

Enhancing life

Institute programs help with lifestyle decisions

By Cathie Breidenbach
special writer

DR. FRED Stransky, Ph.D. in exercise physiology and director of the Meadow Brook Health Enhancement Institute, has been saying for years that people can reduce the incidence of heart attack, stroke and cancer, and improve how they feel, by changing their lifestyles.

"Life is much more than the absence of disease, it's well being," he said, based on years of helping overhaul lifestyles and seeing the high-energy results.

The institute, which is affiliated with Oakland University, emphasizes four lifestyle factors: exercise, nutrition, stress management and changing bad habits such as overeating and smoking.

As more and more people come around to believing that preventative medicine and exercise can save lives, everybody's jumping on the bandwagon, including the conservative American Medical Association.

"The problem is people wait for something to happen before they see their doctors," Stransky said.

IT TAKES time to change modes of behavior even though it is known lifestyle diseases don't happen overnight and can often be prevented.

Coronary disease, which causes 40 percent of deaths in the United States, takes years, probably decades to develop, as arteries gradually clog with the fatty sludge that can bring on a heart attack.



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Meadow Brook Health
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Scientific evidence mounts daily that identifying risks early and changing detrimental lifestyles can dramatically reduce the risk of coronary disease as well as other major killers, such as stroke and cancer.

THAT'S NOT news to Stransky.

In 1975, he started the Meadow Brook Health Enhancement Institute as a wellness program for cardiac rehabilitation patients, one of the first such programs in the state.

Today, in addition to an ongoing cardiac rehab program, the institute attracts a wide variety of people who want to improve their health and fitness under the guidance of the

M.D.s, D.O.s, dieticians and exercise physiologists on the institute staff.

Fifty percent of the more than 1,000 people who come to the institute yearly for fitness evaluations are referred by their physicians. Others hear the news through the grapevine and call for an appointment.

THE MEADOW Brook Health Enhancement Institute offers three connected programs: comprehensive fitness evaluations, exercise facilities and intervention programs to give people information on how to change specific lifestyles.

Those who come to the institute can take advantage of any combina-

tion of the institute's programs, but if they wish to use the exercise facility they must first have a fitness evaluation. People who show risk factors or who are over 45 are asked to undergo a treadmill test.

The institute offers two fitness evaluations, one more comprehensive than the other.

FOR \$75, the Health Awareness Evaluation checks the basics — resting blood pressure and skinfold measurements with callipers to determine what percent of body weight is fat.

A computerized health history evaluates risk factors on the basis of family and personal history, and blood studies complete the profile.

"We can tell more a person's risk of coronary artery disease from blood than any other means," Stransky said.

He regards the ratio of cholesterol to high density lipoproteins (HDL) to be the single most important factor in predicting disease.

BOTH CHOLESTEROL and HDL are blood lipids (fats). Cholesterol is bad fat. The AMA recommends keeping cholesterol levels below 200; the institute recommends below 170.

HDL is good fat and increases as a result of regular cardiovascular exercise.

To determine your cholesterol/HDL ratio, simply divide the cholesterol count by HDL. The institute re-

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Getting to the heart of a treadmill test

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So what it's like to tackle a treadmill test at the Meadow Brook Health Enhancement Institute.

My curiosity is tempered by just a hint of anxiety as I put on shorts and jogging shoes in a testing room at the institute. How hard will it be to keep up with the treadmill? How will my "ticker" fare after its regular conditioning in aerobics classes?

The attendant wires me for action by sticking a dozen or so sensors on my chest and arms, each adhesive sensor attached by a cord to the electrocardiogram in the corner — a giant electronic octopus with its tentacles stuck on my skin.

The doctor records resting blood pressure in various positions to deter-

mine if I'm likely to feel dizzy during the test. All systems go. The EKG begins beeping and printing out a record of my heart rhythms and registering my pulse. I'm ready for action and adrenaline starts pumping in anticipation; blood pressure rises slightly.

I watch as the treadmill machine begins to roll like a streak of tarmac under bike wheels and I think, "Oh, Lord, so fast," but when I step on, the treadmill sets the no-nonsense brisk pace of walking a young dog who strains ahead and keeps me moving.

I stride along easily and think "piece of cake," as I watch the sure signature my heart writes on the printout sheet. Neat things, hearts, quiet, unassuming little pumps that mind their own business and run for

a lifetime, if we take decent care of them.

The attendant interrupts my reverie in appreciation of hearts to take my blood pressure, which she does every three minutes throughout the test to make sure it rises normally. The doctor monitors the EKG constantly to watch for skipped beats or other irregularities that would indicate the test ought to be stopped. The whole point of the treadmill is put the heart under gradually increasing stress and see how well it performs and whether any irregularities show up.

I stride on. The treadmill turns at the same steady speed but the incline goes up every three minutes. I don't even notice the first few rises so busy am I watching and listening to my EKG with egocentric pride and

trying not to get tangled up in cords as the attendant takes my blood pressure.

I realize I am working harder as I climb simulated hills at a steady clip. Periodically the doctor asks me to look at a chart propped in front of me and to estimate my "perceived level of exertion." I think he also wants to make sure I can still talk. I am working harder now, pulse up from 56 when I began to 140, about as high as it gets during a rigorous aerobics class.

Sweating hard, I concentrate on putting one foot in front of the other. My calf muscles strain and my gluteus maximus is getting a workout on the "pretend" hills.

The adventure of discovering what

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