

# INTERNATIONAL HEALTH NEWS

*Your Gateway to Better Health!*

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*I hope you enjoyed a great summer and you are now ready and eager to put additional important health information to good use. There is new evidence that fish oils help prevent cardiovascular disease and age-related maculopathy, the most common cause of severe vision loss in the elderly.*

*Mainstream medicine would appear to be finally coming around to the inescapable fact that most people are woefully deficient in vitamin D – a subject discussed in the November 1995 issue of IHN. Researchers at Harvard School of Public Health now recommend a daily intake of 1000 IU a day and confirm that such an intake cannot be achieved except through supplementation.*

*Harvard researchers have also concluded that men can reduce their risk of cardiovascular disease by 87% and women, their risk of stroke by 55%, with simple lifestyle changes.*

*The latest aspirin study involving over 22,000 male physicians found no benefit of the drug in the prevention of colon cancer and, last but not least, if you are undergoing an angiogram or any other procedure using a contrast medium (x-ray dye) make certain to read the abstract on N-acetylcysteine and its benefits in prevention of contrast medium-induced kidney damage.*

*I am excited about launching my new book!! Bill Ware and I have finally completed our 440-page book "The Prostate and Its Problems". For more on this book please see <http://www.yourhealthbase.com/prostate/book.htm>*

*I sincerely hope you will enjoy and benefit from this information-packed issue – our 170<sup>th</sup>. Please bear in mind that the cost of publishing this newsletter is solely defrayed by income made from our on-line vitamin store. Without this, there would be no IHN. So, if you need to restock your supplements, please remember that by ordering through my on-line vitamin store you will be helping to maintain the web site and database, and the publication of IHN. You can find the store at <http://www.yourhealthbase.com/vitamins.htm>.*

*Wishing you continuing good health,  
Hans*

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## Review confirms fish oil benefits in prevention of heart disease

BOSTON, MASSACHUSETTS. Evidence for the benefits of omega-3 fatty acids in maintaining cardiovascular health has been mounting since the 1970s. Nevertheless, a recent working group convened by the US National Institutes of Health concluded that a definitive trial is needed. Towards the aim of resolving current controversies over the benefits of n-3 FAs on cardiovascular health, a team

of researchers from the Tufts-New England Medical Center undertook a systematic review of studies on n-3 FAs consumed as fish or fish oils rich in eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) or as alpha-linolenic acid (ALA).

They selected 15 studies on secondary prevention and 33 on primary prevention of cardiovascular disease, each lasting for a minimum of one year. Most of the studies on secondary prevention found that fish oil significantly reduced all-cause mortality, heart attack, cardiac and sudden death, and stroke. For primary prevention, most studies found fish consumption was linked with lower rates of all-cause mortality and cardiac events, but the evidence for stroke prevention was less strong. The benefits of ALA consumption for reducing cardiovascular risk were not convincing. The researchers believe these results support the importance of an adequate intake of n-3 FAs, either through fish or supplements or both, for reducing the risk of all-cause mortality, cardiac and sudden death, and possibly stroke. They add that the benefits are clearer for secondary prevention, and that very few adverse effects were seen.

In an editorial, experts from Columbia University point out that questions remain over the optimum n-3 to n-6 FA ratio, the best surrogate measure of n-3 FA levels, and the relative benefits of EPA and DHA. The biological pathways of the preventive effects of n-3 FAs on cardiovascular health must also be better explained, as must the crucial periods in the lifespan for adequate n-3 FA intakes. They conclude by asking whether intake recommendations for EPA and DHA can now be set, and refer to the American Heart Association guidelines - an intake of about 1 gram of EPA/DHA per day for patients with cardiovascular disease, and about half that (equaling 2 servings of oily fish per week) for those without. Public health initiatives are needed to increase EPA and DHA intakes, they write.

*Wang, C. et al. n-3 Fatty acids from fish or fish-oil supplements, but not alpha-linolenic acid, benefit cardiovascular disease outcomes in primary- and secondary-prevention studies: a systematic review. The American Journal of Clinical Nutrition, Vol. 84, July 1, 2006, pp. 5-17*

*Deckelbaum, R. J. and Akabas, S. R. n-3 Fatty acids and cardiovascular disease: navigating toward recommendations. The American Journal of Clinical Nutrition, Vol. 84, July 1, 2006, pp. 1-2*

## Fish protects against elevated C-reactive protein

SENDAI, JAPAN. An elevated C-reactive protein (CRP) level is a strong risk factor for cardiovascular disease, thought to indicate low-grade inflammation and contribute to plaque in the blood vessels. Previous studies suggest that a greater intake of fish is linked to healthy CRP levels.

A recent study investigated this link among the Japanese, who have a higher overall intake of marine products and lower mean CRP concentrations than Western populations. A team from Tohoku University surveyed 401 men and 570 women aged 70 years and older living in Tsurugaya, Japan. Fish intake was measured by questionnaire and CRP concentrations by testing blood plasma samples. Mean daily EPA plus DHA intake was 1.38 grams in men and 1.17 grams in women. Analysis showed that increasing intakes of overall n-3 fatty acids were significantly linked to a reduction in risk of elevated CRP, defined as 1.0 mg/L (0.1 mg/dL) serum or more. Individuals in the top quarter for total n-3 FA intake (EPA, DHA and ALA) had a 56 per cent lower incidence of elevated

CRP than those in the bottom quarter. Those in the top quarter for combined EPA plus DHA intake were 46 per cent less likely to have elevated CRP than those in the bottom quarter. Similar results were found when EPA and DHA were analyzed separately. Finally, the results were interpreted assuming a causal relation between n-3 FA intake and high CRP concentrations. This suggested that about 30 per cent of high CRP concentrations could be due to a lower intake of n-3 FAs.

The researchers conclude that these results support the majority of previous studies which reported an inverse relation between CRP concentrations and n-3 FAs, and suggest that even very high intakes of n-3 FAs may lower serum CRP. They add that the link seemed stronger among diabetics, and encourage further work in this area.

*Niu, K. et al. Dietary long-chain n-3 fatty acids of marine origin and serum C-reactive protein concentrations are associated in a population with a diet rich in marine products. The American Journal of Clinical Nutrition, Vol. 84, July 1, 2006, pp. 223-29*

## Has time come for an increase in recommended vitamin D intakes?

BOSTON, MASSACHUSETTS. Higher recommended daily intakes of vitamin D should be set in order to improve public health, say researchers following a review of the evidence to date. Current daily recommended intakes in the US are 200 IU for younger adults and 600 IU for older adults. The team, based at Harvard School of Public Health, concluded that vitamin D intakes above current recommendations are linked to better health outcomes.

They set out to determine the optimal serum concentrations of 25-hydroxyvitamin D (25(OH)D), the circulating reservoir of vitamin D for bone mineral density, lower extremity function (muscle strength), dental health, and risk of falls, fractures, and colorectal cancer. This approach contrasts with the usual focus on a 25(OH)D concentration that maximally suppresses serum parathyroid hormone (PTH), which promotes bone loss. The review took data from randomized controlled trials and prospective and cross-sectional studies. It found that optimum serum levels begin at 75 nmol per liter, and the greatest benefit is between 90 and 100

nmol per liter - levels which cannot easily be achieved on the present recommended intakes.

The authors therefore state that an increase in the current recommended intake of vitamin D may be warranted. They propose that the recommended intake should be raised to 1000 IU per day for all adults. This would bring at least half of the population up to a serum level of 75 nmol per liter, and so benefit bone health in younger adults and all studied outcomes in older adults, they believe. Such a target was supported by several experts at a recent conference on the role of vitamin D in cancer prevention. But it would require vitamin D supplementation for a large majority of the population. However, the authors say this is a simple, highly affordable, and well-tolerated strategy which should become a public health priority to combat several common and costly chronic diseases.

*Bischoff-Ferrari, H. A. et al. Estimation of optimal serum concentrations of 25-hydroxyvitamin D for multiple health outcomes. The American Journal of Clinical Nutrition, Vol. 84, July 1, 2006, pp. 18-28*

## Incidence of type 2 diabetes doubled in last 30 years

FRAMINGHAM, MASSACHUSETTS. The incidence of type 2 diabetes, or rate of new cases over a time period, is less clearly understood than its prevalence (how widespread it is). Researchers from the US National Heart, Lung and Blood Institute took data from the Framingham Heart Study covering the 1970s, 1980s, and 1990s. A group of 3,104 men and women without diabetes, aged 44 to 55 years (mean 47 years), were examined and then followed for eight years. A diagnosis of diabetes was made if fasting plasma glucose was 7.0 mmol per liter (125 mg/dL) or insulin treatment was given.

The researchers found that the overall 8-year risk of developing diabetes nearly doubled between the 1970s and 1990s. For women, it was 2.0 per cent in the 1970s, 3.0 per cent in the 1980s, and 3.7 per cent in the 1990s. For men, the figures were 2.7 per cent, 3.6 per cent, and 5.8 per cent. Obesity is driving the so-called "epidemic" of diabetes, explain the researchers. Significantly more cases of diabetes developed among those with a body mass

index (BMI) of 30 or above, than any other category. However, analysis indicated that BMI did not fully account for the rise in diabetes incidence.

The researchers believe that lifestyle changes over recent decades also play a role. They highlight a recent review of cardiovascular risk factors which found a rise in all the measured risk factors over the last 40 years. Physical activity has declined over time, and changes in dietary composition may be important, they write, pointing to corn syrup and sugar-sweetened drinks in particular as potentially harmful. The authors conclude that the study shows a doubling in the incidence of type 2 diabetes over the last 30 years, and call for careful monitoring of future trends in the incidence of diabetes, a disease which can produce complications such as heart disease, blindness, and damage to the nerves and kidneys.

*Fox, C. S. et al. Trends in the Incidence of Type 2 Diabetes Mellitus From the 1970s to the 1990s The Framingham Heart Study. Circulation, Vol. 113, June 27, 2006, pp. 2914-18*

## Overall healthy lifestyle reduces women's stroke risk

BOSTON, MASSACHUSETTS. Research has previously been carried out on the effects of individual health-related behaviors such as smoking, alcohol intake and exercise on the risk of stroke, but there is a lack of reliable data on the combined effect of health behaviors on stroke risk. Researchers from Harvard Medical School gathered data from 37,636 women in the Brigham and Women's Hospital Women's Health Study. Participants were aged 45 years or older and in good health. Their lifestyle at the start of the study was rated on a scale of 0 to 4 for smoking, alcohol consumption, exercise, body mass index, and diet. A higher score indicated healthier behavior - not smoking, drinking four to 10.5 alcoholic drinks per week, exercising 4 or more times per week, and a body mass index (BMI) below 22. A healthy diet was considered to be high in fiber, folate, and omega-3 fatty acids, having a high ratio of polyunsaturated to saturated fat, and being low in trans-fats and glycemic load.

The women were followed for a mean of 10 years, during which time 450 strokes were diagnosed. Analysis showed that those with 17 to 20 points (the maximum) on the "healthy lifestyle scale" had a 55 per cent lower risk of overall stroke than those with 0 to 4 points. For ischemic stroke, the most common kind of stroke, caused by an interruption in the flow of blood to the brain, risk was 71 per cent lower. However, for hemorrhagic stroke, caused by the rupture of a blood vessel in the brain, the risk was not lower for women with more health points. When the health behaviors were examined separately, strong links were found between stroke risk and smoking and BMI, but not alcohol, exercise or diet. A rise of one point on the overall health score was linked to a 5 per cent drop in stroke risk, say the authors. They conclude that their findings underscore the importance of healthy behaviors in the prevention of stroke, a leading cause of illness and mortality worldwide.

*Kurth, T. et al. Healthy Lifestyle and the Risk of Stroke in Women. Archives of Internal Medicine, Vol. 166, July 10, 2006, pp. 1403-09*

## Coronary heart disease in men could be cut by lifestyle changes

BOSTON, MASSACHUSETTS. Drug treatments to lower coronary heart disease (CHD) risk are effective to a certain extent, but the addition of lifestyle modifications could help cut the CHD rate dramatically. Researchers from Harvard School of Public Health investigated the burden of CHD which can be attributed to the modifiable lifestyle factors diet, exercise, body mass index and smoking. They looked at data on 42,847 men aged 40 to 75 years, who took part in the Health Professionals Follow-up Study and were monitored for 16 years. Lifestyle information was gathered via questionnaire, and the men were categorized as being at low risk if they did not smoke, had a body mass index (BMI) of less than 25, took moderate-to-vigorous exercise for 30 minutes a day, drank 5 to 30 grams of alcohol a day, and fell into the top 40 per cent for healthy diet (according to US government guidelines). These factors are believed to lower CHD risk through improving lipids, blood pressure, and several further health indicators related to CHD and other conditions.

By the end of the study, 2,183 of the men had been diagnosed with CHD. The lifestyle factors were linked to CHD risk both individually and when

grouped together. The researchers calculated that men at low risk (judged as a high score on the five lifestyle factors measured) had an 87 per cent lower incidence of CHD than those at high risk on all lifestyle factors. However, only 4 per cent of the men scored highly on every factor. The authors state that 62 per cent of the CHD events could have been avoided if the men had adopted a low-risk lifestyle. Among those on hypertension or hypercholesterolemia drugs, the figure was 57 per cent. During the study, some men made healthy changes and this produced a 27 per cent reduction in CHD risk for adopting two additional healthy lifestyle factors. But those who dropped two healthy factors increased their risk by 48 per cent.

The authors conclude that most CHD events are preventable. Medications should be viewed as supplementary to healthy lifestyle, rather than a replacement. A combination of healthy choices provides the greatest benefit, and making changes in middle age or later may still lower CHD risk.

*Chiuve, S. E. et al. Healthy Lifestyle Factors in the Primary Prevention of Coronary Heart Disease Among Men. Benefits Among Users and Nonusers of Lipid-Lowering and Antihypertensive Medications. Circulation, Vol. 114, July 11, 2006, pp. 160-67*

**International Health News**  
presents  
***The Prostate and Its Problems***

by Hans R. Larsen, MSc ChE and William R. Ware, PhD  
with Foreword by Patrick Chambers, MD

The complete guide to conventional and alternative prevention and treatment of prostatitis, benign prostatic hyperplasia, and prostate cancer.

*What I find especially brilliant in "The Prostate and Its Problems" is the amount of supporting research on the optimum choices of food, supplements and lifestyle to significantly reduce the risk of prostate cancer and the detailed description of alternative treatments for dealing with the inevitable BPH. Hans Larsen and William Ware are to be congratulated on their most timely and essential, evidence-based book on the topic of the prostate and its problems.*

**Frank McCabe, Dublin, Ireland**

*By sifting through all the medical literature they have presented a more balanced view, one that is both evidence-based and objective. Furthermore, unlike more traditional medical texts there is a strong emphasis on alternative, preventive strategies for avoiding inflammation, hyperplasia and cancer of the prostate.*

**Patrick Chambers, MD, Kailua, Oahu, HI**

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## NEWSBRIEFS

### **Antioxidant found to benefit heart attack patients**

Supplementing with the antioxidant N-acetylcysteine appears to be linked to better outcomes for heart attack patients undergoing primary angioplasty surgery to open a blood vessel. These patients are at risk of kidney damage due to heavy exposure to contrast medium (x-ray dye) during the procedure. A team from the University of Milan, Italy gave 116 patients N-acetylcysteine (600mg intravenously before surgery and 600mg orally twice daily for the next two days), 119 patients a double dose of N-acetylcysteine, and 119 patients placebo. Levels of creatinine in blood serum were used to indicate kidney health. Creatinine rose by at least a quarter in 33 per cent of the placebo patients, 15 per cent on the standard dose, and 8 per cent on the double dose. These differences were significant, as were mortality rates - 11 per cent on placebo, 4 per cent on the standard dose, and 3 per cent on double dose. The researchers conclude that N-acetylcysteine may prevent or reduce the severity of

kidney damage and improve outcome after angioplasty.

*Marenzi, G. et al. N-Acetylcysteine and Contrast-Induced Nephropathy in Primary Angioplasty. The New England Journal of Medicine, Vol. 354, June 29, 2006, pp. 2773-82*

### **Doubts cast over aspirin protection against colon cancer**

Although a link has often been found in research studies between the use of non-steroidal anti-inflammatory drugs (NSAIDs) and reduced colorectal cancer risk, it has not so far been confirmed in reliable, long-term studies. Experts from Brigham and Women's Hospital, Harvard Medical School followed 22,071 healthy male physicians, aged 40 to 84 years, for a mean of 18 years. Use of NSAIDs was predicted by age, body mass index, alcohol intake and a range of health conditions including heart disease. During follow-up, 495 cases of colorectal cancer were diagnosed, but analysis found no link with regular NSAID use (more than 60 days per year). Once the predictors of

NSAID use were taken into account, the risk of colorectal cancer among those who took NSAIDs regularly for five years was equal to that among those who did not. The researchers conclude that regular use of NSAIDs, such as aspirin, is not associated with a substantial risk reduction of colorectal cancer.

*Sturmer, T. et al. Colorectal cancer after start of nonsteroidal anti-inflammatory drug use. The American Journal of Medicine, Vol. 119, June 2006, pp. 494-502*

### **Fish oils may help prevent vision loss**

Could eating more fish protect against age-related blindness? Researchers from the University of Sydney, Australia investigated this link by analyzing n-3 fatty acid intakes and incidence of age-related maculopathy (ARM) among 2,895 men and women aged 49 years or over. ARM is the most common cause of severe vision loss in the elderly. The participants in the top fifth for n-3 FA intake had a 59 per cent lower risk than those in the bottom fifth of developing early-stage ARM over the five years of follow-up. Also significant was the 55 per cent lower risk of early-stage ARM among those in the top fifth for alpha-linolenic acid intake. The results also showed a 40 per cent reduction in risk of early-stage ARM for those eating fish at least once a week, compared with little or no fish intake. The authors conclude that a diet high in n-3 FA, especially from fish, may offer protection against both early and late ARM.

*Chua, B. et al. Dietary Fatty Acids and the 5-Year Incidence of Age-Related Maculopathy. Archives of Ophthalmology, Vol. 124, July 2006, pp.981-86*

### **Ginseng may improve cancer survival and quality of life**

The herb ginseng appears to benefit cancer patients in terms of survival and quality of life, according to a recent study. A team from Vanderbilt University recruited 1,455 breast cancer patients living in Shanghai, China, and monitored them for a mean of 4.8 years. The 27.4 per cent of participants who regularly took any type of ginseng before their diagnosis had significantly reduced mortality than those who had never used ginseng - 29 per cent lower for overall mortality, and 30 per cent lower for mortality due to the cancer. Ginseng use before and after diagnosis was positively linked to patients' quality of life, especially in the domains of psychological well-being (less depression) and social well-being (greater social support). Quality of life improved with increasing ginseng use, and was most strongly linked to current use. The researchers conclude that regular use of ginseng at 1.3 grams

per day may bring significant benefits for cancer patients.

*Cui, Y. et al. Association of Ginseng Use with Survival and Quality of Life among Breast Cancer Patients. The American Journal of Epidemiology, Vol. 163, April 1, 2006, pp. 645-53*

### **Acupuncture reduces fibromyalgia symptoms**

Fibromyalgia patients may be helped by acupuncture, say researchers from the Mayo Clinic College of Medicine who investigated the effects on patients' symptoms. Their study involved 50 male and female patients with confirmed fibromyalgia. Half received acupuncture, the remainder were given sham acupuncture, and both groups were followed for seven months. Symptoms in the true acupuncture group were significantly reduced during follow-up compared with the placebo group, as measured by the Fibromyalgia Impact Questionnaire. A greater benefit was found one month after treatment than seven months after treatment, and fatigue and anxiety improved the most. The researchers found that activity and physical function levels were not altered, but the treatment was well tolerated, and improvement extended beyond pain relief alone. They state that fibromyalgia patients are open to the use of alternative therapies, as more than 90 per cent of patients have tried one or more forms of complementary medicine.

*Martin, D. P. et al. Improvement in fibromyalgia symptoms with acupuncture: results of a randomized controlled trial. Mayo Clinic Proceedings, Vol. 81, June 2006, pp. 749-57*

### **Prostate cancer screening in men over 75 years**

Recent evidence shows that men older than 75 years are frequently screened for prostate cancer, despite current guidelines suggesting they are unlikely to benefit from treatment as the disease develops slowly in this age group. Rates of prostate specific antigen (PSA) testing in the US were examined by researchers from Duke University Medical Center. The team took data from national surveys of physician-reported information carried out from 1999 to 2002. They found that 14.1 per cent of all PSA tests during this time involved men over 75 years. Among men of this age, 27.8 per cent underwent PSA testing - a greater proportion than in any other age group. Urologists were more likely to initiate the tests than non-urologists. This confirms patient-reported data; say the team, adding that the presence of a testing laboratory on-site is significantly linked to the likelihood of testing. Excessive PSA testing has direct and indirect costs,

and reflects an inefficient allocation of resources, they conclude.

*Scales, C. D. et al. Prostate specific antigen testing in men older than 75 years in the United States. The Journal of Urology, Vol. 176, August 2006, pp. 511-14*

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