



TrainSmarter

No Juice Before Age 1 Says New Advice from Pediatricians

There's new advice from the American Academy of Pediatrics (AAP). **The group revised its stance from no juice before 6 months old to no juice before one year old.** The AAP's new policy statement in Pediatrics also advises that **daily intake of juice be limited for kids one year and older, as follows:**

- 4 ounces (½ cup) for ages 1–3**
- 4 to 6 ounces (½ to ¾ cup) for ages 4–6**
- 8 ounces (1 cup) for ages 7–18**

The AAP also advises only buying 100% juice (not fruit drinks with added sugar). And, avoid offering juice in a bottle or sippy cup. Why the tough stance? Juice could interfere with infants consuming the milk or formula they need. **Juice also lacks the fiber of whole fruit, is easily overconsumed, can contribute to weight concerns and increases risk of tooth decay, particularly if sipped throughout the day.**

After Cancer, Higher Risk of Severe Heart Attack

Cancer survivors are at increased risk for the most severe type of heart attack and require close attention to their heart health. Researchers at the Mayo Clinic in Rochester, Minn., reviewed data on more than 2,300 patients who suffered this type of heart attack. One in 10 had a history of cancer. "We've watched cancer survivorship increase over the past two-and-a-half decades. But, it has led to new challenges, such as handling of downstream illnesses and side effects to an extent never encountered before," said study senior author Dr. Joerg Herrmann. While the study found that cancer survivors had a higher rate of heart attack, not all of those attacks proved fatal. **Cancer survivors did not have a higher risk of death caused by heart attacks. But they were 3 times more likely to die of non-heart-related causes. After their heart attack, patients with a history of cancer were more likely to arrive at the hospital with cardiogenic shock, where the heart suddenly can't pump enough blood.** These patients were also more likely to receive intra-aortic balloon pump therapy, in which a device is inserted to help the heart pump blood. The need for this treatment may indicate a reduction in the heart's ability to pump blood. **Cancer survivors were also more likely to be hospitalized for heart failure during follow-up.** But those who received proper medical treatment were not at increased risk of dying from heart disease. These patients eventually died from their cancer. "This study supports the importance of cardiologists and oncologists working together to care for these patients."

Widening Waistlines May Raise Women's Cancer Risk

Researchers followed nearly 5,900 Danish postmenopausal women for up to 12 years and found that **abdominal fat was a bigger factor than body weight when it came to the risk of lung and gastrointestinal cancers.** The findings highlight the need for weight management priorities for older women, who are prone to abdominal weight gain, according to study author Line Maersk Staunstrup, a doctoral student at Nordic Bioscience ProScion in Denmark. "It is known that the menopause transition initiates a shift in body fat towards the central trunk area. Therefore elderly women should be especially aware of their lifestyle when they approach the pre-menopause age." Dr. Andrea De Censi, director of medical oncology at Galliera Hospital in Genoa, Italy, said the findings confirm the role that obesity, and particularly insulin resistance, play in several cancers. **"Increases in insulin, resulting from overconsumption of simple carbohydrates such as potatoes, wheat, rice and corn, result in fat accumulation that is specifically visceral and abdominal."** Insulin also has a harmful effect on hormone production, and **excess fat boosts chronic inflammation throughout the body, another risk factor for several cancers.**

To Prevent Colon Cancer, Drink Coffee...even Decaf

The latest—a **few cups a day might avert colon cancer,** the third most common kind of cancer, which kills 50,000 Americans a year. Although bioactive compounds in coffee have been thought to be protective against this common cancer, evidence has been lacking. A new study of 9,000 men and women compared those who had recently been diagnosed with colorectal cancer with healthy controls. **Those who drank one or two cups of coffee per day were 26% less likely to have colon cancer. Those who drank 2.5 or more cups a day had 50% lower risk.** It didn't matter what kind of coffee—the benefit was equal for espresso, instant, filtered and even decaffeinated.



The Hierarchy of Training

Ask any master trainer... "What is the most important thing needed for successful fat loss"—the answer is **always NUTRITION.**

BEFORE I LOSE YOU>>>>

Let me mention a few things. You see I am going to say something blasphemous for the industry. I believe you can out train a bad diet.

Before the purists hang me from the nearest squat rack by my toes- it has been proven. Michael Phelps was quoted as eating 12,000 calories while training for the Olympics. He has since pulled back that number and brought it closer to 8,000 to 10,000 but that is still a lot of food. And it included pancakes, grilled cheese, pizza, and French toast.

So, **can you out train a bad diet? Yes, but you must train like an Olympic athlete or a half crazed maniac.**

However, is there a place in between where you don't have to work out 10 hours a day, still enjoy a dessert or pasta meal from time to time and have a glass of wine here or there? YES.

But if you want to cheat in your nutrition you need to expect the following things-

- You must be patient, if you don't want to eat well, you will have to train harder than most and understand it will not and cannot happen fast.
- You cannot cheat every day, think 80% good 20% cheat.
- You must sleep at least 7 hours per night in a row. Can't do it? Deal breaker. This keeps cravings at bay, it effects all levels of hormones for both men and women, and gives you the energy to train hard when you do train.
- **Water is key.** You must drink at least $\frac{3}{4}$ of your body weight in ounces of water daily and in some cases 1 oz of water for 1 lb of weight. Flush the system = a system that is running well.
- You must lower your stress levels—the stress you impose on your body in a workout is good. The outside sources from life, your job, pressure from family, etc is bad. If you have a stressful life, fat loss is almost impossible.
- You must move daily- we have clients who workout 3 days a week but also sit at a job 8-10 hours a day, drive 3-4 hours of carpool, and then watch 2-3 hours of TV a night for the other 16 hours a day. That is not going to work either.
- When you train you need to train smart. Unless your name is Boris or Brunhilda and the last 4 generations of your family were members of the Hungarian weightlifting team, it is hard to put on muscle. REALLY hard. I will leave the "but Bobby, I get big easily" article for another time.

More muscle mass means more calories burned when you are resting, and the energy you expend in your workouts and throughout the day is part of the bottom line, so training is arguably the best weapon in your arsenal if you are not going to eat well. It just can't be the only weapon.

The Hierarchy of Training (cont'd)

Nutrition is the #1 tool you need to get in great shape, however if you are not going to even give it a shot, you really need to re-prioritize or at least think about why you want to start a fitness routine.

But look at the next tier of the pyramid. Strength training. It is the 2nd most important item on the list and it is the one people usually do last. They go for long walks, ride their bikes and take the dog out for a stroll thinking they are doing something great. Hey something is better than nothing however in this case what is the goal? If the goal is to fit in your jeans, look great in a swimsuit and walk around in a body you feel confident in, well that stroll isn't doing much. And if you aren't going to give nutrition a high priority and you are going to try and out train a poor diet, you need muscle on that frame to burn more calories. You won't get that from a long walk in the neighborhood. People talk about not having the time. 3 hours of strength training a week will outdo hours of steady state cardio every time. Next use the arrows on the left to help you figure out what to do. Determine how many hours you have set aside in your week to work out, and then start at the bottom and work your way up.

It's not rocket science, however, if you don't know where to start, seek out a qualified trainer for help. (i.e. ask him/her where they got certified and if it sounds like something from the back of a magazine run away fast) This is usually where people ask what is the section on High Intensity Interval Training? That is the type of training you do when you get on a bike or treadmill or even just go to track. What do you do? You do sprints, hills or high intensity for 20-40 seconds and then rest. Think sprinting around a track for a half a lap and then walking a lap. Or if you are in the neighborhood instead of just walking around, pick a light post or mailbox that is 60-70 yards away and then go as fast as you can to get to it. Then rest for a minute or two, pick out a new target and repeat 10-12 times. You'll be shocked at the difference.

Look, if you are going to skip out on the nutrition part and still want to give it a good shot

- Be sure you're getting plenty of high-quality sleep
- Next keep your stress in check
- Keep that water coming
- Make sure you're moving your body a lot each day
- And you need to (MUST) strength train a lot to make up for those cheese doodles, lattes and beer.

If you won't change your diet BUT you can make big (I mean gigantic) improvements in the above, you will likely reap decent rewards, because they all work best as a cohesive unit. But you need to be more patient then if you are doing the nutrition part too.

And usually the nutrition kicks in at some point because you realize are doing so many great things for your body and life... why not just give the food part a try? NOW saying no to that dessert tray isn't really so hard.



No Excuses: Exercise Can Overcome the 'Obesity Gene'

Researchers found that **when people carried a particular gene variant that raises obesity risk, regular exercise seemed to reduce the effects of their DNA -- by about one-third.** The gene in question is known as FTO. Studies show that people with a particular variant of the gene have a heightened risk of obesity. But the gene's effects are not huge, or written in stone. Research has found that **people who carry two copies of the FTO variant (one inherited from each parent) weigh about 6.5 pounds more than non-carriers,** on average. The new findings underscore one way to counter the gene's impact: Exercise. **"There are genes that appear to directly impact weight, but the effects are small,"** said lead researcher Mariaelisa Graff, of the University of North Carolina at Chapel Hill. **"You still have a lot of choice over your behavior."** The study results are not exactly surprising, according to Dr. Timothy Church, an obesity researcher who was not involved in the work. **"This shows, once again, that genes are not your destiny,"** said Church. He is a professor of preventative medicine at Louisiana State University's Pennington Biomedical Research Center. Church said **regular exercise is particularly key in preventing excess weight gain in the first place -- and in keeping the pounds off after someone loses weight. Exercise is less effective in helping obese people shed weight,** Church said. **Diet changes are the critical step there.** But the bottom line is that **exercise matters, regardless of your genes,** according to Dr. Chip Lavie, of the John Ochsner Heart and Vascular Institute, in New Orleans. Lavie, who was not involved in the study, pointed to findings from his own research. **"[We] have published data that suggests the main cause of increasing obesity over the past five decades is the dramatic decline in physical activity,"** he said. Gym memberships aside, **Americans these days are less active at work, at home (through housework) and during leisure time. And the benefits of exercise go beyond weight control, he stressed. Physical activity boosts people's fitness levels -- which is critical in preventing heart disease and living a longer, healthier life.** The new findings are based on over 200,000 adults, mostly of European descent, who'd taken part in previous health studies. Graff and her colleagues analyzed information on their weight and exercise habits, and looked at how those factors "interacted" with 2.5 million gene variants. FTO is the gene that is most strongly linked to obesity, Graff said. And overall, her team found, active people who carried the obesity-linked FTO variant appeared more resistant to its effects than sedentary people. On average, **exercise weakened the variant's effects by about 30%,** the researchers reported in the April 27 issue of PLOS Genetics. There were some hints that exercise also affected some other weight-related genes. But the only clear relationship was with the FTO variant, according to Graff. That, she noted, could be related to the broad way the study looked at exercise. The 23% of people who were least active were considered "inactive," while everyone else was deemed "active." Church said he thinks



research into the genetics of body weight will increasingly become useful. If certain gene variants affect people's response to a low-carb diet or aerobic exercise, for example, that could help in "tailoring" weight-loss plans, he suggested. "The science is rapidly evolving," Church said, "and there's still a lot to learn. But I think that's the direction this is going." **Lifelong activity is also important to prevent weight gain, since every extra pound places disproportionate stress on the knees. All the authors emphasized that pursuing a healthy lifestyle is crucial for everyone, not just elite athletes and those who play on school teams.**



Feeling Older? Here's How to Embrace It

The realization that you are getting older can come in waves. You watch movies and point to the actors, saying: “She’s dead. Oh, he’s dead, too.” Your parents move to a retirement community they call God’s waiting room. You hear more snap, crackle and pop in your joints than in your breakfast cereal. In society, youthfulness is glorified and getting older is cast as something to avoid, but as your age increases, your quality of life does not necessarily have to decrease, experts said.

What is ‘old’?

Most people wouldn’t say that a 38-year-old qualifies, but once you pass the median age of 37.8, you may statistically be considered “old,” said Tom Ludwig, emeritus professor of psychology at Hope College in Holland, Mich. Studies show that people start feeling old in their 60s, and a Pew Research Center survey found that nearly 3,000 respondents said 68 was the average age at which old age begins. Daniel B. Kaplan, assistant professor of social work at Adelphi University, said that living to an advanced age was a relatively recent achievement. “The average human life span gained more years during the 20th century than in all prior millennia combined and that the average life expectancy in the US is 79.1.

Gain perspective

Dr. Gayatri Devi, a neurologist at Lenox Hill Hospital in Manhattan, said that **your outlook can make a difference**. She recalled a patient who frequently said, “Old age has an ugly face.” The patient died when she was 84. Another patient, who was 98, told Dr. Devi that when she was younger she looked like the actress Elizabeth Taylor. When the doctor told her that it must be difficult for someone who was once that beautiful to have aged, the patient remonstrated: “What do you mean? Am I not still beautiful?” That patient is now 100.

Diversify your friends

Dr. Devi said a patient who died at 101 had told her to **try to have a friend “from every decade of life.”** He had befriended an array of people, including Dr. Devi’s daughter, who was 12 at the time. **Having friends from multiple generations can help head off the loneliness that can come when others move, die, get sick or are no longer mobile.** “It speaks to an antisegregation of the aged, maintenance of community, as well as keeping in touch with modern advances to prevent being accused of being an old fogey.” Many of the problems that adults face as they get older are unrelated to the normal part of aging. **The quality of your later life is partly under your control. Exercise and proper sleeping and eating habits will help your physical health, which will benefit your mental and cognitive health.** People should prepare for the later stages of their life as they would starting a family or helping a child gain independence. Seek financial advice to help adapt to changes in your income and plan for the costs of health care. Discuss with your family and friends what you expect from old age and what type of lifestyle you desire.

Embrace the positives

Older adults are generally happier and less stressed and worried than middle-aged and young adults. **Although there can be declines in health and income, “the vast majority of older adults enjoy improvements in the emotional aspects of life” because they are more focused on positive information.** Mr. Ludwig said the reality of aging was not as bad as stereotypes would suggest. While you might not be able to do all the things you once did when you were younger — he advises against playing tackle football with teenagers, for instance — there are ways you can compensate by finding other activities that are rewarding. Find something to commit to improving, whether it’s tennis or cabinetry. Mr. Ludwig suggested **focusing on helping others, especially younger people.** Remember, too, that you are not the only one feeling sore or slowing down, he said. “There are millions of Americans waking up with those aches and pains,” Mr. Ludwig said. “What is the alternative to aging? It’s dying young.”

Reject ageist attitudes

Though it is true that as we age, we may gain some weight and lose some of our intellectual abilities, it is no reason to give in to stereotypes about older adults. Advancements in technology have accelerated the stereotype that older people can’t keep up. Leslie K. Hasche, an associate professor at the University of Denver Graduate School of Social Work, said she supported AARP’s “Disrupt Aging” initiative, which seeks to counter social and cultural myths about what it means to be old. “Too often, the myths create barriers or limits, which get in the way of older adults staying connected or pursuing what is meaningful to them.” Various milestones — **birthdays, changes in careers and the deaths of siblings and peers — are reminders of the passage of time, but you should not lose focus on finding meaning and quality in life,** Mr. Kaplan wrote.



You Can Take Steps to Lower Your Breast Cancer Risk

Fear of breast cancer is widespread, yet many women don't realize that adopting protective living habits may help keep it at bay. **The habits described below may also help to ward off other life-threatening ills, like heart disease and diabetes.** Certainly, women have ample reason to worry about breast cancer. The disease is very common. One woman in eight in the United States will develop it in the course of a lifetime. The American Cancer Society estimates that this year 252,710 new cases of invasive breast cancer will be diagnosed, and 40,610 women will die from the disease. Regular screening is touted as the most effective way to reduce breast cancer deaths, although experts continue to debate who should be screened, how often and at what ages. But not nearly enough is said about what women can do on their own to lower their risk of getting breast cancer in the first place. **One of the most important actions is an inaction: not smoking.** The incidence of smoking has fallen significantly in the last half century, yet every day on the streets of New York I still see young women and teenage girls smoking. A decades-long study conducted among 102,098 women in Norway and Sweden found that, **compared with nonsmokers, those who smoked 10 or more cigarettes a day for 20 or more years had a third higher risk of developing invasive breast cancer, and girls who started smoking before age 15 were nearly 50% more likely to get breast cancer.** An editorial in The Journal of Clinical Oncology last year stated that as many as 20,000 women in the United States continue to smoke even after a diagnosis of breast cancer. The authors, Dr. Barbara A. Parker and John P. Pierce of the University of California, San Diego, said **breast cancer patients who quit smoking can add significantly to the benefits of postoperative chemotherapy and radiation.** Another important factor under personal control is weight. As body mass index, or B.M.I., rises, so does a woman's risk of developing breast cancer, especially if she carries much of her excess weight around her waist. **That's because abdominal fat is particularly metabolically active, producing growth factors and hormones, including estrogen, that can stimulate the growth of breast cancer cells.** Dr. Walter Willett, professor of epidemiology and nutrition at Harvard T.H. Chan School of Public Health, told Nutrition Action Healthletter in 2010: **"Probably the single most important thing women can do to reduce their risk of breast cancer is to avoid weight gain in adult life."** Being overweight also **diminishes a woman's chances of surviving breast cancer,** though it is not known whether losing weight after a breast cancer diagnosis enhances a lasting remission. My vote: Don't wait for definitive evidence, since shedding excess weight can reduce the risk of heart disease, diabetes and several other cancers. **A third factor clearly related to breast cancer risk is alcohol.** Women who consume two to five drinks a day are 40% more likely to get breast cancer than nondrinkers. In fact, just one drink a day can raise a woman's cancer risk by about 7%. Alcohol consumption affects the level of sex hormones that increase cancer risk in both premenopausal and postmenopausal women. **Among women already treated for breast cancer, consuming the alcohol equivalent of three or four drinks a week increases the risk of a recurrence, especially for postmenopausal women and women who are overweight or obese.** A drink now and then is not likely to be a problem. As a breast cancer survivor for 18 years, I remain an occasional drinker who has at most two drinks a week and often none. **The diet widely promoted as protective against heart disease also is most effective against breast cancer.** That diet emphasizes fiber-rich vegetables, fruits and whole grains, minimizes protein foods like red meat that are rich in saturated fats, and includes few if any sugar-sweetened foods and drinks. A recent analysis of 15 prospective studies found **the lowest risk of breast cancer among women with the highest intake of fruit and vegetables.** However, the strongest association was found, **not for women who changed their diets after breast cancer, but for those who ate lots of fruit and vegetables early in life and continued to do so as adults.** Especially protective are vegetables and fruits rich in substances called carotenoids, the orange-colored plant pigments that are precursors of vitamin A. These include not just sweet potatoes, carrots and winter squash but also dark-green leafy vegetables like spinach and kale, as well as fruits like cantaloupe and tomatoes. With regard to soy foods, the jury is still out. Although Asian women who consume lots of these foods all their lives have one of the lowest rates of breast cancer, the supposed protective substance in soy – isoflavones — showed no benefit among women who eat a Western diet. And experts caution against taking supplements of isoflavones, a source of high concentrations of plant-based estrogen. It's also best to avoid saturated fats. Although there is no overall link between dairy products and breast cancer risk, high-fat dairy foods like cheese, ice cream and whole milk, which naturally contain estrogen, may shorten the lives of breast cancer survivors.....



You Can Take Steps to Lower Your Breast Cancer Risk (cont'd)

Based on a number of studies, including a 20-year follow-up of young American nurses, the American Cancer Society suggests that **women limit their consumption of red meat (beef, pork and lamb) to two meals a week and greatly limit or avoid processed meats like bacon, sausage, luncheon meats and hot dogs.** Now to a personal favorite: physical activity. Not only can regular exercise help to prevent breast cancer and promote recovery from the disease, it also protects against many other chronic illnesses and can help women achieve and maintain a normal body weight. More than 50 observational studies conducted here and in many other countries have found that **active women have a lower risk of developing breast cancer and lower mortality if they get it. You don't have to become a jock or run marathons to glean protection. Activities like brisk walking are effective, especially if done for an hour a day. But even 30 active minutes a day are better than none.** *Jane Brody NYT*

Read This If You Take Melatonin To Sleep At Night

Melatonin is a very popular sleep aid. It's naturally produced in your body. You don't need a prescription for it and can buy it in gummy form or in a fruity drink. But is it as effective and safe as we think? Natural melatonin, a hormone produced by the pineal gland, helps humans fall asleep — and synthetic melatonin has been available as a sleep aid for nearly three decades. But the synthetic version's effects have not been extensively studied, and since it's classified as a "dietary supplement," it is almost completely unregulated by the FDA. **"Any person in the sleep world will tell you the same thing: melatonin is not harmless, is vastly overused and should not be used as a sleep aid to treat insomnia,"** said Michael Grandner, a sleep researcher at the University of Arizona. Melatonin is meant to reset the body's internal clock — **it's appropriate to use the supplement to counter the effects of jet lag, or help someone sleep if they have an unusual work schedule or suffer from a circadian rhythm disorder. It should not be used for general insomnia.** The proper dosage, according to a seminal 2001 study from MIT, is **0.3 milligrams.** The research was conducted by Richard Wurtman, who pioneered the pharmaceutical use of melatonin as a sleep aid in 1994. **Pills and supplements often sell 10 times that suggested amount in a single dose. This can lead to higher plasma melatonin levels the next day, which can cause a "hangover" effect that leaves users groggy.** According to a 2005 meta-analysis of melatonin studies from MIT, also led by Wurtman, researchers found that the **widely available high doses of melatonin are ineffective.** **"After a few days, it stops working,"** wrote Wurtman, in a press release accompanying the study. When the brain's melatonin receptors are exposed to too much of the hormone, they become unresponsive, he said. **Melatonin may also be unsafe for children.** David Kennaway, the director of the circadian physiology lab at the University of Adelaide in Australia, told Science Daily that the **use of melatonin to treat children's sleep disorders is "rather alarming."** He said there is **"extensive evidence from laboratory studies that melatonin causes changes in multiple physiological systems, including cardiovascular, immune and metabolic systems, as well as reproduction in animals,"** and its effects on children's developing bodies is yet unstudied. **"The word 'safe' is used very freely and loosely with this drug,"** said Kennaway, **"but there have been no rigorous, long-term safety studies of the use of melatonin to treat sleep disorders in children and adolescents."** Even for adults, the unregulated nature of the supplement gives cause for reconsideration. Although synthetic melatonin is **"chemically identical"** to natural melatonin, commercially available supplements **"often contain fillers, inert and other ingredients that may cause effects that would not be expected with natural melatonin,"** Cleto Kushida, a sleep researcher at Stanford University School of Medicine, told HuffPost. **"This is a concern that clinicians should relay to patients, especially since the contents of the supplements are not regulated by the FDA,"** said Kushida. **"And since it's not regulated by the FDA, the long-term effects/consequences have not been studied in a controlled and systematic manner."** So why do people still use it? **"Unfortunately, it's acquired a reputation as a safe, 'natural,' over-the-counter quick-fix for sleep that will be hard to shake,"** said Grandner. That conviction may explain why melatonin is so popular even though it's apparently not that effective. Consumer Reports said **melatonin supplements helped users fall asleep "only 7 minutes faster and sleep 8 minutes longer on average,"** according to a 2013 analysis. And the same report notes that **"about 20% of users in our survey reported next-day grogginess,"** and **recommended that users exercise caution before driving the next day.** **"Melatonin is not an insomnia cure,"** Grandner emphasized. **"The main reasons regular people find it hard to sleep — tossing and turning, ruminating in bed — will not be affected by melatonin."** He suggested that the vast majority of people who struggle to fall asleep would be better served by establishing a consistent routine, practicing good sleep hygiene in the bedroom and getting lots of daytime light exposure. And **for those who do continue to use melatonin, he said to be mindful of the dosage. "A little nudge is as effective as a big push,"** he said. *Huffington Post*



Common Painkillers May Boost Blood Pressure

Nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen may raise blood pressure. "The current findings suggest that the elevated cardiovascular risk with NSAIDs may be partly due to drug-specific increases in blood pressure," said principal investigator Dr. Frank Ruschitzka, co-head of the department of cardiology at the University Heart Centre in Zurich. "Patients with osteoarthritis and arthritis should continue to consult their doctor before taking NSAIDs and clinicians need to weigh the potential hazards of worsening blood pressure control when considering the use of these agents," Ruschitzka added. NSAIDs are among the most widely used drugs in the world, with almost 19% of Americans routinely using at least one NSAID. Warnings on the labels of these drugs caution against possible increases in blood pressure, but there is little evidence on the effects of specific drugs. Meanwhile, 30 million Americans have osteoarthritis, and 40% of those people also have high blood pressure. **Managing high blood pressure in patients with arthritis could prevent more than 70,000 deaths from stroke and 60,000 deaths from heart disease each year.** Researchers compared the effects of the selective Cox-2 inhibitor celecoxib (Celebrex) with the NSAIDs naproxen (Aleve) and ibuprofen (Advil, Motrin). A total of 444 patients treated at 60 different locations in the US were randomly assigned to receive a dose of celecoxib twice a day, a dose of ibuprofen three times daily, a twice daily dose of naproxen, or matching placebos. Of all the patients in the study, 92% had osteoarthritis and 8% had rheumatoid arthritis. All patients either had symptoms of heart disease or were at higher risk for the condition. After four months, celecoxib lowered the patients' average systolic (top number) blood pressure slightly, but ibuprofen and naproxen increased it by 3.7 mm Hg and 1.6 mm Hg, respectively. "While celecoxib and naproxen produced either a slight decrease [celecoxib] or a relatively small increase [naproxen] in blood pressure, **ibuprofen was associated with a significant increase in ambulatory systolic blood pressure of more than 3 mm Hg,**" said Ruschitzka. Further analysis revealed that **the percentage of patients with normal blood pressure who developed high blood pressure was roughly 23% for ibuprofen, 19% for naproxen and about 10% for celecoxib.**

Common Painkillers Tied to Slight Rise in Heart Attack Risk

Commonly used painkillers such as Motrin, Advil and Aleve might increase your risk for heart attack, even in the first week of use. Overall, these drugs and others known as nonsteroidal anti-inflammatory drugs (NSAIDs) increase the risk of a heart attack by 20 to 50%. For most people, however, this represents only a small increased risk -- about 1% a year. Still, "from the viewpoint of public health, even small increases in risk of heart attack are important because use of NSAIDs is so widespread," said lead researcher Michele Bally, epidemiologist at the University of Montreal Hospital Research Center. The increased risk of heart attack associated with NSAIDs was **seen at any dose taken for one week, one month or more than one month.** And the **risk rose with higher doses.** NSAIDs are widely used to treat pain and inflammation from long-term conditions, such as arthritis and other joint diseases. Many people also take them for short-term problems, such as menstrual cramps, fever from a cold or flu or the occasional backache or headache. The study can't actually prove that NSAIDs raise the odds for a heart attack, she noted. "This is an observational study based on drug prescribing or dispensing, and not all potentially influential factors could be taken into account. Although this means that conclusions cannot be made about cause and effect, this study was the largest investigation of its type, and it was based on real-life observations," she said. With that in mind, Bally and her team said prudent use of NSAIDs is called for. **To lower your odds for heart harm, she suggested considering all available treatment alternatives before deciding to treat occasional pain, fever or inflammation. Read the label of NSAID medications and use the lowest possible effective dose.** And the study did not address one very common, less-potent NSAID: low-dose aspirin. Numerous well-conducted trials have found a daily "baby aspirin" can help curb at-risk people's odds for a dangerous cardiac event. Bally and her colleagues analyzed four previously published studies that included a total of nearly 447,000 participants. More than 61,400 people suffered heart attacks. In this type of study, researchers attempt to find common trends within diverse studies. The NSAIDs the researchers studied were ibuprofen (Motrin, Advil); naproxen (Aleve); diclofenac (Voltaren); celecoxib (Celebrex); and rofecoxib (Vioxx). Vioxx was pulled from the U.S. market in 2004 because it increased the risk of heart attack and stroke. **The risk of heart attack linked to NSAIDs was greatest with higher doses during the first month of use. Daily doses of more than 1,200 milligrams (mg) of ibuprofen and over 750 mg of naproxen were particularly harmful within those first 30 days.** "With use of NSAIDs for longer than one month, this heightened risk did not seem to continue to increase even further. In general, **people with heart disease or cardiac risk factors have a greater likelihood of heart attack following NSAID use than patients without these risk factors.** Patients should be aware of their own risk for heart disease and discuss NSAID use with their doctor, Bally said. "People taking these drugs for a chronic painful condition may want to consider whether the benefit of increasing the dose for better relief outweighs a possible increased risk of heart attack," Bally said.

Should You Be Drinking Low-Acid Coffee?

Coffee is one of the most widely-consumed beverages in the world, and there are more benefits to drinking a cup of Joe than the caffeine kick you get on a groggy Monday morning. Research suggests that **drinking coffee is beneficial to your health — it can lower your risk of heart disease and dementia, and is packed with antioxidants that may ward off cancer. But on the opposite end of the spectrum, coffee can also be harmful to those with digestive issues.** Jamie Vespa, MS, RD, says, "Coffee's acidity and caffeine can irritate the stomach and exacerbate symptoms associated with GERD." Vespa **suggests choosing dark-roasted coffees over lighter roasts, because as beans are roasted for longer periods of time they lose some of their natural acidity and caffeine.** Coffee snobs need not roll their eyes — you can cut back on acid and still drink your favorite roast. A new category of low-acid coffees have recently hit the market, and they're far from the burnt, chemically-treated coffees of the past. Producers like trücup use a water and steam process to naturally lower the acidity of their coffee without sacrificing bright flavor — their light roast coffee sits comfortably at a 5.74 pH, compared to most light roast coffees that have a pH level around 5. This brings us to **the other, often overlooked problem with coffee's acidity: Your enamel can take a beating.** Carolyn Cochran, DMD, says, "Coffee is around 5 on the pH scale, and teeth begin to soften or lose minerals around 5.5 pH." Translation? Your daily brew is gradually stripping away at your teeth like paint thinner. The average java drinker probably doesn't have to worry, but excessive coffee consumers or those with dental sensitivities may want to speak with their dentist about other options. **Another option to reduce acid is to try cold brew coffee. During the cold brew process, coffee grounds are steeped in cold water for 12-24 hours and some of the acidity is naturally removed."**

High-Cal Foods May Raise Cancer Risk in Women, Even Without Weight Gain

Women who eat a lot of high-calorie foods may face a slightly higher risk of obesity-related cancers -- even if they remain thin. The study, of more than 92,000 U.S. women, found **those who favored high-calorie, low-nutrient foods had a 10% higher risk of cancers linked to obesity. These include processed foods like chips, fast foods and sweets. The list of malignancies included breast, colon, ovarian, kidney and endometrial cancers.** Obesity is considered one of many risk factors for those diseases. There was a catch, though. **A penchant for high-calorie food was tied to cancer risk only among women who were of normal weight.** Researchers called the findings "novel" and somewhat unexpected. They'd hypothesized that any link between calorie-dense diets and cancer would be strongest among obese women. But the results suggest that **staying trim, alone, is not enough to curb the risk of obesity-related cancers,** said lead researcher Cynthia Thomson. "I think when we say that certain cancers are associated with obesity, people who are normal-weight think, 'So I'm OK,' " said Thomson, a professor at the University of Arizona's Zuckerman College of Public Health. **But being thin doesn't mean you are "metabolically healthy" -- which means having normal blood sugar, cholesterol and triglyceride levels,** for instance. That "metabolic dysregulation" might partly explain the higher cancer risk seen in this study. "That may be true," agreed Marji McCullough, strategic director of nutritional epidemiology for the American Cancer Society. McCullough also pointed to another possibility. **People who eat lots of calorie-laden foods tend to eat few "plant-based foods," including fruits, vegetables, beans and whole grains. That means they'll be low on the fiber, vitamins and other nutrients that may help curb the risk of certain cancers.** What's wrong with calorie-dense foods? By definition, they pack a lot of calories relative to their weight. That's not necessarily bad. "Some are healthful," she said, "like olive oil and nuts." But many calorie-dense foods are relatively low in nutrients. In general, processed foods (chips, crackers and prepared dressings), fast foods (cheeseburgers and pizza), and candy bars fall into that category. McCullough pointed to **the example of pretzels. A person can end up eating a huge bowl of them before feeling satisfied -- downing a lot of calories with little nutritional value.** The new findings are based on more than 92,000 women who were ages 50 to 79 at the outset of the trial. When they entered the study, the women gave detailed information on their eating habits. From that, Thomson's team calculated the calorie-density of each woman's typical diet. Over 15 years, just under 9,600 women developed a cancer that has been tied to obesity -- most often breast cancer, followed by colon cancer. While the study only found an association, **those odds of developing cancer were slightly higher in general among women who favored calorie-laden foods. When the researchers dug deeper, though, the link was only apparent among women who were normal weight. Those who ate the most calorie-dense foods (enough to land them in the top 40%) were 12 to 18% more likely to develop an obesity-related cancer, versus women who ate relatively few of those foods.**

Coconut-Curry Chicken Soup

4 cups water
 3 cups fresh spinach leaves
 1/2 pound snow peas, trimmed and cut in half crosswise
 1 (5 3/4-ounce) package pad thai noodles (wide rice stick noodles)
 1 tablespoon canola oil
 1/4 cup thinly sliced shallots
 2 teaspoons red curry paste
 1 1/2 teaspoons curry powder
 1/2 teaspoon ground turmeric
 1/2 teaspoon ground coriander
 2 garlic cloves, minced
 6 cups fat-free, less-sodium chicken broth
 1 (13.5-ounce) can light coconut milk
 2 1/2 cups shredded cooked chicken breast (about 1 pound)
 1/2 cup chopped green onions
 2 tablespoons sugar
 2 tablespoons fish sauce
 1/2 cup chopped fresh cilantro
 4 small hot red chiles, seeded and chopped, or 1/4 teaspoon crushed red pepper
 7 lime wedges



This soup is pure AWESOMENESS!

Bring 4 cups water to a boil in a large saucepan. Add spinach and peas to pan; cook for 30 seconds. Remove vegetables from pan with a slotted spoon; place in a large bowl. Add noodles to pan; cook 3 minutes. Drain; add noodles to spinach mixture in bowl. Heat canola oil in pan over medium-high heat. Add shallots and the next 5 ingredients (through garlic) to pan; sauté 1 minute, stirring constantly. Add chicken broth to pan, and bring to a boil. Add coconut milk to pan; reduce heat, and simmer 5 minutes. Add chicken, onions, sugar, and fish sauce to pan; cook for 2 minutes. Pour chicken mixture over noodle mixture in bowl. Stir in cilantro and chiles. Serve with lime wedges. **Cooking Light**

You're Only as Full as You Expect to Be

How filling you think a meal will be can affect how much you eat later. The research included 26 people who ate what they were told were two-egg and four-egg omelets on two different mornings. But both omelets contained three eggs. **When people ate what they believed to be the smaller omelet, they said they were much hungrier after two hours, ate much more of a pasta lunch and consumed significantly more calories throughout the day than when they believed they had eaten a larger omelet.**

The findings were to be presented Thursday at a British Psychological Society meeting.

"Previous studies have shown that **a person's expectations can have an impact on their subsequent feelings of hunger and fullness and, to a degree, their later calorie consumption,**" study leader Steven Brown, of Sheffield Hallam University in the United Kingdom, said in a society news release.

"Our work builds on this with the introduction of solid food and measured people's subsequent consumption four hours later, a period of time more indicative of the gap between breakfast and lunch," he said.

Brown said the researchers also measured the food people ate throughout the rest of the day and found that total intake was lower when participants thought they had eaten the larger breakfast.

The researchers also measured levels of ghrelin in the blood. Ghrelin is a known hunger hormone.

"Our data also suggest that **changes in reported hunger and the differences in later consumption are not due to a differences in participants' physical response to the food,**" Brown explained.

"Therefore, memory for prior consumption, as opposed to physiological factors, may be a better target for investigating why expectations for a meal have an effect on subsequent feelings of hunger and calorie intake," he concluded.