-5days/week. Take an 81 mg aspiring per day and have cholesterol lowered below 100 and blood pressure lowered less than or equal to 120/80.

Preventive health care for the average individual should include variations of goals for all of the above. I don't see any negative effect of assuming that you are diabetic or already have heart disease and already have a family history before implementing the most stringent parameters. Patients with one or two risk factors should be seen at least every six months. Anyone over 60 with one or two risk factors may want to go more

frequently; every 4 months. Anyone who has two or more risk factors or has diabetes or heart disease or stroke and all factors are under relatively good control should be seen every three months regardless of age. If the risk factors are not under control, one should be seen every 2 wks to 2 months depending on the risk factor being treated.

Yearly breast, prostate, pelvic exam and rectal exam should be performed over the age of 40. Pap smears are not necessarily required yearly, however, the pelvic and rectal exam evaluate much more than cervical health. Yearly mammogram and PSA should be done for patients over the age of 40, however, prostate digital exam is more accurate at detecting early disease, especially if a yearly PSA has not been done. Colonoscopy, colon cancer screen, should begin at the age of 50 and be repeated every ten years unless polyps or precancerous lesions are identified, then more frequent colonoscopies will be recommended based on the previous results.

It is controversial as to whether or not hormone replacement should be implemented for the post-menopausal patient. Most clinicians believe that low dose therapy should be implemented and the benefits should outweigh the risk factors. Calcium with vitamin D should be implemented for those at risk for osteoporosis and the level of 600 mg three times a day is the usual dose recommended. Again, smoking cessation, exercise and decreased caffeine intake will decrease your risk factors for osteoporosis.

Please refer to the future publications by Dr. V's Life Plan, Inc. for expansion of the ideas and recommendations made in this free E-book.