

# AMA says Atkins diet study not conclusive

Media reports about a small study funded by the Robert C. Atkins Foundation may have created the erroneous impression that the American Heart Association has revised its dietary guidelines. This is not the case.

The study was released as one of over 3,600 abstracts presented at the American Heart Association's annual Scientific Sessions, a forum for the presentation of research pertaining to heart disease and stroke for scientists and physicians. These scientific abstracts do not represent official positions or statements of the American Heart Association.

Here are the American Heart Association's concerns with the study:

- The study is very small, with only 120 total participants, and just 60 on the high-fat, low carbohydrate diet.
- This is a short-term study, following participants for just six months. There is no evidence provided by this study that the weight loss produced could be maintained long-term.
- There is no evidence provided by the study that the diet is effective long-term in improving health.
- A high intake of saturated fats over time raises great concern about increased cardiovascular risk. The study did not follow participants long enough to evaluate this.
- This study did not actually compare the Atkins diet with the current AHA dietary recommendations.

"The American Heart Association has dietary guidelines, rather than a rigid diet. These guidelines, revised in 2000, replaced the Step I and Step II diet, which emphasized fat restriction. The current guidelines, based on the best available evidence, emphasize a healthy dietary pattern rich in fruits, vegetables, whole grains, lean meats, fish and poultry, as well as low-fat dairy products," said Dr. Robert O. Bonow, president of the American Heart Association.

"It is important to note that there is no single 'American Heart Association Diet.' Rather there is a set of guidelines designed to be broad enough to accommodate many different food preferences, as well as to provide specific guidance for individuals with specific conditions."

By way of contrast with this small study, a 12-year Harvard study funded by the National Heart, Lung and Blood Institute was also reported at this meeting. This study of 74,000 women showed that those who consumed more fruits and vegetables were 26 percent less likely to become obese than women who ate fewer fruits and vegetables over the same time period.

"This is a much more compelling study regarding weight control, because it involved many more individuals over a much longer period," said Bonow.

"Bottom line, the American Heart Association says that people who want to lose weight and keep it off need to make lifestyle changes for the long-term," he added. "This means regular exercise and a balanced diet. People should not change their eating patterns based on one very small, short-term study. Instead, we hope the public will continue to rely on the guidance of organizations such as the American Heart Association, which look at all the very best evidence before formulating recommendations."

# Oakwood first with new treatment for varicose veins

Approximately 25 million women and men suffer from a condition called superficial venous reflux, which can cause pain, swelling and varicose veins in the legs. The condition develops when the valves that usually keep blood flowing out of the legs become damaged or diseased. Oakwood Hospital and Medical Center is the first hospital in the area offering a new, minimally invasive procedure to get rid of unsightly varicose veins.

Dr. Jeffrey Miller, co-director of vascular and interventional radiology at Oakwood Hospital and Medical Center performs the VNUS Closure procedure as an alternative to traditional vein stripping surgery.

"It was important to us at Oakwood to offer patients an option that's minimally invasive, without the pain and bruising often associated with more traditional procedures," said Miller. Unlike traditional vein stripping surgery, which requires an incision in the groin, with the VNUS Closure procedure a thin catheter is inserted into the diseased vein through a small opening.

The catheter then delivers radio frequency energy to the vein wall, causing it to heat, collapse and seal shut. Once the diseased vein is closed, other healthy veins take over and empty blood from the legs. Symptoms should improve noticeably following the procedure.

After the catheter is removed, a bandage is applied to the area where the catheter was inserted and the leg must be wrapped typically for a day.

"To ensure a faster recovery, I ask patients to walk often, wear compression stockings for a few days, and to refrain from long periods of standing for a few weeks following the procedure," said Miller.

The entire treatment for either one or both legs is done in one outpatient visit, typically using local or regional anesthesia. It takes only about an hour to perform and patients are back on their feet within a day or two. There is minimal scarring, bruising or swelling following the procedure.

Oakwood has performed four VNUS Closure procedures in the month of October.

All of the patients have been very happy with the results. One male patient said he was "amazed to be pain free just one day after the procedure."

Clinical results indicate that the VNUS Closure procedure can be effective at closing the vein and significantly reducing symptoms. Prior to the VNUS Closure procedure, 85 percent of patients reported leg pain. After six weeks, 94 percent who had the procedure did not report any lingering pain. Two years after the treatment, 90 percent of the treated veins remained closed and free from reflux, the underlying cause of varicose veins.

Miller joined the Oakwood Healthcare System in 1994, after completing a four-year radiology residency and a one-year interventional radiology fellowship. In addition to being a Diplomate of the American Board of Radiology, he received a Certificate of Added Qualification in Interventional Radiology. Miller and Dr. Brent Thompson, are co-directors of interventional radiology at Oakwood Hospital and Medical Center.

Contact Dr. Jeffrey Miller at (313) 593-7292 or at millerj3@oakwood.org. For more information on women's health please visit [www.oakwood.org](http://www.oakwood.org) or call 800.543.WELL.

# Walking good exercise but get the right shoes

With winter just around the corner, many seniors are transferring from the sidewalk to the mall. However, if you're a senior who hasn't started a walking program, you're not confined to the house.

Make sure you're in good health, from head to toe, before lacing up those new walking shoes, said podiatrist Dr. James Duncan of Canton Foot Specialists. Feet and ankles really take a pounding when walking long distances.

"Seniors who are happiest and healthiest are those who exercise," he said. "By starting a walking program, you are doing something good for your health."

But remember, walking and running are two different things.

Make sure that you have the proper shoes and that they fit well. Running shoes are not the best shoes for walking. Look for shoes that can adjust to all types of feet, whether they are flat, have high arches or are wide or narrow.

Critiques - thin, flexible inserts that fit inside shoes to alleviate foot pain and foot imbalance - put one's foot in a biomechanically sound position, he noted. Canton Foot Specialists uses a computerized imaging system to take pictures of feet at rest and in motion to obtain proper measurements for making orthotics. This method replaces the old method of making a cast of the foot to create a mold for orthotics.

Pre-walking stretching is a good idea, said Duncan. "Take your foot and spell out the alphabet - from A to Z before putting your shoes on. That will take you through the range of motion for walking."

For those who want to use ankle weights as a warm-up, he cautioned that seniors with heart problems or arthritis should first consult their doctors. Otherwise, seniors in good health should be able to work with weights without problems.

Seniors with osteoarthritis of the ankle and foot will find that starting a new walking program may initially cause some aches and pains. Taking ibuprofen and getting adequate rest should help. Duncan noted the benefit

if improving one's overall health is an incentive to continue a walking program even if mild pain continues. Fore severe arthritis, supportive devices to limit joint movement that causes pain can be prescribed.

Heel pain, also known as plantar fasciitis, often occurs when seniors embark on a new walking program because their feet aren't used to the full range of motion associated with walking longer distances. Stretching and taking ibuprofen can help ease the pain. If pain persists or gets worse, seniors should seek treatment.

For information about foot and ankle problems, call Canton Foot Specialists at (734) 981-7800.

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