

MEDICAL BRIEFS

Coping with angina

In an effort to help the 6.4 million sufferers in this country combat the effects of angina, a condition that results in chest pain when not enough oxygen reaches the heart, a national program called "Get Tough on Angina" was recently created by the Preventive Cardiovascular Nurses Association (PCNA).

As part of this first-ever national effort, the U-M Cardiovascular Center will host a free education program, "Coping with Angina," 7:30 p.m. Monday, June 17, at the U-M Kellogg Eye Center, 1000 Wall Street, Ann Arbor.

Dr. Kim A. Engle, director of the U-M Cardiovascular Center, and Susan D. Housholder-Hughes, nurse practitioner in Preventive Cardiology at the U-M Health System, will discuss the effects of angina, and ways to modify risk factors and cope with attacks.

"Chronic angina patients often suffer in silence, resolve to think that their condition is just a normal part of aging," says Engle. "This program contains an educational component to help patients better relay their condition to their physician, resulting in better care."

To register or for more information about "Get Tough on Angina," call 866-488-1212.

Grief

Angela Hospice offers a new monthly support group for parents who have lost a child, which provides an empathetic, comforting experience for parents, relatives and other primary caregivers. The group meets 6:30-8 p.m. the third Wednesday of the month at Angela Hospice Care Center in Livonia. The next meetings are June 19 and July 17.

Angela Hospice will launch a new children's grief support group for children grieving the death of a parent, sibling, grandparent or close loved one. Children 6-17 years old will be placed in age-appropriate groups. The group will meet 6:30-8 p.m. the third Thursday of the month. The next meetings are June 20 and July 18.

For more information on both groups, call (734) 464-7810.

Women and heart attacks

Women are at higher risk than men for complications after receiving balloon angioplasty to treat a heart attack, according to the results of a Beaumont Hospital study.

Researchers examined the in-hospital outcomes of 3,401 patients who received angioplasty to treat their heart attacks. Of the 918 women studied, 8.7 percent experienced subsequent stroke, repeat artery blockages, repeat heart attack or death.

This compares to 5.7 percent of men studied. The study found that at one-year follow-up, women continued to experience these heart problems at a higher rate than men (27 percent vs. 19 percent).

However, the impact of gender on outcomes following angioplasty for heart attack is not well-defined.

Making connections

There are several ways you can reach the Observer Health & Fitness staff. The Sunday section provides numerous venues for you to offer newsworthy information including Medical Dateline (upcoming calendar events), Medical News (newsworthy items from the medical field), and Medical Briefs (medical advances, short news items from hospitals, physicians, companies). We also welcome newsworthy ideas for health and fitness related stories.

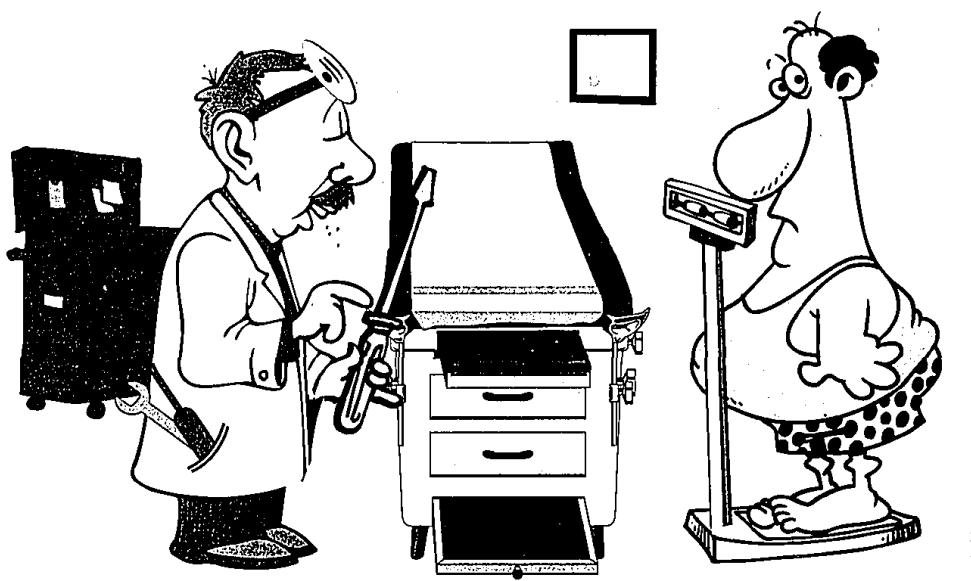
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Medical tune-up for dad

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When it comes to medical check-ups, dads are like cars: Tune them up once in awhile and they run just fine.

Unfortunately, dads don't treat their bodies as well as their Ford Explorers. They eat too much, drink too much, work too much and exercise too little. And unless their wives nag them, they don't go to the doctor.

"Men seem to tough things out until they're incapacitated," said Dr. Lewis Rosenbaum, director of Executive Health Services at Beaumont Hospital in Royal Oak. "Most men start making an appointment when their spouse tells them to, or when they began feeling more responsibility for others."

Dads, what's wrong with you? Don't you know the prescription to good health is simple — eat nutritiously, don't smoke, drink alcohol in moderation or not at all, take a daily multiple vitamin, and exercise regularly. Barring genetics and bad luck, you should last well into your 80s.

"The body has an innate ability to heal itself if you don't abuse it," said Dr. Bert Rabinowitz, a pulmonologist and director of Sleep Medicine at Botsford Hospital in Farmington Hills.

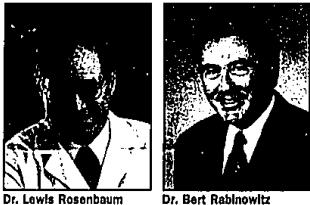
Make that appointment

Some men shy away from an annual physical, especially if they're asymptomatic — no chest pain, no discomfort while urinating, no gapping head wounds — and have no family history of serious disease.

"An annual physical is still a smart idea," says Dr. William Hall, president of the American College of Physicians. "The whole thrust of modern medicine should be to not let things get to the point where there is a problem, and you can't do that without seeing your doctor regularly."

It helps if a company provides its employees with medical physicals as part of the job package, especially for doctor-shy males, said Rosenbaum. "They're more likely to take that benefit and save face."

Rabinowitz believes for men in the 20s a yearly physical is a good idea. "It's a good time to establish baselines for blood pressure and cholesterol."



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Some men may not know what to ask a doctor during a routine physical exam. No problem, said Rosenbaum. "Getting to the doctor's is the big thing. They don't need to come with an agenda."

Visit any men's health Web site, such as www.health.first.org or www.menshealth.com, and you will find a several tips on what to expect during physical examination. The following is a medical tune-up schedule for life:

■ **Age 20-39.** Physical exam: Heart and lung function, blood pressure, and a testicular exam (every year). Lab tests: Blood analysis of glucose and thyroid, kidney and liver function; as well as urinalysis to assess kidney and liver function (every year). Total cholesterol, LDL, HDL and triglyceride levels — every five years, more if you have a family history of heart disease or other risk factors. Skin exam for cancer screening (every three years). Immunizations: Tetanus-diphtheria booster once every 10 years.

■ **Age 40-49.** Now it's time to add two more tests: The fecal occult blood test to screen for colorectal cancer (yearly), and the DRE (digital rectal

exam) and PSA (prostate specific antigen) test for prostate cancer.

■ **Age 50-plus.** Add a sigmoidoscopy to test for colorectal cancer (every three-five years), the influenza vaccine, and the pneumococcal vaccine (once in a lifetime) beginning at age 65.

Rabinowitz cautions men not to act as their own doctor and pharmacist. When it comes to anti-inflammatory pain relievers like Vioxx or Celebrex, men often take their wives' pills, he said. "Or they'll double up on over-the-counter drugs like Tagamet AC. They say, 'I'll just double the dose, so why go to the doctor.'

Too much of everything

American males, especially those in the middle years, tend to indulge in food, alcohol and stress.

"In terms of overall health issues, obesity is more of a problem (than alcohol)," said Rosenbaum. "Even if you eat 100 calories extra a day, in 35 days that's a pound. That's 11 pounds in a year," said Rosenbaum.

In 1999, an estimated 61 percent of U.S. adults were either overweight or obese, defined as having a body mass index (BMI) of 25 or more, according to the Centers for Disease Control.

(BMI can be calculated by dividing your weight in pounds by your height in inches, dividing that figure by height in inches again, then multiplying the result by 703. For example, a 6-foot man weighing 210 pounds would have a BMI of 28.5. The equation: $210 + 72 \times 703 = 28.5$)

The CDC defines "overweight" as a BMI of 25-29.9; an adult with a BMI of 30 or more is considered obese. Healthy weight varies according to a person's height. If you think you have to be 100 pounds overweight to be considered obese, think again. A 5-foot-4-inch adult woman just 30-plus pounds over her ideal weight would have BMI of 30. She would be obese.

Before you take a bite into that Burger King Whopper — which contains 640 calories and 37 grams of fat — consider that those extra pounds you're carrying may lead to heart disease, stroke, diabetes, colon cancer, gallbladder disease, sleep apnea, and osteoarthritis from wear and tear on your joints.

When it comes to alcohol, Rosenbaum said he's

Please see TUNE-UP, C6

Safe grilling

Advice and tips on how to lower your cancer risk

The American Institute for Cancer Research (AICR) offers a free brochure with advice and tips on minimizing the health risks associated with grilling. Research has shown that grilling meats, poultry or fish may raise the risk of stomach, breast and colorectal cancers.

High-heat cooking methods like grilling and broiling cause "muscle meats" (red meats, poultry, game and fish) to produce compounds called heterocyclic amines (HCAs), which are known to be carcinogenic. Another class of carcinogens, called polycyclic aromatic hydrocarbons (PAHs), are formed when fat drips onto hot coals or stones. These potent carcinogens are deposited back onto food by the smoke and flare-ups.

AICR's brochure, *The Facts About Grilling*, describes research about these risks and how they can be greatly reduced by following a few simple guidelines:

■ Marinate meats before grilling. This could reduce the amount of HCAs produced, in some studies by as much as 92-99 percent. (The brochure provides a tasty, cancer-fighting marinade recipe.) ■ Use lean meat and trim the fat to reduce the chance of fat dripping onto the coals and creating flare-ups. ■ Pre-cook meats in the oven or microwave, then briefly grill for flavor. ■ Keep meat portions small so they need only a brief time on the grill. ■ Don't let the juices drip, which

causes smoke and flare-ups.

■ Use tongs or a spatula to turn food and flip frequently to help limit formation of HCAs.

■ Cover the grill with punctured aluminum foil.

■ Remove all charred or burnt portions before serving.

■ Grill less meat and more veggies and fruits instead. The natural sugars in these foods caramelize during grilling, making them sweeter and more succulent.

Facts About Grilling also contains guidelines for overall cancer prevention and tips for food safety, plus a section on the role of meat in a cancer-protective diet. A good rule is to fill two-thirds of

your plate with vegetables, fruits, whole grains and beans and one-third or less with animal meats. Adjusting your plate in this way will lower your intake of fat (and calories) and boost your intake of vitamins, minerals and the cancer-protective phytochemicals that promote overall health.

To receive a free copy of *The Facts About Grilling*, send a self-addressed envelope with a first-class stamp to the following address: Facts About Grilling Brochure, AICR, P.O. Box 97187, 1755 R Street, NW, Washington, DC 20090-7187. Or, go the AICR Web site (www.aicr.org), press the button for "Information Booklets" and read or print out the brochure online.