HEART MONITOR™

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Featured content

Wearable wellness

Checking reliability, benefits of fitness trackers

By Samantha Lande

Fitness trackers have many of us covered, but are they making us healthier?

This wearable technology — including Fitbit, Garmin Vivosmart and the Apple Watch — monitors physical activity and some of the gadgets also measure heart rate and other vitals such as sleep. In theory, these trackers encourage wearers to increase physical activity, which could reduce one of the most common risk factors for heart attack and stroke: inactivity.

But how much of a boost are these devices giving people?

Wellness trackers "tend to nudge some people into doing more," said Dr. Edward Winslow, a cardiologist and associate professor of clinical medicine at Northwestern University. "If your goal is 10,000 steps and you are at 9,500, you'll walk around the house just to make it. It feeds into a competitive nature for many people, but there is a large drop-off in people who use it."

Often, people will be excited about their new purchase and use it religiously for a few weeks, but then lose interest in it and stop wearing it. Their interest in moving more may also wane.

Getting into a routine and sticking to it is vital, experts say.

The American Heart Association, Centers for Disease Control and Prevention and the Mayo Clinic recommend at least 150 minutes per week of moderate exercise or 75 minutes per week of vigorous exercise to improve cardiovascular health and help combat both stroke and heart disease. Those organizations also recommend muscle-strengthening exercises at least two days per week.

Intensity of exercise also may be important. Dr. Chip Lavie, the medical director of cardiac reha-

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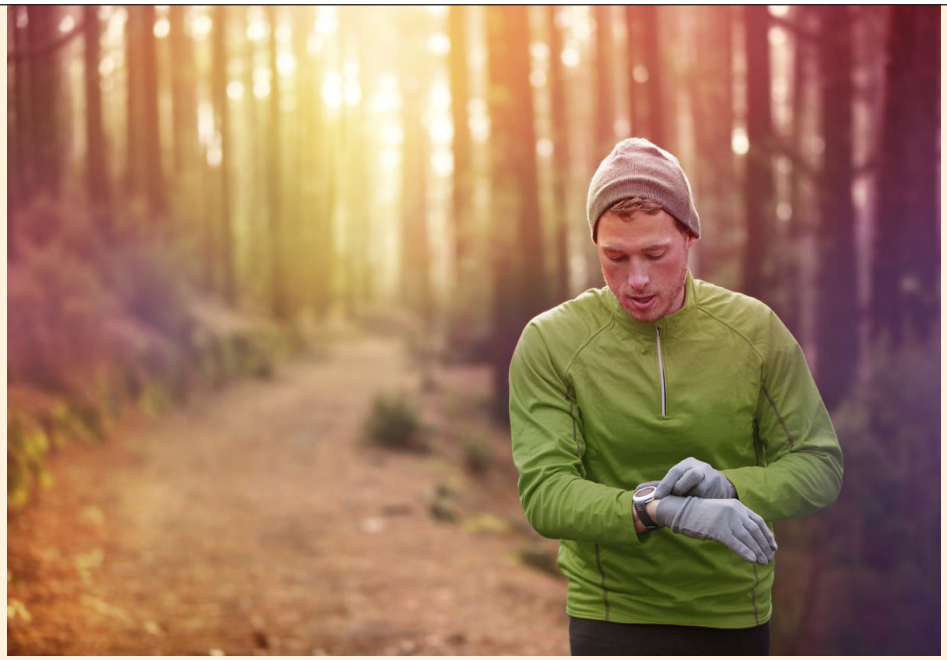
bilitation and preventive cardiology at the John Ochsner Heart and Vascular Institute in New Orleans, interpreted the potential clinical benefits of a Norwegian study by exercise scientist Ulrik Wisloff focusing on the Mio Slice and its personal activity intelligence technology. This particular technology gives a personalized score based on heart rate rather than number of steps.

Lavie's study, which appeared in the American Journal of Medicine, concluded that all exercise wasn't created equal and patients need to raise their heart rate during exercise in order to lower mortality.

The accuracy of the fitness trackers also has been studied.

A study led by researchers at Stanford University and published in the Journal of Personalized Medicine compared seven devices (Apple Watch, Basis Peak, Fitbit Surge, Microsoft Band, Mio Alpha 2, PulseOn and Samsung Gear S2) on the heart monitors' accuracy and the energy expenditure number (i.e. calories burned). The results were favorable for the accuracy of the heart monitors (within the error rate of 5 percent), but the energy expenditure number was wildly inaccurate (20 percent plus) for both high and low impact activity.

Another study, featured in the Annals of Internal Medicine and conducted by researchers at University of Wisconsin-Madison and Loras College in Dubuque, Iowa, tested four devices (Fitbit Surge, Fitbit Charge, MioFuse and Basis Peak) and found the heart rate monitor to



be "relatively poor" when compared to a concurrent reading of an electrocardiograph. The studies show inconsistencies in the devices — too much for many doctors to rely upon at this point.

"There's not enough research right now for full adoption," said Dr. Nieca Goldberg, a cardiologist and the medical director for the Joan A. Tisch Center for Women's Health at NYU Langone Medical Center. "We, as doctors, need to figure out the best way to use these in our practice, do more research and, if useful, roll it out in an organized way."

To really measure success, physicians helping patients understand the data from these devices is vital.

"The most common recommendation we make (to a patient) is writing a prescription — how often and how long you should take something," Goldberg said. "When you counsel patients on exercise, you aren't always specific. If we help patients set goals, these devices can serve as a tool to help them follow the instructions." And give physicians valuable information.

Lavie agrees. "Unfortunately, many physicians, even cardiologists, have not been asking patients about their exercise, not documenting this in the medical record, and not prescribing exercise routinely," he said. "This is being emphasized through many educational programs, and as clinicians and health plans recognize the critical need to implement this, these wearable devices will be increasingly recommended."

Many cardiologists remain hopeful yet realistic about the adoption of these devices. As overall wellness and an understanding of personal health data becomes more important, devices like these have the potential to become a key component in managing activity. It's certainly not one size fits all, but making a difference in even a subset of a population could have good results in the prevention of heart disease.

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Strike a **pose**

Yoga can have heart benefits

By Ari Bendersky

The words "yoga practice" may conjure images of lithe women in their 20s carrying ergonomic mats and insulated water bottles — and of course everything gets posted to social media.

If you're over 50, you may feel like you don't match the yoga lifestyle, but the truth is, yoga truly is for anyone at every age. In fact, incorporating yoga into your daily routine has health benefits, possibly even for your heart.

"One of the real advantages of a yoga practice when it's tailored to the older population is you get the benefits of fitness potential (i.e. strength building, balance), but it also has the contemplative and meditative component," said Kimberly Carson, a certified yoga instructor, health educator at Oregon Health & Science University and the co-author with Carol Krucoff of "Relax Into Yoga for Seniors: A Six-Week Program for Strength, Balance, Flexibility and Pain Relief." "In a lot of ways that allows us as we age to be present in our bodies and to learn to do yoga in a non-reactive way."

Carson teaches mindful yoga, which has similar movements and postures as Hatha yoga, but emphasizes a deeper level of awareness. Mindful yoga instructs practitioners to be more aware of how they're engaging with different parts of their anatomy, balance, weight distribution and more. So, as the name says, you're being more mindful to how your body moves and operates in relation to emotions and thoughts.

"The mindful yoga practice gives the physical body a chance of moving into deeper states of quiet," Carson said, "but also recognizes those patterns that can be toxic to cardiovascular disease."

Carson added that when working with people who have cardiovascular disease or have had a heart attack, they're careful when doing inversions or any position that puts the head below the heart for more than a breath or two. She advised that people ease into a yoga practice if they've had a heart attack, just as they would with cardiac rehab.

One way to accomplish easing in is to seek out a registered yoga teacher who leads chair yoga classes. Andrew Lee, a New Jersey-based yoga teacher, works with many people over 50, especially those who have various medical issues, including arthritis, fibromyalgia and, yes, cardiac-related

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problems.

As the name suggests, chair yoga utilizes chairs — either sitting on or standing behind for support — to help people perform easy yoga poses. Participants can do various poses like seated cat/cow, extended side angle, Warrior I, Tree, spinal twist and others to stretch and in turn increase circulation, detoxify the body, enhance coordination, improve balance and help strengthen and tone muscles, Lee said.

"I teach seniors chair yoga and it's beneficial for heart health because it can help people calm down if they're feeling stress, especially during meditation," Lee said. "When you're relaxed and the body is relaxed, the mind is relaxed."

A 2014 systemic review and random effects meta-analysis of randomized controlled trials published in the European Journal of Preventive Cardiology suggested that yoga may help produce changes in cardiovascular disease. When compared with non-active controls, yoga showed "significant improvement" for systolic blood pressure and LDL and HDL cholesterol, and "significant changes" in body weight, diastolic blood pressure, total cholesterol, triglycerides and heart rate. That said, it also concluded that yoga had no difference over other exercise.

"There is data, although not great, that yoga improves stress relief, cognitive function, overall mobility and strength training," said Dr. Ali Zentner, the medical director of the group of Live Well Exercise Clinics in the Vancouver area. "So maybe there are risk factors, like lowering blood pressure, that yoga benefits. There is data that suggests yoga improves insulin resistance in patients who may have diabetes or type-2 diabetes, which makes sense because the more you move your muscles the more you'll improve how your muscles use sugar."

> *"The word yoga means union and that means looking at the balance between the yin and the yang – in yoga it's called rajasic and tamasic energy."*

Regardless of what the studies show, yoga does help calm the mind, which is a big factor in helping relieve stress. That, in and of itself, can help reduce blood pressure. Meditation is a big part of a yoga practice and 50 percent of people who have a heart attack experience depression afterward, Zentner said. It also helps create balance within your body.

"The word yoga means union and that means looking at the balance between the yin and the yang — in yoga it's called rajasic and tamasic energy," said M. Mala Cunningham, the founder and director of the Cardiac Yoga Program, based in Charlottesville, Va. "Yoga is a union between these two forces to bring the system back into harmony to create a perfect balance. No matter what model of yoga you practice, people can begin to understand the health benefits."

If you do want to start a yoga practice, especially if you've had a heart attack or have cardiovascular disease, you should always consult your medical professional to ensure you're in good enough health to do yoga. And like any exercise, do what feels right to you.

"Listen to your body," Zentner said. "It's OK to hurt a little, but don't push it. The beauty of yoga is it's not a competitive sport. It's about listening to what you can do."

Go low for good health

Walking, biking, rowing offer great benefits

By Lucy Maher

If you're trying to fit into that suddenly snug pair of jeans or hoping to run after your grandkids during this summer's family vacation, you know that exercise is key to whittling your waistline and boosting energy.

It's also essential in the management of heart disease, which each year kills 610,000 of the 28 million people diagnosed with it. To put that into perspective, that's 11.7 percent of the adult population.

"High blood pressure and high cholesterol are two major risk factors that contribute to development of heart disease," said Dr. Victoria Shin, a cardiologist with Torrance Memorial Medical Center in Torrance, Calif. "Exercise has its role in heart health by helping to lower both, as well as offsetting obesity, which also contributes to heart disease."

But for folks dealing with creaky knees, sore backs and atrophied muscles, all possible results of aging, a sprint on the treadmill or a heart-pumping round of tennis may not be in order.

The good news? "Any activity is better than being a couch potato," Shin said. "Any activity that keeps people moving and gets their heart rate up is good."

Exercise doesn't require a break in your routine. Thirty minutes of walking, for example, could be broken up into three 10-minute periods during the workday. If you have a gym membership, but find exercise machines monotonous, break up your session between the elliptical and another low-impact, full-body machine like the rower.

"To gain maximum heart-health benefits, do whole body movements that will increase blood flow," said Los Angeles-based trainer Abby Lauren. "Movements such as simply walking at a brisk pace or walking up stairs using your arms are great examples. Using the whole body by keeping all extremities moving will increase the heart rate faster and more efficiently."

To avoid injury and get the most of your sweat sessions, Lauren recommended adhering to the following tips for these low-impact exercises.

Biking/spinning

First, focus on your position in the seat, or saddle. "When seated, your knee should be directly over your toe," Lauren said, and "your knees and elbows should have a slight bend." Keep your core engaged to protect your back and press your shoulders down and back away from your neck. When pedaling, keep your heels down so your weight is distributed evenly, and resist the urge to tuck your head as this puts a strain on the cervical spine, she said.

Rowing

You may be tempted to lead your motion by pulling the yoke back with your arms and upper body. This is wrong, Lauren said. "Rowing is mostly legs," she added, "using mainly hamstrings. The rest is core and arm strength." On the rowing machine, "always push with the legs first, engaging the hamstrings and gluteus muscles in the back of your legs. Once you get back, pivot your shoulders so they are behind your hips, then use your core and shoulders to pull the bar toward you. Always keep core engaged to avoid hunching the back."

Speed walking

To get the most from speed walking, proper form is key. "Notice your

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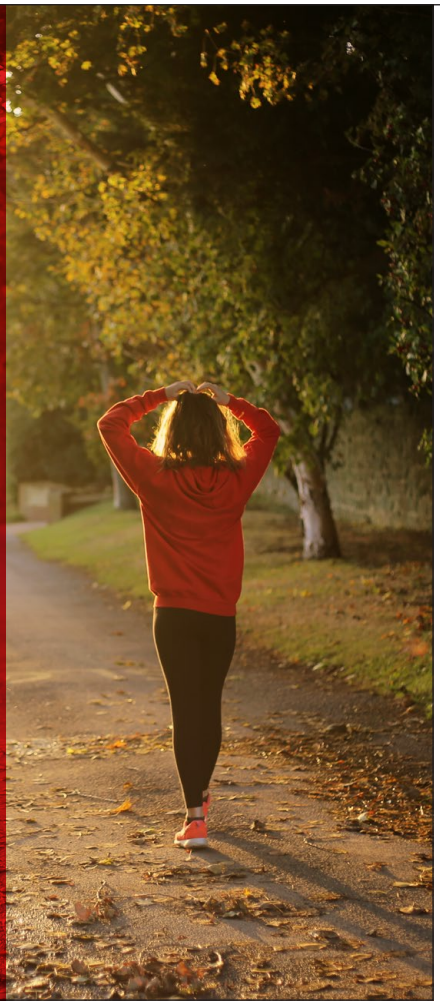
stride and how your toes point," Lauren said. "If they point in or outward, concentrate on aligning them forward." What's more, "you can walk as far as you want and as fast as you want, but if you are not engaging the core and focusing on using the muscles in the back of the leg and front, it will not be as beneficial." With each stride, keep your chin up, shoulders down and back, and always keep your core engaged.

Other easy-on-the-joints exercises include moderate incline hiking and even dancing, Shin said. She recommended swimming or aqua aerobics for those with arthritis and musculoskeletal problems.

"For people who would benefit from lowering their blood pressure or cholesterol," she said, "we recommend 40 minutes of aerobic exercise of moderate to vigorous intensity three to four times a week to lower the risk for heart attack and stroke."

Tip of the month

Walking every day is good for your overall health. It allows you to get fresh air, gets your blood pumping and gets you out of your chair and stretching your legs. If you use some sort of wearable technology like a Fitbit or Mio or carry a smart phone in your pocket that has a built-in pedometer, you know tracking your steps can become a bit of a game. If you find yourself hovering around 9,000 steps for the day, get back outside. Take the dog for a walk or go up and down the stairs a few times. Push yourself over 10,000 steps, which many experts recommend for good health.



The marijuana question

Lighting up carries risks

By Ed Avis

As marijuana legalization slowly spreads across the United States, more recreational users rejoice in the freedom to enjoy a few puffs of weed. But while getting high may relax you, it's not relaxing to your heart. Despite not having enough conclusive research, smoking weed could, in fact, also be dangerous to your heart.

"The data we have is mostly from case studies, retrospective studies and observational studies, which is the lowest level quality of data," said Dr. Micah Eimer, a cardiologist and the medical director of the Northwestern Medicine Glenview Outpatient Center in Glenview, Ill. "Nevertheless, all of us seem to agree there is some association of marijuana use with heart attack, possibly stroke and heart failure."

One consequence of marijuana usage that seems indisputable is increased heart rate.

"Marijuana relaxes most people, so many believe it drops their heart rate, but it doesn't," said Dr. Harold Urschel, chief medical strategist for Enterhealth, an addiction treatment center in Dallas. "It actually raises an individual's heart rate between 20 and 100 percent depending on the potency of the marijuana."

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That jump in heart rate, which lasts at least an hour after consumption, can trigger a heart attack. A study at Beth Israel Deaconess Medical Center in Boston in 2000 determined the risk of heart attack jumps 4.8 times in that first hour. To put that into perspective, the study noted that marijuana usage is less dangerous than a spurt of exercise for someone who doesn't normally exercise, but is more dangerous than sex for a sedentary person.

More recently, a French study in 2014 found that nearly two percent of all health complications related to marijuana use that were reported to the French Addictovigilance Network were cardiovascular problems. Of the 35 pot-related cardiovascular problems reported to the network from 2006 to 2010, 20 were heart attacks.

Marijuana may affect heart health in other ways, too, but the data is inconclusive. Eimer noted that tetrahydrocannabinol, the chemical responsible for marijuana's high, seems to trigger effects that can both worsen heart disease and help it. The net effect is simply not yet known.

Smoking marijuana has the added negative effect on your health from the smoke itself, especially since users typically inhale deeply. A study reported in the New England Journal of Medicine in 1988 concluded that smoking marijuana results in five times as much carbon monoxide in the blood and three times as much tar in the lungs as smoking the same amount of tobacco from a filter-tipped cigarette.

But if you're not smoking your pot, is it healthier? Insofar as avoiding the smoke, yes, edibles are better for you. But the other effects are still there.

"There have been cases of edibles causing heart attack," Eimer said.

The data implicating marijuana use in heart problems seems fairly clear, but it's not definitive. Eimer points out other factors may confound the studies, such as use of other drugs, obesity, socioeconomic factors and more.

And some data shows that marijuana may have anti-inflammatory properties, which could help your heart. Zvi Loewy, the chairman of pharmaceutical and biomedical sciences at Touro College of Pharmacy in New York, said his lab has identified anti-inflammatory properties in marijuana such as a reduction of vasoconstriction and prevention of excessive cell apoptosis (cell death).

"The lab is now involved in purification of anti-inflammatory actives from marijuana extracts," Loewy said.

However, despite these shreds of hope, the safest use of weed is probably no use. To drive that point home, Eimer warned: "Stay away from it."

Get your ZZZ's to protect your beats

By Kathleen Furore

There is, it appears, at least some truth to the Irish proverb, "A good laugh and a long sleep are the best cures in the doctor's book" — at least where sleep is concerned. The amount of sleep you get, or don't for that matter, can affect heart health.

"Large studies have shown that decreased sleep leads to a higher percentage of people developing hypertension, MI (myocardial infarction) or stroke," said Dr. Aidan R. Raney, the director of Structural Heart Disease at St. Joseph Hospital in Orange, Calif. "It is pretty much accepted that lack of sleep doesn't lead to healthy outcomes."

So how much sleep should we get? Adults should regularly sleep seven or more hours per night to promote optimal health, according to the American Academy of Sleep Medicine and the Sleep Research Society. The two organizations jointly concluded that sleeping less than that on a regular basis could lead to adverse health outcomes, including weight gain and obesity, diabetes, hypertension, heart disease and stroke, depression and increased risk of death.

According to sleep experts, frequently waking throughout the night is not necessarily a reason to panic.

"Sleep is not anesthesia," said Dr.

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Andrew Varga, assistant professor of medicine, pulmonary, critical care and sleep medicine at the Icahn School of Medicine at Mount Sinai Health System in New York. "It is normal for some kind of awakening, but it is also normal to fall back to sleep."

Waking up and remaining awake for more than 15 to 20 minutes at a time, however, can be cause for alarm. "Frequently awakening is not necessarily a sign of an existing problem, but it can predispose you to adverse cardiac events," he explained.

Frequent wakening, for example, can signal problems such as obstructive sleep apnea, a common sleep disorder (often triggered by obesity) that causes the upper airway to be blocked during sleep; breathing usually resumes with a loud gasp, snort or body jerk.

> *"Frequently awakening is not necessarily a sign of an existing problem, but it can predispose you to adverse cardiac events."*

"OSA has been very well documented to increase bad cardiovascular outcomes," Raney said. "It is well correlated with hypertension and (other) changes in the body. This leads to increased risk of stroke, heart failure and coronary disease."

If you have trouble sleeping, try following these tips to get a healthier dose of nightly shut-eye:

Be consistent: Limiting variation in the time you go to bed and wake up can be an antidote to sleep issues, Varga said. "Try to minimize any difference between your week and weekend routines," he added.

Wind down: Allow at lease 30 — preferably 60 — minutes of what Varga called "electronic device freedom" before bed. A backlit screen, with its blue spectrum wavelength, stimulates cells behind the eyes, which in turn signal the hypothalamus to wake up. "The brain is getting mixed signals," he said.

Avoid stimulation: People with sleep problems should avoid TV, caffeine, nicotine and alcohol before bedtime, Raney said.

Get help: "If you think you have a problem sleep disorder like insomnia or sleep apnea, it really should be addressed — so see a sleep physician," Varga concluded.

Recipe Rescue

Indian Curry

Indian curries made with ghee (clarified butter), coconut milk or cream are seductively rich and undeniably delicious — but they're often high in saturated fat, calories and sodium.

The American Heart Association advises to choose curries with a vegetable or dal (a pulse of dried lentils, peas and beans) base instead. The health organization also advises choosing chicken or seafood over beef or lamb.

The Kansas City Star's Indian-Inspired Slow Cooker Chicken uses reduced-sodium broth, no-salt-added tomatoes and with fat-free or light sour cream for a touch of richness.

Curry may rhyme with "hurry," but curries actually lend themselves to preparation in the slow cooker.

Preparation tip: Spices are critical to this dish. It's important to use the freshest available. Curry is a complex mixture of herbs and spices, most often including coriander, cumin and turmeric, as well as fresh or dried chiles. If you shy away from curry because of its implied heat level, rest assured this one is flavorful but mild.

Serving tip: Serving basmati rice would be typical with this type of entree, but whole-grain brown rice adds more fiber.

Indian inspired slow cooker chicken

Makes 6 servings

Nonstick cooking spray

- **1 medium yellow onion, diced**
- **1 teaspoon dry minced garlic**
- **2 tablespoons brown sugar**
- **2 teaspoons chili powder**
- **1 teaspoon ground coriander**
- **1 teaspoon turmeric**
- **1 teaspoon ground cumin**
- **1/2 teaspoon ground cinnamon**
- **1/2 teaspoon salt**
- **1/4 teaspoon coarse ground black pepper**
- **1 (14.5-ounce) can no-salt-added diced tomatoes, with liquid**
- **1 cup reduced-sodium chicken broth**
- **1 1/2 pounds boneless, skinless chicken breast or boneless chicken thighs**
- **1 cup fat-free or light sour cream**
- **3 tablespoons chopped fresh cilantro**
- **1 1/2 cups cooked basmati or brown rice**

Spray the interior of a 4-quart slow cooker with nonstick cooking spray.

Place onion, garlic, brown sugar, chili powder, coriander, turmeric, cumin, cinnamon, salt, pepper, diced tomatoes and chicken broth in the crock. Stir to combine well. Submerge chicken pieces into sauce until covered. Cover slow cooker and cook on low for about 4 hours or until a meat thermometer registers 165 degrees.

Stir in sour cream until blended and heat for about 10 minutes to heat through. Sprinkle with cilantro. Serve over cooked rice.

Per serving (based on boneless breasts, fat-free sour cream, basmati rice): 250 calories (9 percent from fat), 3 g total fat (1 g saturated), 70 mg cholesterol, 25 g carbohydrates, 33 g protein, 307 mg sodium, 2 g dietary fiber.

—Recipe developed for The Kansas City Star by professional home economists Kathy Moore and Roxanne Wyss.

HIV and heart attacks

Cardiovascular problems latest threat to those with virus

By Meredith Cohn
Tribune News Service / The Baltimore Sun

People infected with HIV can now live long, healthy lives — so long as they don't have a heart attack.

Cardiovascular problems among HIV patients are emerging as the latest threat they face and a major challenge for medical experts, whose success using antiretroviral drugs to prolong patients' lives has given rise to new risks.

"When I first started taking care of patients in the 1980s they virtually would all die, but now they're living and getting complications from the disease, the most prominent of which is cardiovascular disease," said Dr. Anthony S. Fauci, director of the National Institute of Allergy and Infectious Diseases.

Fauci said the search is on for a consistent method to stave off heart attacks and strokes in those with HIV. A promising avenue may be adding a daily lipid-lowering drug to the mix, even in patients without the usual signs of trouble such as high cholesterol or high blood pressure.

To test the idea, the National Institutes of Health has lined up about 100 hospitals, academic centers and health facilities around the globe — including the University of Maryland and Johns Hopkins Medicine in Baltimore — to take part in a long-term study that will provide a drug known as pitavastatin to HIV patients without signs of cardiovascular disease to see if it prevents heart problems.

Pitavastatin is used routinely in heart patients to lower cholesterol and has proven safe to take with HIV medications. Doctors such as Fauci already had been giving it to their healthy HIV patients assuming it would help them not only by keeping high cholesterol at bay but by also lowering HIV-associated inflammation that can cause plaque buildup in the blood vessels.

However, there is no solid scientific evidence the statin works in healthy HIV patients, Fauci said.

The REPRIEVE trial, which stands for Randomized Trial to Prevent Vascular Events in HIV, will follow patients for an average of four years each. They will come in a few times a year for tests at participating facilities.

Hopkins hopes to recruit 75 to 100 people, and already has about three dozen in the NIH trial, one of many on HIV/AIDS by researchers there, said Jamilla Howard, a research nurse for the AIDS Clinical Trials Group and the HIV Prevention Trials Network at Hopkins. The patients will come from various health facilities in the region and get extra screening for heart disease.

> *"When I first started taking care of patients in the 1980s they virtually would all die, but now they're living and getting complications from the disease, the most prominent of which is cardiovascular disease."*

Stacey Scott, a 45-year-old East Baltimore mother, didn't hesitate to enroll in the study when she learned about it from her Hopkins doctor, Dr. Christie Basseth, who has been caring for her for a dozen years.

"I have HIV and a history of heart disease in my family, and if they want to spend the four years making sure my heart is good, I'm all for it," Scott said.

She wouldn't always have been interested in taking another pill. Scott was devastated to learn she had the

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virus in 1994 but quickly abandoned her regimen HIV medications because they made her feel sick.

The virus soon took its toll; she developed full-blown AIDS. Considering the effect on her young son if she died and learning about a new generation of medications moved her to "straighten up."

She now religiously takes an antiretroviral drug and a study pill each morning. And though it's not always comfortable for her, she forces herself to speak to the young women in her neighborhood about the dangers of drug use and promiscuity.

There were 39,513 new diagnoses nationally in 2015, according to the U.S. Centers for Disease Control and Prevention. There are about 1.2 million people living with HIV across the country, though 1 in 8 don't know they have the virus. Experts say the untreated HIV not only causes harm to those infected but also allows the virus to be easily spread.

About 6,700 people die from HIV and AIDS in the United States each year, making it a top 10 killer for those age 25 to 44. Most infected people die of related problems like cancers, infections and heart attacks.

Previous research on HIV by Dr. Matthew Feinstein, a cardiovascular disease fellow at Northwestern University Feinberg School of Medicine, showed that heart disease was being vastly underestimated in HIV patients.

The risk of a heart attack is one and a half to two times higher in an HIV patient than a healthy person. Feinstein found the virus was still having this profound affect even when it was suppressed by medications.

The effect could not be attributed to patients living longer and suffering from the same health conditions as other Americans with poor diet and exercise habits, though aging does play a role. Feinstein said it likely has more to do with chronic inflammation spurred by HIV that is harming the body's vessels.

"There seems to be an accelerated risk of developing plaque in the arteries including heart arteries," Feinstein said. "It leads to an earlier manifestation of heart disease."

Cholesterol drugs reduce cholesterol and inflammation to some extent, said Feinstein, though the degree to which it does has been debated. He said some of his other research has shown that taking a statin can lower risk when the risks of a heart attack are high, but not much when there are few risk factors. That is why many doctors do not offer the medications to younger, relatively healthy people.

That is also why the large NIH study will be useful, said Feinstein, who will be keeping tabs on the NIH study through Northwestern, which also is participating in the trial.

So will Dr. Michael Horberg, director of HIV/AIDS at Kaiser Permanente and past chair of the HIV Medicine Association. He does not normally offer a cholesterol drug to his HIV patients and said he has found that keeping HIV in check has helped with other HIV-related problems.

"HIV treatment is prevention and it improves quality of life," Horberg said.

But he said some patients have other risk factors, or didn't know they were infected with HIV until the virus had done damage to their bodies. They might benefit more from a cholesterol drug than someone without HIV might.

Horberg said he believes the NIH study could show some healthful effects of taking a cholesterol drug. If it does, he will consider prescribing them more.

Do NSAIDs raise heart disease risk?

Tribune News Service
/ Mayo Clinic News Network

Dear Mayo Clinic: Is it true that taking prescription-strength nonsteroidal anti-inflammatory drugs, or NSAIDs, can increase my risk of heart disease? How much is too much, and should I be concerned about regularly taking over-the-counter NSAIDs?

A: Research has shown that taking NSAIDs can raise the risk of heart disease, particularly heart attacks and strokes. To keep your risk low, if you use NSAIDs, take the lowest dose possible for the shortest amount of time necessary to relieve your symptoms.

NSAIDs are drugs commonly used to treat pain and inflammation. Examples include the nonprescription medications ibuprofen (Advil and Motrin) and naproxen (Aleve). NSAIDs available by prescription include diclofenac sodium (Voltaren and Solaraze) and celecoxib (Celebrex). Although aspirin is considered a type of NSAID, it doesn't appear to be associated with a higher risk of heart attack or stroke.

The risk of heart disease associated with NSAIDs is highest in people who already have a heart condition.

The risk of heart disease associated with NSAIDs is highest in people who already have a heart condition. But it can be a concern in those who don't have heart problems, too. The reason for the connection between NSAIDs and heart disease is unclear. The risk was first uncovered in a clinical research study conducted in 2003. The study looked at NSAIDs called COX-2 inhibitors, and it found that the medications were increasing cardiovascular events. Some drugs were taken off the market as a result of that study.

The COX-2 inhibitor that's now on the market, celecoxib, is formulated differently than those in the 2003 study. The heart disease risk associated with celecoxib is lower than the older COX-2 inhibitors, but it still exists. However, research has shown that celecoxib's heart disease risk is no higher than that of ibuprofen or naproxen. Celecoxib is most often recommended for people with rheumatoid arthritis, osteoarthritis, menstrual cramps and injury-related pain.

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It's available by prescription only.

Although there is a higher risk of heart disease associated with NSAID use, that doesn't mean these medications are unsafe. If you don't have a history of heart problems, it's fine to take NSAIDs occasionally in the recommended doses for short-term pain relief.

NSAIDs become a more significant concern if you regularly use them to treat chronic conditions, such as osteoarthritis or rheumatoid arthritis, over a long period of time. If you take multiple doses of NSAIDs daily for weeks at a time to combat pain due to a chronic illness, talk to your health care provider about an alternative that may be able to keep your symptoms in check without increasing your heart disease risk.

If you have a history of heart disease or other heart problems, talk to your health care provider before you take any NSAIDs, including those you can buy without a prescription. He or she may recommend you use another type of medication, such as acetaminophen, for pain relief that isn't associated with an increase in heart disease risk.

Whenever you visit your health care provider, make sure he or she knows about all the medications you take regularly — both prescription and nonprescription, including NSAIDs and other over-the-counter pain relievers. If you have any concerns about your medications, your provider can help you review the pros and cons, and sort out what's right for your situation.

Finally, when you take NSAIDs, read the label instructions carefully before you take them, and use NSAIDs only as directed. Talk to your health care provider if you have questions about NSAIDs.

A delicious **dose**

Study finds chocolate may reduce risk of irregular heartbeat

By Karen Kaplan
Tribune News Service / Los Angeles Times

Medical researchers have identified a compound that may reduce your risk of a dangerous type of heart rhythm that can lead to strokes, dementia, heart failure and early death.

In a study of more than 55,000 Danish men and women who were tracked for up to 16 years, people who used this compound were up to 20 percent less likely to experience the heart condition. In general, the higher the dose, the lower the risk.

What is this wonder drug? Chocolate.

Chocolate contains flavanols that can prevent the kind of inflammation that can lead to tissue damage.

The researchers, led by Elizabeth Mostofsky, an epidemiologist who studies risk factors for cardiovascular disease at Boston's Beth Israel Deaconess Medical Center, weren't the first to look for evidence that chocolate might prevent some cases of the dangerous heart rhythm, called atrial fibrillation.

In one previous study, researchers were unable to find a link between chocolate consumption and self-reported cases of atrial fibrillation among nearly 19,000 American doctors participating in the Physicians' Health Study. Another group of researchers also struck out when they examined more than 33,000 Americans who were part of the Women's Health Study.

But Motosfsky and her colleagues had reason to believe they would find a connection. Atrial fibrillation is believed to result from the release of certain molecules that ultimately damage heart tissue. That damage changes the way electrical signals travel through the chambers of the heart, causing one's heartbeat to flutter instead of beating in a steady rhythm.

Ingredients in chocolate are known to counteract some of these problems. For instance, chocolate contains flavanols that can prevent the kind of inflammation that can lead

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to tissue damage. They may also counteract the clots that could form when an irregular heartbeat allows blood to pool up in the heart.

So the researchers examined data from the Danish Diet, Cancer and Health Study. Participants enrolled during the 1990s, when they were between the ages of 50 and 64. At the time, they completed detailed questionnaires on the foods they ate and how often they ate them.

By December 2009, the researchers found 3,346 clinically confirmed cases of atrial fibrillation, or AF, among the 55,502 people in the study. They also found a pattern to those cases.

Compared with the people who ate chocolate less than once a month, those who ate it one to three times a month were 10 percent less likely to develop AF. Study participants who ate chocolate once a week were 17 percent less likely to have AF, and those who ate it two to six times a week fared best, with a 20 percent lower risk. For daily chocolate eaters, the risk of AF was 16 percent lower than for people who indulged less than once a month.

Although men were more likely than women to develop AF, the benefits of chocolate were seen in both genders. Among men, the risk was lowest for those who ate chocolate two to six times per week; among women, the risk was lowest for those who ate it just once a week.

The statistical analysis controlled for factors like blood pressure, cholesterol and body mass index that might be linked to both chocolate-eating and AF. All of these results were statistically significant, the researchers reported.

The results were published in the journal Heart.

The authors wrote that their study may have turned out differently than the previous ones because chocolate in Denmark contains more cocoa — the suspected beneficial ingredient — than it does in the U.S. Here, milk chocolate must have at least 10 percent cocoa solids, and dark chocolate must have at least 35 percent. In Denmark, the requirements are 30 percent and 43 percent, respectively.

Another difference is that the new study measured cases of "clinically apparent" atrial fibrillation that were recorded in Denmark's national health records. The American studies relied on self-reports of AF.

Although the study shows a clear link between chocolate consumption and the risk of atrial fibrillation, it doesn't prove that chocolate was responsible for the reduced AF risk. That would require a different kind of study in which volunteers are randomly assigned to eat certain amounts of chocolate, or none at all.

So if you're one of the millions of people who has atrial fibrillation, don't count on chocolate to resolve your medical problem.

Chocolate is full of sugar, fat and calories, Mostofsky warned in a statement. "But moderate intake of chocolate with high cocoa content may be a healthy choice," she said.

Recipe Rescue

Pasta with Spinach, Garbanzos and Raisins

Here's a low-sodium recipe to try tonight.

Yield: 6 servings

- **8 ounces dry bow-tie pasta**
- **2 tablespoons olive oil**
- **4 garlic cloves, crushed**
- **1 cup canned garbanzo beans (chickpeas), drained and rinsed**
- **1/2 cup chicken or vegetable broth**
- **1/2 cup golden raisins**
- **4 cups fresh spinach, chopped**
- **2 tablespoons grated Parmesan cheese**
- **Cracked black peppercorns, to taste**

1. Fill a large pot 3/4 full with water and bring to a boil. Add the pasta and cook al dente, according to the package directions. Drain the pasta thoroughly.

2. Meanwhile, heat the olive oil and garlic in a large skillet over medium heat. Add the garbanzos and chicken or vegetable broth. Stir until warmed through. Add the raisins and spinach. Heat just until the spinach is wilted, about 3 minutes. Do not overcook.

3. Divide the pasta among the plates. Top each serving with 1/6 of the sauce mixture, 1 teaspoon Parmesan cheese and peppercorns to taste. Serve immediately.

Per serving: 316 calories; 7 g fat; 1 g saturated fat; 16 mg cholesterol; 10 g protein; 57 g carbohydrate; 16 g sugar; 4 g fiber; 153 mg sodium; 72 mg calcium

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