

MAKE YOUR MORNING
OATMEAL EVEN
HEALTHIER BY ADDING
NUTS AND FRUIT.

new facts about women and cholesterol

THREE MILLION
WOMEN UNDER
AGE 40 MAY HAVE
DANGEROUSLY
HIGH LEVELS.
COULD YOU BE
ONE OF THEM?

by Lynn Prowitt-Smith

If you think you don't have to worry about heart disease until you're your mother's age, you're making a major mistake. Last year, researchers from the University of Maryland announced that the heart health of 3.1 million women under age 40 is at risk because they have high levels of LDL ("bad") cholesterol—that's triple the number who were in the danger zone in 1993. "Heart disease is one of the biggest health threats a woman faces, and she should pay attention to high cholesterol when she's young enough to forestall problems," says James Cleeman, M.D.,

coordinator of the National Cholesterol Education Program (NCEP). In fact, over half of all cases of coronary heart disease, including heart attack, worldwide can be linked to this single risk factor, according to the World Health Organization.

Have millions of women suddenly begun chowing down on pastries, butter and whipped cream? Hardly. The jump is the result of the NCEP's reevaluation of the point where cholesterol goes from healthy to hazardous. While total cholesterol should still be less than 200 mg/dl, research done over the past decade shows that levels of the individual blood

STYLING: AMY BERLIN; HAIR: MICHAEL JOHNSON FOR SARAH LAIRD; MAKEUP: ANNIE ING FOR SALLY HARBOR; MANICURE: CLAUDE DUCHAMP FOR ARTISTS BY TIMOTHY PRANO; NINE WEST SWEATER; SLIPPY BOY SHORTS.

lipids—LDL and HDL (“good”) cholesterol, and triglycerides—are what really determine heart disease risk. LDL builds up in the arteries, leaving you vulnerable to heart attack. Triglycerides, a type of fat in the blood, also damage arteries, while HDL works like an arterial Pac-Man, gobbling up cholesterol and keeping blood vessels clear.

Lipid-lowering medications, while highly effective, aren’t usually the first line of treatment for most young women. No one knows if it is safe to put someone on these drugs at age 25 or 35 when she may need to take them for 40 years or more. Instead, doctors advocate lifestyle changes, which can move cholesterol into the safe zone in about half of people with high levels. Start making improvements now. “If you wait until you’re in your fifties to take action, you’re practically guaranteeing that you’ll experience 20 years or more of artery damage,” says Sharonne Hayes, M.D., director of the Mayo Women’s Heart Clinic.

Fortunately, diet and exercise advice has become less confusing—and less restrictive—as more research has been done. Your primary goal is to reduce artery-narrowing LDL as much as possible—every 1 percent drop translates to a roughly 2 to 3 percent reduction in heart disease risk. But to maximize your heart health, you also want to preserve, or even raise, HDL levels and lower triglycerides. These strategies will help you do just that.

DROP EXCESS WEIGHT. “If you’re overweight, slimming down is probably the single most important lifestyle change you can make to improve your lipid profile,” says Randal Thomas, M.D., a consultant in preventive cardiology at the Mayo Clinic. In one analysis of 65 studies, researchers from the National Heart, Lung and Blood Institute determined

Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

INGREDIENTS: ENRICHED FLOUR (WHEAT FLOUR, NIACIN, REDUCED IRON, THIAMINE MONONITRATE [VITAMIN B₁], RIBOFLAVIN [VITAMIN B₂], FOLIC ACID), PARTIALLY HYDROGENATED SOYBEAN OIL, SUGAR, HIGH FRUCTOSE CORN SYRUP, SALT, LEAVENING (BAKING SODA, CALCIUM PHOSPHATE), SOY LECITHIN (EMULSIFIER), MALTED BARLEY FLOUR.

FOODS MADE WITH PARTIALLY HYDROGENATED OILS ARE SOURCES OF CHOLESTEROL-RAISING TRANS FAT.

that people who shed pounds lower their LDL levels by up to 22 percent, lower their triglycerides by 44 percent and raise their HDL by as much as 27 percent.

GET MOVING. Exercise can indirectly affect cholesterol by helping you slim down, but it also seems to raise HDL and have a modest LDL-reducing effect even if you don’t lose weight. A recent study of heart-disease patients showed that in combination with a low-fat diet, 30 minutes of exercise a day boosts HDL levels in women by 11 percent and helps enhance the diet’s LDL-lowering effect. And researchers at Duke University recently found that working out makes LDL particles bigger—a good thing because small, dense LDL is more likely to clog your arteries. The biggest benefits were seen in people who burned the number of calories equal to running about three miles every day.

BECOME FAT SAVVY. Whole-milk dairy products, fatty cuts of red meat, poultry skin, coconut and butter are all high in saturated fat—the nongenetic factor most responsible for elevated LDL levels. The American Heart Association recommends limiting your saturated fat intake to 7 to 10 percent of your daily calories (that’s 14 to 20 grams for someone eating 1,800 calories a day). But don’t cut back too far on unsaturated fat. Monounsaturated fat (found in olives, olive oil, canola oil, nuts and avocados) and polyunsaturated fat (found in fish and other vegetable oils) may reduce LDL cholesterol levels and raise HDL, or at least keep it steady. Researchers at the Harvard School of Public Health say that replacing 5 percent of calories from saturated fat with an equal amount of unsaturated fat lowers coronary risk by 42 percent.

EAT LESS WHITE BREAD AND SUGAR. For years, the standard cholesterol-lowering advice was to slash fat and consume more carbohydrates. While this strategy will lower your cholesterol overall, it may also reduce your HDL levels and raise your triglycerides. Low HDL and high triglycerides are two heart-disease risk factors that are more significant for women than for men, says Carl Lavie, M.D., medical codirector of cardiac rehabilitation and prevention at Ochsner Clinic in New Orleans. Choosing the right carbs can help you avoid this negative effect. In a study from Brigham and Women’s Hospital in Boston, women with diets high in refined carbohydrates (like white flour and sugar) had HDL levels 10 percent lower and triglyceride levels 76 percent higher than women who mostly ate healthier carbs (fruits, vegetables, whole grains, beans).

Cholesterol Explained

According to new guidelines, it’s no longer good enough to just know your total cholesterol level. The breakdown of LDL, HDL and triglycerides is the best indicator of your risk for heart disease. All people over age 20 need a blood test that measures these components every five years. (Don’t eat for 12 hours beforehand for an accurate result.) Here’s what your levels should be.

	LDL	HDL	Triglycerides
WHAT’S GOOD	Less than 130 mg/dl	40 mg/dl or higher	Less than 150 mg/dl
WHAT’S BETTER	Less than 100 mg/dl	60 mg/dl or higher	Not known
HOW TO IMPROVE	Eat less: saturated fat, trans fat, dietary cholesterol. Eat more: monounsaturated and omega-3 fats, soluble fiber. Lose weight.	Eat less: refined carbs and sugar. Eat more: monounsaturated and omega-3 fats. Exercise, don’t smoke, lose weight.	Eat less: refined carbs, sugar and alcohol. Lose weight.

IMITREX® (sumatriptan succinate) Tablets

Patient Information about IMITREX Tablets for migraine headaches.
Generic name: sumatriptan succinate.

Please read this summary of information about IMITREX before you talk to your doctor or start using IMITREX. No summary can take the place of a careful discussion between you and your doctor. Only your doctor has the medical training and the complete prescribing information necessary to determine if this medicine is right for you. Once you read this summary, you should discuss with your doctor whether IMITREX is appropriate treatment for you and ask any questions you may have.

WHAT IS IMITREX?

IMITREX is the brand name of sumatriptan, a drug intended to relieve your migraine headaches but not to prevent or reduce the number of migraine headaches you experience. IMITREX should be used only to treat an actual migraine attack. IMITREX can be obtained only with a doctor's prescription and should be used by adults only after discussing the choice with your doctor, taking into account your individual preferences and medical circumstances.

HOW DOES IMITREX WORK?

How IMITREX works is not completely understood. IMITREX is a 5-HT₁ agonist that seems to relieve migraine headaches by acting like a brain chemical called 5-hydroxytryptamine, causing some blood vessels in the head that are swollen during a migraine to constrict (that is, to become smaller), which helps relieve migraine headache.

IMPORTANT SAFETY CONSIDERATIONS

Although the vast majority of patients who have taken IMITREX have not experienced any significant side effects, some patients have experienced serious heart problems and, rarely, considering the extensiveness of IMITREX use worldwide, deaths have been reported. In all but a few instances, however, serious problems occurred in patients with known heart disease, and it was not clear whether IMITREX was a contributing factor in these deaths.

Serious events relating to the blood vessels in the head (eg, brain hemorrhage, stroke) have been reported in patients who were taking IMITREX. Some of these have resulted in death; however, the relationship of IMITREX to these events is uncertain. In a number of these cases it appears possible that patients were not experiencing a migraine but rather an event due to blood vessel disease in the head. IMITREX was given in the incorrect belief that the person may have been suffering a migraine. Therefore, you should not take IMITREX if the headache you are experiencing is different from your usual migraine attacks. People who suffer from migraines may be at increased risk of certain blood vessel events in the brain (eg, hemorrhage, stroke, or transient ischemic attack).

Ask your doctor about these and additional safety considerations.

WHO SHOULD NOT TAKE IMITREX?

Some types of migraine headaches should not be treated with IMITREX, and some patients should not take IMITREX because of an increased risk of serious side effects.

■ If you have had a heart attack, stroke, transient ischemic attacks, peripheral vascular disease (including ischemic bowel disease or Raynaud syndrome), or any sort of heart disease or symptoms that are associated with constriction of blood vessels, such as ischemic heart disease, angina, or coronary artery vasospasm, you should not use IMITREX.

■ If you have uncontrolled high blood pressure, you should not use IMITREX.

■ If you are taking certain drugs for depression, talk with your doctor. IMITREX should not be used if you take or have taken within the last 2 weeks monoamine oxidase inhibitors (MAOIs).

■ Your doctor will discuss with you the type of migraine headaches you have. If you have hemiplegic or basilar migraine, you should not take IMITREX. IMITREX should be used only in patients who have been diagnosed by a physician as having migraine with or without aura.

■ Tell your doctor about any other medications you are taking. If you are currently taking any migraine medications that include ergot alkaloids, such as methysergide or dihydroergotamine, or other 5-HT₁ agonists, do not take IMITREX within 24 hours of taking these medications.

■ Do not take IMITREX if you are allergic to sumatriptan or any of the ingredients in IMITREX.

■ If you have severe liver disease, you should not use IMITREX.

WHAT MEDICAL PROBLEMS OR CONDITIONS SHOULD I DISCUSS WITH MY DOCTOR?

■ If you have risk factors for heart problems, you should tell your doctor. Your doctor should examine you for heart disease to see whether IMITREX is appropriate for you. Risk factors include high blood pressure, high cholesterol, obesity, diabetes, and smoking. Other patients with risk factors for heart disease are women who are past menopause (whether natural menopause or menopause resulting from surgery), men over 40 years old, or patients with a family history of heart disease. If you have risk factors and your evaluation for heart disease is satisfactory, your doctor may ask you to take the first dose of IMITREX in the doctor's office.

■ Tell your doctor if you have chest pains, shortness of breath, or irregular heart beats.

■ Tell your doctor if you are taking selective serotonin reuptake inhibitors (SSRIs).

■ Tell your doctor if you have a history of epilepsy or seizures.

■ Tell your doctor if you have liver or kidney problems.

■ Tell your doctor if you have ever had to stop taking any medication because of an allergy or other problems.

USE OF IMITREX DURING PREGNANCY AND BREAST-FEEDING

Do not take IMITREX if you are pregnant, think you may be pregnant, are trying to become pregnant, are not using adequate birth control methods, or are breast-feeding, unless you have discussed this with your doctor.

HOW TO USE IMITREX TABLETS

For adults, the usual dose is a single tablet taken whole with fluids. A second tablet may be taken if your symptoms of migraine come back or if you have partial response to the first dose, but no sooner than 2 hours after taking the first tablet. For a given attack, if you have no response to the first tablet, do not take a second tablet without first consulting with your doctor. Do not take more than a total of 200 mg of IMITREX Tablets in any 24-hour period.

The safety of treating an average of more than four headaches in a 30-day period has not been established.

WHAT ARE THE POSSIBLE SIDE EFFECTS OF USING IMITREX?

Do not rely on this summary alone for information about side effects. Your doctor can discuss with you a more complete list of side effects that may be relevant to you. The most frequently seen side effects are tingling and warm/cold sensations with IMITREX Tablets.

■ Some patients feel pain or tightness in the chest or throat when using IMITREX. If this happens to you, discuss it with your doctor before using any more IMITREX. If the pain is severe or does not go away, call your doctor immediately.

■ If you have sudden or severe abdominal pain after taking IMITREX, call your doctor immediately.

■ Shortness of breath; wheeziness; heart throbbing; swelling of the eyelids, face, or lips; or a skin rash, skin bumps, or hives happen rarely, but if they happen to you, tell your doctor immediately. Do not take any more IMITREX unless your doctor tells you to.

■ Some patients have feelings of lightheadedness, heat, flushing (redness of the face lasting a short time), heaviness, or a feeling of pressure after taking IMITREX. A few patients may feel drowsy, dizzy, tired, sick. Tell your doctor about these effects at your next visit.

■ If you feel unwell in any other way or have any problem that you do not understand after taking IMITREX, tell your doctor immediately.

WHAT SHOULD I DO IF I TAKE AN OVERDOSE?

If you have taken more medication than you have been told, contact either your doctor, a hospital emergency department, or the nearest poison control center immediately.

HOW SHOULD I STORE IMITREX?

Be sure to keep your medicine in an area that cannot be reached by children. It may be harmful to children.

IMITREX Tablets should be stored at room temperature and do not require refrigeration. Do not store above 86°F (30°C) or below 36°F (2°C). Store away from heat and light. If your medication has expired (the expiration date is printed on the label) throw it away as instructed. If your doctor decides to stop your treatment with IMITREX, do not save any leftover medication unless your doctor tells you to do so. Throw it away as instructed.

fitness/health

AVOID TRANS FAT. This artery clogger is as harmful as saturated fat—maybe more so because it raises LDL and lowers HDL, says Ronald M. Krauss, M.D., past chair of the AHA's Council on Nutrition, Physical Activity and Metabolism. Trans fat is found in a wide variety of packaged foods—crackers, baked goods, some cereals, frozen meals, stick margarine, microwave popcorn and fried fast foods—but people have no idea how much they're consuming, says Dr. Krauss. That's because food manufacturers aren't obligated to list amounts on labels, although the FDA may require them to do so sometime this year. Until then, check ingredient lists for the words "partially hydrogenated." Hydrogenation, the process manufacturers use to make vegetable oils in products more shelf-stable, creates trans fat.

KEEP TABS ON CHOLESTEROL.

Cutting back on dietary cholesterol—found only in animal products—will lower your blood cholesterol levels, but not as much as reducing your intake of saturated or trans fat. Still, the AHA says you should eat less than 300 milligrams a day. A high-cholesterol diet seems to chemically alter LDL in the blood so that it's more likely to lead to arterial plaque buildup, according to a recent study from the USDA Human Nutrition Research Center on Aging at Tufts University. When you limit saturated fat, you usually reduce your cholesterol intake too, but not always. For example, eggs (213 mg of cholesterol each) and shrimp (129 mg in three ounces) are both low in saturated fat. That means they can be part of a heart-healthy diet, as long as you don't go overboard.

EAT MORE OATS AND BEANS. The cholesterol-zapping ingredient in these foods is soluble fiber, also found in barley, apples and citrus fruits. Every gram of soluble fiber you add to your daily diet will reduce your cholesterol level by about two points, say researchers at the Harvard School of Public Health. Eating beans four or more times a week cuts your risk of heart disease by 22 percent, according to a

study from Tulane University in New Orleans. If that sounds like too much, use a fiber supplement, says Dr. Lavie. "Two tablespoons a day of a psyllium product such as Metamucil will push LDL levels down 5 to 10 percent."

QUIT SMOKING. Women who smoke have HDL levels nearly 14 percent lower than those who don't, according to one study.

RELAX. "Studies show that people have higher cholesterol levels when they're under stress," says Karen Matthews, Ph.D., a professor of psychiatry at the University of Pittsburgh. Stressful jobs appear to be particularly damaging. "Staying organized and practicing relaxation techniques like yoga and meditation can help."

DISCUSS MEDICATION WITH YOUR DOCTOR. Research has proven that statins, the most effective and commonly used cholesterol-lowering medication, can dramatically slash the risk of heart attack in people who are at risk of having one in the next 10 years. Most women under 40 don't fit that profile, says Dr. Lavie. And statins have rare but potentially harmful side effects, such as liver problems or a breakdown of muscle tissue, that may increase with long-term use.

Still, for some young women the benefits outweigh the risks. If your LDL level is 190 mg/dl or above, you may need to start medication in addition to lifestyle changes, no matter what your age, according to Dr. Lavie. You may also need cholesterol-lowering drugs if you have diabetes. Your LDL goal is less than 100 mg/dl—difficult to achieve through lifestyle changes alone—because diabetics have almost the same heart-attack risk as people who already have heart disease. If your LDL is 160 to 189 and you have no risk factors or only one other risk factor for heart disease (high blood pressure, smoking, low HDL or family history of the disease), drug treatment is optional, says Dr. Lavie. Lifestyle changes are almost always the first step, but if your LDL is still high after three months, talk to your doctor about your options. ■