

HEALTHWISE

Personalized Medical Practice

Seth Coombs, MD

From the desk of Seth Coombs, MD

Dear Patient:

It can be confusing to keep up with all the “latest medical findings” reported in the media. Just when we think we know what to eat, what to drink, or what test to take, new information is reported.

Medicine, like everything else in our fast-changing world, is thankfully a work in progress. We are continually exposed to more, learning more and therefore understanding more. This allows both doctor and patient to make an informed decision on the appropriate direction for medical care and lifestyle management.

In this Spring issue, we report on the new medical findings about the recently-publicized Mediterranean diet. We also discuss the labeling behind the growing phenomenon of eating organic. And in this newsletter, we focus on eye health – hopefully allowing you to continue to see well enough to read all the information in *HealthWise!*

Happy Spring!

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Building the Groundwork: Linking Eating Patterns and Good Health

For generations, people have considered two distinctly different questions about eating habits: which diet is healthiest versus which diet results in the greatest weight loss. It has long been thought that the Mediterranean approach to eating is healthy, and new research has given additional credence to this fact.

The *New England Journal of Medicine* recently published the first large-scale study addressing the impact of how what we eat influences health outcomes. They focused on the Mediterranean Diet, and suggested for the first time that this way of eating is healthier than others. The Mediterranean Diet is characterized by: high intake of extra virgin olive oil, nuts, fruits, vegetables and cereals; moderate intake of fish and poultry; low amounts of dairy products, red meat, processed meats and sweets; and wine in moderation consumed with meals.

The study followed 7,400 people for an average of 4.8 years who lived in the Mediterranean (Spain) and randomly assigned them to one of three different eating plans. Two groups consumed variations of the Mediterranean Diet. These participants received free weekly allotments of either extra-virgin olive oil (about 4 tablespoons per day) or mixed nuts (1/4 cup daily of walnuts, almonds, and hazelnuts combined). The third group, a control group, consumed a diet designed to be low-fat.

The study was intended to look for three things: the incidence of stroke, heart attack, or death from cardiovascular causes. The researchers did not monitor changes in weight, cholesterol or blood sugar. The study found an impressive 30% lower risk of stroke in the Mediterranean Diet participants. There was no difference in the rate of heart attacks or in cardiovascular-caused deaths between the groups. However, the positive effect of stroke reduction was so pronounced that the study's Safety Board stopped the study before its designated end date. They felt it would be unethical for the control group participants to continue on the low-fat diet.

Many researchers would have preferred that the study had been



continued. Would a longer study have determined a difference in heart attacks or death rate (the other two indicators that were being studied)? Did the diet alter weight, cholesterol or blood sugar? Would a weight gain negate the study's health improvements?

While the results point to a strong positive health benefit of the Mediterranean Diet, a major concern for Americans accustomed to large portions, is the ability to limit the intake of “healthy” but high caloric foods. For example, the Mediterranean Diet allows 1/4 cup daily (approximately 200 calories per day) of mixed nuts. Nuts are a very high calorie food at approximately 800 calories per cup. Even though Mediterranean Diet participants consumed a small fistful of nuts, overall they ate about 100 more calories per day than the control group.

This study raises more questions than it answers, but it provides the first amount of reputable documented evidence that some foods contribute to better health. It is the first time that a large-scale study used scientific methods to examine the role of specific eating patterns on one's health. The results bode well for future scientific studies to further investigate the role of how what we eat impacts our long-term health.

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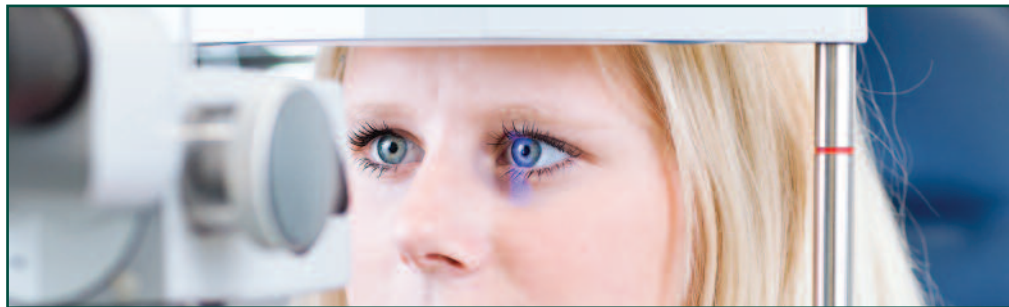
Focus on the Eyes

It is safe to assume that many readers of this newsletter put on their reading glasses first! For most of us, vision changes seem to be noticed in our 40's. We may have first noticed difficulty reading the fine print on a label or perhaps a restaurant menu, particularly when lights are dim. As we age, our eyes are susceptible to various health issues, some common and others more serious.

Reading with a sense of eye strain in middle age results from **presbyopia**. This common rite of passage for our eyes occurs when the lens can no longer change shape enough to allow the eye to focus clearly on close objects. (The lens is a clear part of the eye that helps to focus light, or an image, on the retina. The retina is the light-sensitive tissue at the back of the eye.) Presbyopia is commonly addressed with "cheaters" or reading glasses, and sometimes prescription glasses are needed. The lens power may increase as we age.

Many people experience symptoms of **dry eye**—the inability to produce sufficient tears to lubricate and nourish the eye. Tears help reduce the risk of eye infections, wash away foreign objects, and keep the surface of the eyes smooth and clear. Over-the-counter eye drops can be effective in replacing natural tears. It is also helpful to keep the humidity level high in your home, stay well hydrated, and wear sunglasses outside to protect against the drying wind and sun. If working at a computer screen for long periods of time, remember to blink regularly.

More than half of people age 65 and older have some form of **cataracts**, often referred to as an age-related eye disease. Cataracts are formed when the lens of the eye begins



to cloud. The lens is composed mainly of water and protein arranged to keep the lens clear and let light pass through it. Cataracts are formed when these proteins cluster together and begin to cloud part of the lens. The cataract can grow larger over time, clouding a larger part of the lens and affecting our vision more seriously. Smoking, diabetes and prolonged exposure to the sun also increases risk for cataracts. In more advanced cases, surgery is required. According to the National Eye Institute (NEI), cataract removal is one of the most common operations performed in the United States, with improved vision seen in 90% of the cases.

Some eye conditions that are considered more serious and may lead to blindness. These include **diabetic retinopathy**, **age-related macular degeneration (AMD)** and **glaucoma**.

Diabetic retinopathy results from changes in the retina's blood vessels, which can swell and leak fluid. In some cases, abnormal new blood vessels may grow on the retina's surface. These changes are only visible through a comprehensive eye exam and early intervention is critical. Once a person is diagnosed with diabetes, a complete eye exam is recommended with annual exams thereafter.

Age-related Macular Degeneration (AMD) is most common in people age 50 and older and gradually causes vision loss in the central field of vision. AMD destroys the macula, located at the center of the retina, making it difficult to recognize faces, close objects or to drive, although peripheral vision may be retained. AMD can result in loss of vision in one or both eyes.

Glaucoma causes damage to the eye's optic nerve when drainage canals become blocked over time. African-Americans, people over 60 and those with a family history of the disease are at higher risk. Glaucoma can result in blindness. Without treatment, people slowly lose their peripheral vision.

The NEI recommends several steps to help maintain eye health. Schedule a comprehensive, dilated eye exam *at least* once every two years and know your family eye disease history. Many serious as well as common eye problems can only be detected with a thorough exam. Wear protective eyewear when appropriate, such as home improvement projects or if required at work. Protect eyes from ultra violet rays by wearing sunglasses outdoors. Don't smoke. Finally, eat healthy! A diet that includes fruits and vegetables, as well as fish high in Omega 3 fatty acids, has proven beneficial for our eyes.



Nutrition Corner

Defining Organic Labeling

Organic food, once only available in health food stores, is now a mainstay in most grocery chains across the country. What does "organic" really mean? Are organic foods really healthier?

In the United States, organic products must adhere to strict *production and labeling* requirements set by the U.S. Department of Agriculture (USDA) National Organic Program. The requirements apply to farming, production, and specify how a product's packaging can be labeled as organic.

According to USDA guidelines, "certified organic" foods:

- ◆ Cannot be produced with methods used to genetically modify organisms or influence their growth and development by means that are not possible under natural conditions or processes (such as chemical fertilizers), ionizing radiation or sewage sludge.
- ◆ Must adhere to the National List of Allowed and Prohibited Substances specifying what can or cannot be used in organic crop and livestock production.
- ◆ Must be overseen by a USDA National Organic Program-authorized certifying agent.

Products can be certified "100% Organic," defining them as completely organic or made with totally organic ingredients. Products that are 95% or more USDA-certified organic may carry a special USDA seal. Products labeled "Made with Organic Ingredients" means that these contain 70% or more of organic ingredients.

Products containing less than 70% of organic ingredients cannot use the word "organic" on package labeling, but their individual certified organic ingredients can be individually listed as such.

A 2012 Stanford University study published in the *Annals of Internal Medicine* found it inconclusive as to whether eating organic foods can significantly impact one's health. Yet there are compelling reasons to choose organic. Requirements for organically grown produce restrict or prohibit the use of food additives and also have a lower risk of pesticide contamination. Therefore, purchasing organic produce and foods can reduce our exposure to these substances. Organic foods are grown using environmentally friendly sustainable farming practices, which can account for why organic foods cost more, as these practices are more expensive.

The USDA Food Safety Inspection Service also verifies other labels, including:

"Grass-fed" animals receive a majority of their nutrients from grass, which can result in an overall lower beef fat content. "Grass-fed" does not limit the use of antibiotics, hormones or pesticides, unless labeled "grass-fed organic."

"Free-range" indicates poultry was provided shelter with unlimited access to food, fresh water and continuous access to the outdoors. The label is mainly an indication of animal welfare. No definitive research has shown greater health benefits from eating free-range poultry.

Read food labels carefully. Always wash produce to remove pesticide residue, dirt and any germs from handling. Remember... organic labeling is a sensible criteria, but it doesn't always equate to healthier food—check fat, sodium, sugar and calorie counts.

