

HEART MONITOR™

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Weathering the storm

How to handle the chaotic political climate

By Samantha Lande

The heated political climate can weigh heavily on many people who anxiously await what may happen next.

In the 24-hour news cycle, it's hard to break from the constant stream of overwhelming information and discussing these often-polarizing topics can lead to contentious interactions with family members and friends.

In its August 2017 annual Stress in America Survey, the American Psychological Association examined sources of stress, including the future of our nation and more perennial topics like money woes and work. This year's results found that 59 percent of Americans surveyed considered this the lowest point in U.S. history they can remember.

Sixty-three percent of those sur-

veyed said the future of our nation is a very or somewhat significant source of stress.

All of this stress can cause both mental anguish (anxiety, depression, constant worrying) and also physical symptoms (high blood pressure, headaches, insomnia, stomach issues).

So how can we better deal with stress so it doesn't lead to further health issues like heart disease or stroke?

In today's digital age, we have the potential to access news constantly, which can become all-consuming. While you may not be able to completely cut off the news, you can limit your access to it.

"People are constantly hearing bad news — natural disasters, terrorists, mass shootings, concerns about global warming," said Dr. Gail Saltz, a New York-based psychiatrist and psychoanalyst and

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also a clinical associate professor of psychiatry at the New York Presbyterian Hospital School of Medicine. “That adds to chronic stress levels and a general feeling of anxiety. People are continually scrolling and even though you know intellectually the event doesn’t keep happening, it creates the sensation physiologically that makes you feel like you are in a constant state of danger.”

Those physiological effects can lead to a real impact on your heart. Dr. David Davidson, a preventive cardiologist at NorthShore Health System in Illinois has seen stress manifest in a few ways.

“Stress hormones can cause both the blood pressure to increase and people to gain weight,” he said.

To help reduce stress, Saltz recommends only checking news one or two times daily to stay up to date, but to avoid going down the rabbit hole of anxiety-provoking news.

One positive point to come out of the survey is that 51 percent of Americans say the state of the nation has inspired them to volunteer or support causes they value.

With plenty of organizations that welcome volunteers, pick the cause or issue most important to you or what may be causing you the most anxiety: climate change, gun safety, health care. Local politics is a way for the most impassioned to get involved and make a difference.

“Part of what is stressful is the feeling that you are helpless to change the situation,” Saltz said.

“Doing good gives you both a sense

Relaxation technique

When bad news strikes, it's time to breathe deeply.

The key to deep breathing is to breathe deeply from the abdomen, getting as much fresh air as possible in your lungs. When you take deep breaths from the abdomen, rather than shallow breaths from your upper chest, you inhale more oxygen. The more oxygen you get, the less tense, short of breath and anxious you feel, Helpguide.org says.

Try this technique:

- Sit comfortably with your back straight. Put one hand on your chest and the other on your stomach.
- Breathe in through your nose. The hand on your stomach should rise. The hand on your chest should move very little.
- Exhale through your mouth, pushing out as much air as you can while contracting your abdominal muscles. The hand on your stomach should move in as you exhale, but your other hand should move very little.
- Continue to breathe in through your nose and out through your mouth. Try to inhale enough so that your lower abdomen rises and falls. Count slowly as you exhale.

If you find it difficult breathing from your abdomen while sitting up, try lying down. Put a small book on your stomach, and breathe so that the book rises as you inhale and falls as you exhale.

of control and the positive feelings you get from giving.”

Self-care is extremely important when dealing with any stress to avoid some of the physiological effects like cardiovascular issues, ulcers and high blood pressure. Building things into your daily life like aerobic exercise, meditation or breathing exercises can help relax your body and mind, and thus your heart.

Mindfulness is especially helpful

with anxiety. The meditation app 10% Happier even has specific meditations designed for election stress that are still relevant as people deal with exposure to media and changing emotions in the political climate.

“In addition to trying to stay calm and relax,” Davidson said, “more dedicated programs like transcendental meditation, acupuncture and yoga have been shown to have cardiovascular benefits.” 

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Wintertime blues

Gray skies can affect your heart, but you can take steps to feel better

By Karen Schwartz

Between the glow of the holidays, drinking hot chocolate and seeing happy children building snowmen, winter can offer plenty of joy. But not for everyone. For some, cold weather and lack of plentiful sunshine can lead to a depressed mood and loss of interest in many pleasurable wintertime activities.

Called “seasonal affective disorder” or SAD, this type of depression occurs in other seasons, but is more common during winter, according to the National Institute of Mental Health, a part of the National Institutes of Health, based in Bethesda, Md. Other symptoms of the wintertime pattern of SAD, according to the NIMH, include having low energy, sleeping too much, overeating and weight gain, often due to

craving carbohydrates.

Women get diagnosed four times more often than men, according to the NIMH, as do people who live far north or south of the equator or who have a family history of depression. But what causes some people to experience the blues primarily during the winter months?

People with SAD may have difficulty regulating serotonin, one of the key neurotransmitters involved in mood, according to the NIMH. They may also overproduce the hormone melatonin. As winter days become shorter, melatonin production increases, leaving some people feeling sleepier and more lethargic, thus more prone to developing SAD.

Furthermore, individuals who experience wintertime depression may also produce less vitamin D, which may be associated with depressive symptoms.

People who have SAD may not experience heart-related symptoms, but individuals who already have a problem with their heart may experience some cardiac-related symptoms, said Dr. Angelos Halaris, professor of psychiatry at Loyola University in Chicago, and medical director of the department of psychiatry at Loyola University Medical Center in Maywood, Ill.

“SAD interferes with individuals’ ability to function, to go about their relationships — and all of this is stressful,” Halaris noted. “It shifts the balance of the autonomous nervous system, which consists of the sympathetic and the parasympathetic branches. When a person is under chronic, pervasive stress, this balance is shifted, and that is not favorable for a healthy heart.”

People can take steps to reduce SAD symptoms, like sitting in front

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of a bright light from a 10,000 lux light box for at least 30 minutes before 8 a.m. each day, according to Dr. Paul Desan, head of the Winter Depression Research Clinic and professor of psychiatry at the Yale School of Medicine in New Haven, Conn.

“This should be supplemented with Vitamin D gel caps or capsules,” Desan said, “but you should have a blood sample drawn because too much vitamin D can have side effects.”

Exercise, including yoga and mall walking, can also help with SAD. The goal is to get the body moving to activate parts of the brain that can stimulate you positively, Halaris said.

“The simplest exercise people can do is on a stationary bicycle either at home or in a gym,” Halaris added. “Walking is very important because it releases compounds known as endorphins that convey a sense of well-being and satisfaction.”

Left untreated, SAD can lead to suicidal behavior, Halaris said, so it’s highly recommended that people seek professional treatment if their condition doesn’t improve and possibly get prescribed anti-depressants.

“A mental health professional can assess the full clinical situation and provide a complete treatment plan,” Desan added. 



Resolutions **done right**

Ease into your new gym routine

By Lucy Maher

If you plan to work out in January, you might have trouble finding a parking spot.

That’s because gym visits spike in January, when over-indulgers attempt to exercise away the cookies, cakes and candies they ate over the holidays, resolve to build muscle or whip their bodies into better cardiovascular shape.

But for those who are older or not used to working out, this could spell trouble beyond soreness. Jumping into an exercise regimen without understanding your body’s limits can result in back, shoulder and

knee injuries or muscle strains that, for older folks especially, can take months to heal.

For many, the answer is to start small and gradually progress with your fitness routine.

“Individuals need to build both a base of strength and cardiovascular fitness to sustain their new program,” said Dr. David Kruse, a sports medicine specialist with Hoag Orthopedic Institute in Irvine, Calif. “If they have taken a break from a previous regimen, they need to avoid jumping back into the volume they previously trained at. Having a comprehensive program of both strength training, flexibility, and their

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desired form of cardiovascular activity is important.”

A host of regimens — like jogging, biking or rowing — can boost heart health. But registering for a 10K without having run in years or jumping on a spin bike without knowing the basics can result in sidelining injuries.

Plan to dial back exercise until you reach a point you can safely move to the next level. That might mean running a mile every other day for a couple weeks, then progressing to a mile and a half for a period before doing two miles, and so on. Spinners might want to take a couple beginner classes before saddling up for a full 45- or 60-minute sweat session.

“Taking a step back and gradually working up to their target level is essential to avoid injury,” Kruse said.

While you may want to jump on an array of weight machines, tug on TRX straps or hoist dumbbells during your first trip to the gym, you need to take a few steps before doing so.

Number one, Kruse said, is fine-tuning your form. “One of the most common reasons for injury with strength training is poor technique,” he said. “An individual should make an effort to learn the proper technique for the exercises they are performing.”

Ask your gym if they offer personal training sessions. Many new memberships include one free consultation during which you can talk to a trainer about your fitness goals and ask her to provide you with a well-balanced routine that targets all major muscle groups.

You also want to make sure you don’t overtax your body. Taking

“Taking a step back and gradually working up to their target level is essential to avoid injury.”

days off between strength-training sessions “allows for appropriate recovery, which promotes strength gains and avoids overuse injuries,” Kruse added. Another way to avoid overuse injuries is to combine a strength-training program with cardiovascular work. “This will also provide a fitness base that avoids fatigue and consequent injury,” he said.

Translation: instead of running five miles six days a week, swap one of those days for a long bike ride or

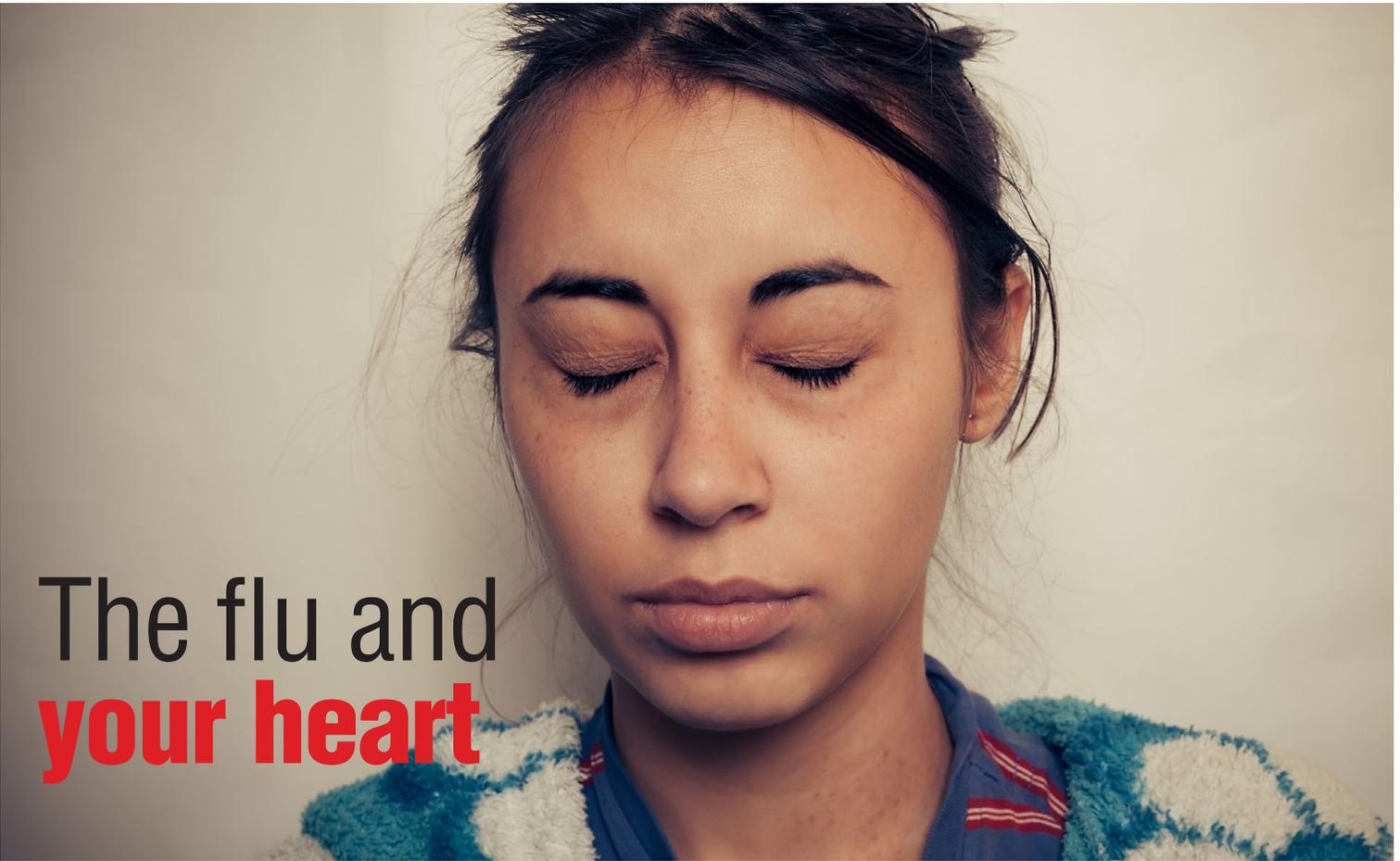
yoga, and filter in strength work so your legs continue to carry you far into old age.

Before you get moving, make sure your muscles are primed for exercise. Snezana Paucinac, an integrative nutrition health coach, said a five- to 10-minute full-body stretch using dynamic stretches that improve range of motion can help prevent injury. These include high kicks, lunges with a twist and jump squats.

Afterward, make sure you are focusing on static stretching.

“During exercise, muscles contract and tears occur in the muscle fibers,” Paucinac said. “While rest time repairs the muscle tissue, it does not lengthen the muscles. Not stretching and tearing the muscle tissue can shorten the muscles over time, which can lead to ‘feeling tight.’ Stretching after workouts also increases our range of motion and increases the flexibility as well.”





The flu and your heart

Virus can cause damage for those with pre-existing conditions

By Kathleen Furore

Flu season is upon us. While the Centers for Disease Control and Prevention says it is tough to predict just how bad this year's flu season will be, one thing is clear: A bout with the flu can do more than relegate you to bed for a day or two. It also can wreak havoc on your heart, especially if you have pre-existing heart problems.

"We think of the flu as a really bad cold that can knock you out of commission for a few days with fevers, chills and muscle aches and maybe some respiratory symptoms," said Dr. Victoria Shin, a cardiologist with Torrance Memorial Medical Center in Torrance, Calif. "In those who are relatively healthy, that may

be all they suffer. However for those with heart disease, the flu can be deadly."

Dr. Mark Peterman, a cardiologist at Texas Health in Plano, Texas, echoed Shin's comments.

"The flu can be lethal in people with pre-existing heart disease due to the additional stress your heart is under when you are ill," Peterman added. "Heart disease, especially heart failure, often causes chronic breathing difficulties and low reserve lung function, so when you add the flu to this, patients can have terrible breathing problems and may need to be on a ventilator."

An influenza infection, Shin explained, can exacerbate underlying conditions such as heart failure, arrhythmias or coronary disease by increasing heart rate, blood pressure

and intrinsic stress hormones called catecholamines. "It's a considerable 'stress test' on the heart, and for those who have little reserve, they may not be able to handle it," she cautioned.

While patients with underlying cardiovascular disease are most likely to suffer flu-related cardiac complications, they aren't the only ones at risk.

"The flu can cause heart problems in healthy people in the form of viral myocarditis, a rare but severe disease where the virus and immune response can damage your heart," Peterman warned.

Myocarditis, which is inflammation of the heart muscle, can so weaken the muscle that it is unable to pump on its own without medications or mechanical support, "sometimes even requiring a heart transplant,"

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Shin said. “Some patients can recover their heart muscle function, but in some it can be fatal.”

Pericarditis (the inflammation of the lining outside the heart) and pericardial effusion (the abnormal build-up of excess fluid between the lining of the heart and the heart itself) are other risks the flu poses, Shin noted. Promptly draining fluid that has accumulated during pericardial effusion is essential to prevent cardiac tamponade, a severe compression of the heart that can be life-threatening.

“In less severe cases, myocarditis or pericarditis can mimic a heart attack with chest pain, shortness of breath and arrhythmias. This can require a long hospital stay for IV medications and monitoring,” Shin added.

According to the CDC, influenza



activity often begins to increase in October and November, usually peaks between December and February and can last as late as May.

That means it isn’t too late to get the flu vaccine. In fact, the CDC recommends ongoing flu vaccination as long as influenza viruses are circulating, even into January or later.

“Because the flu can be lethal in people with preexisting heart disease due to the additional stress your heart is under when you are ill,” Pe-

terman said, “vaccination is strongly recommended for people with heart disease.”

Shin, who gets an annual flu shot herself, agreed.

“Unless you can find a good reason not to get it — and fear of needles should not be a good reason! — everyone should be vaccinated,” Shin stressed. “It doesn’t mean we will prevent every single case of the flu, but it certainly decreases the chances considerably in our favor.” 



Now hear this

The link between loud noises, heart disease

By Ed Avis

Do you work in a loud place, such as a factory or construction site?

That constant noise may be doing more than damaging your hearing — it could lead to coronary problems down the road.

“We found that exposure to loud noise is a risk factor in heart disease,” said Dr. Wen Qi Gan, a senior scientist at the British Columbia Center for Disease Control. “And the longer the exposure, the greater

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the risk.”

Gan led a study at the University of Kentucky College of Public Health that considered the association of exposure to loud noise and the presence of coronary heart disease.

The study, published in 2015 in the journal *Occupational & Environmental Medicine*, included 5,223 people who had participated in audiometry examinations in the National Health and Nutrition Examination Survey from 1999 to 2004.

The key finding in Gan’s study was that people with high-frequency hearing loss in both ears, which is an indicator of prolonged noise exposure, had reported coronary heart disease at about twice the rate of people with normal hearing. And the risk was four times as high for people who were currently employed in jobs in noisy environments.

No association to heart problems was found for low-frequency hearing loss or high-frequency hearing loss in just one ear.

Why does this association exist? The research did not identify that, but Gan speculates the irritation of constant loud noise causes stress, which in turn can set off a chain of physiological responses that contribute to heart disease.

“We’re not really clear about the mechanism, but we already know that psychological stress is a well-established risk factor for heart disease,” Gan said. “And we know exposure to loud noise in the workplace or even at home can cause problems, such as sleep disturbance, so it may serve as an external stressor.”

Gan’s study suggests that wearing hearing protection in a noisy environment may be more important



than previously thought.

“There’s never harm in wearing hearing protection,” said Dr. Jacqueline Moline, chair of the Department of Occupational Medicine, Epidemiology and Prevention at Northwell Health in New York, who also participated in the study. “It will protect your hearing, and if it lessens your risk of heart disease, too, why not do it?”

Gan said that while personal hearing protection can play a role in reducing the risk, limiting the production of noise in the first place is also important.

“Engineering control to reduce the noise in the environment is very important,” Gan said.

What if you’ve already been exposed to constant loud noises for a long time? First, limit your other risk factors, such as smoking, because the association between heart problems and noise was stronger among smokers. And if you notice hearing loss, tell your doctor.

“I would say if you’re under 40 and have evidence of hearing loss, it may be worthwhile to have the doctor

check out your heart,” Moline said.

However, don’t be surprised if your doctor doesn’t make the connection between your hearing loss and heart problems. Cardiologists don’t normally ask if a patient is exposed to occupational noise, said Dr. Allen Taylor, chief of cardiology at Med-Star Heart & Vascular Institute in Washington.

“I spend a lot of time working on associations between heart disease and various risk factors, and I would put noise exposure in the category of nontraditional risk factors,” said Allen, who was not involved in the study. “This is not a typical occupational exposure that physicians pay much attention to.”

Allen explained that traditional heart health risk factors, such as smoking and family history, only explain about one-third to one-half of heart disease cases, so Gan’s study about noise and heart health may fill in some blanks.

“I think there’s more research needed,” Allen said. “But this study goes to building a fuller understanding of heart disease risk.” 

Can optimism boost women's lives?



Study finds positive outlook reduces risk of dying from heart disease, stroke

Mayo Clinic News Network

Women who are more optimistic have a better chance of living longer.

A recent study from Harvard found they have a reduced risk of dying from cancer, heart disease, stroke, respiratory disease, and infection, than women who are less optimistic.

Dr. Richa Sood, an internist at Mayo Clinic who was not involved in the study, says: "There were about 70,000 women in this particular study and what they were trying to figure out was if the women self-reported optimism at a certain point in their life, downstream were they less likely to die if they were more optimistic. They found that there was about a 30 percent reduction in the risk of dying if women were

“*Optimistic people, because they feel that they can make some change, have this philosophy approach that ‘I can do something rather than avoidance.’”*



in the highest quartile for optimism compared to those who were in the lowest quartile.”

Sood says too much stress can often lead to a fight or flight response, which can elevate blood pressure, affecting physical health as well as a person's pessimistic or optimistic approach to a given situation.

“There's a concept of heart rate variability, which is a measure of how relaxed we are. That goes down. That is the cardiovascular link and why we can start having more cardiovascular problems,” Sood says. “That's why optimistic people are less likely to go in that mode because they are not triggering their sympathetic response as much, and they're not really pumping their cortisol as much.”

She adds, in general, optimistic people are less likely to be stressed, because they focus on positive emotions and have some sense of control in situations.

“People who don't find optimism feel they have no control and that life is not going to go well,” says Sood. “Optimistic people, because they feel that they can make some change, have this philosophy approach that ‘I can do something

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rather than avoidance.’ Also, in terms of approach, they are likely to do right things. They are likely to ask for help, from medical facilities, from their friends, or tap into internal resources to get their positive emotions going.”

Self-compassion is another component of optimism. “Women have a lot of self-doubt,” says Sood. “We probably peg our self-worth on things least well done rather than what we do well. So that doesn’t give us the good, positive energy. But if we could focus on ‘I tried my best, pat on the back, I will do better next time,’ that’s optimism, and we are caring for ourselves.”

Also, Sood says research shows

that, during the time of puberty and menopause, when hormonal fluctuations are happening, women are slightly more vulnerable to emotional ups and downs. They have more depression, more anxiety, and more mental illness. So women can be somewhat predisposed to the struggle of finding optimism.

She says women are often caregivers, and when you care for somebody, you’re also likely to worry more.

“Women do multitasking, more worrying, more rumination, more caring,” says Sood. “Many times, women just go like they’re super-women — doing everything for everybody with very little self-care. And there’s a time after which you

are, like what happened here because you kind of go to the edge of the cliff and crash. Then you say, OK, I need help.”

Sood concludes, “One may hypothesize, if women can be optimistic, they are likely to have more incremental benefit in their health outcomes compared to men. Also, optimism is about 25 to 30 percent genetic. So what that means is it can be learned, and there are skills that can increase optimism. So it can be available to everybody who’s interested. That’s probably half the victory when you say, I need help, you know? That’s big, because, a lot of times, we feel that is a sign of weakness to ask for help.”

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White death or **big myth?**

Shaking up what we think we know about salt

By Leslie Barker
The Dallas Morning News

Salt has gotten so complicated. Every time we contemplate lifting the shaker to douse our eggs, each time we glance at a food label or eat a pickle, we feel guilt pangs, hearing echoes of “too much sodium causes (insert negative medical condition here).”

The American Heart Association’s Sodium Reduction Initiative urges us to #BreakUpWithSalt, limiting our average daily intake of sodium to 2,300 milligrams from our current 3,400. (To put this into perspective, a McDonald’s Artisan Grilled Chicken Sandwich and a small order of fries contain about 1,270 milli-

grams.)

The New England Journal of Medicine reported that reducing sodium by 400 milligrams a day could not only save 28,000 lives, it could also save \$7 billion in annual health care costs.

Then we have Dr. James DiNicolantonio, a cardiovascular research scientist who wrote a book called “The Salt Fix: Why the Experts Got It All Wrong — and How Eating More Could Save Your Life.” Too little salt, he says, can lead to weight gain, chronic kidney disease, elevated bad cholesterol and increased blood pressure and heart rate.

So should we try to eliminate it entirely? Why do we need it anyway?

Here’s what red-blooded

Americans need to know about the

white stuff that’s been around since practically the beginning of time (see Genesis).

Not only is this mineral important, it’s “super important for our survival,” says Nancy DiMarco, director of the Institute for Women’s Health at Texas Woman’s University and a professor in the school’s department of nutrition and food sciences.

“It helps to regulate nerve contractions, nerve transitions, muscle contractions and facilitates the uptake of glucose into tissue and muscle. It’s responsible for electrolyte balance, for blood pressure. It’s like water and glucose, which I tell students are important for survival.”

It’s homeostatically regulated.

That’s a fancy way of saying that

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if the sodium level is too high, “our bodies have the mechanism to bring it down,” DiMarco says. “If it’s too low, we have the mechanisms to bring it up.”

In other words, if we have too much salt in our bodies, our bodies get rid of it through urination. Too little, and our kidneys reabsorb it into our bloodstream.

“Sugar won’t do that,” says DiNicolantonio, adding that sugar is more of a dietary culprit than salt. “When you consume more sugar, you crave more.”

The catch is ...

When we’ve consumed so much sodium that this kidney flushing is repeated over and over, our kidneys can get worn out, explains Jane Brody in *The New York Times*. That can result in “increased pressure put on blood vessels and excess fluid surrounding body tissues,” she writes.

That said ...

“I don’t think sodium is the issue,” DiMarco says. “There is an association between excess sodium in the diet and the development of hypertension, but there’s never been cause and effect.”

In his book, DiNicolantonio writes that “there was never any sound scientific evidence” that salt increases blood pressure. But Dr. Wanpen Vongpatanasin, director of the Hypertension Section at UT Southwestern Medical Center, disagrees.

“There are multiple randomized studies that show that lowering salt intake reduces blood pressure in patients with both mild, uncomplicated hypertension and resistant hypertension,” Vongpatanasin, holder of the



Norman and Audrey Kaplan Chair in Hypertension, writes in an email. “Reducing sodium intake has been shown to decrease stiffness of the arteries, which is another major risk factor for stroke and cardiovascular events.”

DiMarco blames Americans’ unhealthy diet in general for the three major causes of death: hypertension, cardiovascular disease and stroke.

“I think we’d go so much further by altering how we eat instead of focusing on a single nutrient like sodium. I get so frustrated with so many of these things that eliminate whole food groups, and when you do that, you eliminate a whole bunch of nutrients you can’t find in other types of food.”

Iodine is a mineral that our bodies need, and it’s in iodized table salt. But when salt started getting a bad rap, people stopped buying it and, thus, were cutting out iodine.

“We have seen since the 1980s that iodine intake has decreased by almost 100 percent,” says DiMarco. She has studied this topic extensively and is in the process of writing a review paper on a study TWU did of 110 women, 90 percent of whom

didn’t know they should be buying iodized salt.

“Our concern is that iodine is super important in the reproductive years, ages 18 to 45,” she says. “In the first three months when the brain develops, it’s absolutely essential the fetus be receiving adequate amounts of iodine because of its connection with cognitive abilities.”

Salt shakers aren’t the problem.

Salt, DiMarco says, has “gotten a bad rap because of where it finds itself, which is in all these processed foods.”

According to webmd.com, 5 percent of the sodium we consume comes from salt added during cooking, 6 percent from salting food at the table and 12 percent from foods that are natural sources of sodium. The remaining 75 percent comes from processed foods.

For example, a half-cup serving of Campbell’s Chicken Noodle Soup has 890 milligrams of sodium, which is more than a third of the recommended daily requirement. And who among us eats only a half-cup of soup?

Eating diets low in salt, DiNicolan-

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tonio says, creates cravings and leads people “to eat all these processed foods to get salt. They should be using real salt on real food.”

Think of salt as a flavor enhancer.

“For the most part, the addition of salt that chefs and cooks do is to enhance flavor already existing,” says Chris LaLonde, culinary coordinator and chef instructor at El Centro’s Food and Hospitality Institute.

“That’s how we think of it, as a flavor enhancer, not a flavor in itself.”

Adds DiNicolantonio: “We’re more likely to eat healthier foods if we add salt.”

But the key may lie elsewhere.

“The answer to everything,” DiMarco says, “is to eat fruits and vegetables. I tell my students the practice of good nutrition is not rocket science.

“It doesn’t take a genius to eat well. You just have to be conscientious and mindful of what you’re putting in your mouth every day.”

Which leads to these tips:

- Eat more fresh fruits and vegetables.
- Check labels. Aim for those with less than 140 milligrams of sodium per serving. Top sources of salt in the American diet, says Nancy DiMarco, are bread and rolls, pizza, cold cuts and cured meats.
- Eat more potassium. “If we could balance our sodium with more potassium, we’d be a lot healthier,” DiMarco says. Good sources include bananas, apricots, spinach and potatoes.
- Cook at home. Restaurant meals usually contain high amounts of sodium. 

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Recipe Rescue

Roasted Poblano and Corn Chowder

By Jill Wendholt Silva
The Kansas City Star

Chowders are hearty, chunky soups. Typically chowders are made with seafood.

Clam chowder, usually thickened with milk, dates back to Colonial times.

The Kansas City Star's Roasted Poblano and Corn Chowder is a simple, healthy soup made with stock, cutting the calories for a typical recipe in half. The chowder is bulked up with roasted corn, potatoes and poblano peppers, a fresh green chili in which the heat and intensity can vary from mild to zippy.

Preparation tips: This soup can also be made with vegetable broth for a vegetarian version, but the color will be darker than if you use chicken.

To peel or not peel the potatoes? It is a matter of flavor preference; either works well.

If you desire more pop, increase the cumin and chili powder to 1 teaspoon.

Roasted poblano and corn chowder

Makes 5 to 6 servings (total yield about 8 cups)

- Nonstick cooking spray
- 2 medium poblano chili peppers, halved
- 1/2 medium red bell pepper
- 2 cups frozen whole kernel corn
- 1 (32-ounce) carton unsalted vegetable or chicken stock
- 1 (12.5-ounce) can no-salt-added diced tomatoes
- 3 medium Yukon Gold potatoes, cut into 1/2-inch cubes

- 2 cloves garlic, minced
- 1/2 teaspoon ground cumin
- 1/2 teaspoon chili powder
- 1/2 teaspoon dried oregano leaves
- Salt and fresh ground pepper, to taste

Preheat broiler. Line 2 sheet pans with aluminum foil. Spray foil with nonstick cooking spray.

Stem and seed peppers. Cut poblano and red bell peppers into quarters and slash if necessary so they lay flat. Place peppers skin side up on one sheet pan. Spray the peppers with nonstick cooking spray. Broil until the skins are dark brown and charred. Remove from broiler and cover the peppers loosely with a cloth towel. Set aside for 15 minutes.

Turn oven to bake and preheat to 425 degrees. Spread the corn in a single layer on the other sheet pan.

Bake, uncovered, about 18 to 20 minutes or until the corn is beginning to brown, stirring midway through the baking time.

Meanwhile, combine stock, tomatoes, potatoes, garlic, cumin, chili powder, oregano, salt and pepper in a Dutch oven. Heat over medium high heat until boiling. Reduce heat to simmer and cook 15 to 20 minutes.

Use the tip of a knife to remove the skin from the peppers. Discard skin and chop peppers. Stir peppers and corn into the soup. Cook 10 minutes or until vegetables are tender.

Per serving, based on 5: 152 calories (12 percent from fat), 3 g total fat (trace saturated fat), no cholesterol, 31 g carbohydrates, 13 g protein, 46 mg sodium, 4 g dietary fiber. 





Hypertension on **the rise**

What to know about new guidelines for evaluating blood pressure

Mayo Clinic News Network

The American College of Cardiology and the American Heart Association announced in November new comprehensive guidelines for evaluating blood pressure that will drastically increase the number of Americans who have hypertension.

The committee that drafted the new guidelines lowered the blood pressure range of what is considered normal. That means people whose blood pressure used to be considered prehypertension, or high normal, will now be considered elevated blood pressure or stage 1 hypertension.

The American College of Cardiology and the American Heart Association estimate that the change will affect more than 31 million Americans.

Dr. Sandra Taler, a Mayo Clinic

nephrologist, was a member of the writing committee that drafted the new guidelines. She says the committee took a data-driven approach based on recent studies to determine that it should lower target blood pressure figures.

“There are now enough studies to support lowering those targets and so the whole definition of high blood pressure has changed,” Taler says. “So, the change is above 120, and systolic – the systolic or the upper number is the key number that more of this is focused on – but 120 systolic and 80 diastolic would be the numbers that people want to know. If your blood pressure is at that level or lower, you have normal blood pressure.”

But the committee changed the guidelines when it comes to blood pressure levels above 120 systolic and 80 diastolic.

“The difference is if you’re between 120 and 129 and still 80 or

lower on the bottom number but your upper number is 120 to 129, that’s now called elevated blood pressure,” Taler says. “It used to be high normal but still had the normal term in it. Now it’s elevated blood pressure. And so that will get people’s attention a little more that, hey, this isn’t normal.”

Taler says the American College of Cardiology/American Heart Association guidelines will recommend people with elevated blood pressure begin making lifestyle changes, like exercising more, consuming less salt and consuming more potassium as part of an effort to lower their blood pressure.

But once people’s systolic blood pressure readings start reaching 130 and above, the new guidelines start calling for more drastic changes.

“The real difference starts at 130,” Taler says. “So, if you have a blood pressure of 130 to 139, that used to also be high normal (or prehypertension). Now, that’s stage 1 hypertension. So that is a change that’s really – you know, everyone always thought of 140 and 90, but now it’s 120 – well, 130 to 139 is stage 1 hypertension. So that’s going to be a big deal.”

But Taler says there is a little bit of nuance in this section of the new guidelines when it comes to how to treat people with stage 1 hypertension.

For those whose systolic blood pressure falls between 130 and 139, the committee is recommending health care providers evaluate a patient’s risk of cardiovascular events or death using an online risk calculator. The health care provider would plug numbers into the risk calculator representing the patient’s age, sex,

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blood pressure, cholesterol, whether they have diabetes, whether they smoke, and several other factors.

Based on how elevated the calculator shows the patient's cardiovascular risk to be, health care providers will decide whether to prescribe the patient blood pressure-lowering medication or recommend they make lifestyle changes similar to those with elevated blood pressure.

"So if somebody has a blood pressure over 130 and over 80 and they have a cardiovascular risk that's elevated – in that 10 percent or higher range – then, we would recommend they start medication at that stage 1 level," Taler says. "If they don't, if that risk is lower, then the recommendation will be lifestyle changes and so there will be more emphasis on starting those lifestyle changes and monitoring the blood pressure to see if it responds to those chang-

es without necessarily going on medication."

The new guidelines also change how systolic blood pressure readings of 140 and higher are classified.

"Then at 140 and higher and at 90 and higher, then it's called stage 2," Taler says. "Now, that used to be stage 1. So, people will say, oh, my – oh, my, you know, this is more severe and, so, that will be a more noticeable change as well, that 140 is now stage 2."

The American College of Cardiology/American Heart Association guidelines recommend patients who have stage 2 hypertension begin taking blood pressure-lowering medications in addition to lifestyle changes.

The American College of Cardiology and the American Heart Association estimate that the changes in the guidelines will affect roughly 31.1 million Americans. Under the previ-

ous guidelines, 72.2 million people, or about 31.9 percent of the American adult population was classified as having hypertension.

Under the new guidelines, roughly 103.3 million people, or about 45.6 percent of American adults will have stage 1 or stage 2 hypertension. That's an increase of 13.7 percent.

Taler says the previous comprehensive guidelines were released back in 2003. She thinks new and updated guidelines were overdue.

"Other groups have done guidelines but nothing comprehensive," says Taler. "So first of all, this is the whole thing – everything from defining high blood pressure to how to evaluate, how to measure blood pressure, lifestyle changes that can help treat the blood pressure, lower it, drug therapy, how to choose drugs, what tests providers should do, all of that." 

Tip of the month

Did you know cold weather can negatively affect your heart health? When it's cold, your heart works harder to pump blood to keep you warm and cold weather can cause changes to your blood, possibly causing clots that can lead to heart attack or stroke. People with coronary heart disease often suffer

angina pectoris (chest pain or discomfort) when they're in cold weather, the American Heart Association notes.

Dress in more layers – put on a warm sweater or sweatshirt, even when you're indoors. Also, stay active inside your home by moving around and prepare warm drinks and soups, stews and tea to keep yourself insulated.

