

# HEALTH & FITNESS

## Heart disease: No. 1 killer

BY EVE NEWMAN  
Boomerang Staff Writer

The number one killer of Wyoming residents is heart disease, and strokes are the leading cause of disability in the state.

In Albany County, about 52 people a year die from cardiovascular disease — 37 percent of deaths in the year 2004 — yet coronary heart disease and strokes are among the few diseases that can be prevented or controlled.

The diseases are also expensive to treat. The American Heart Association estimated that heart disease and stroke cost Americans \$394 billion in 2005, and cost Wyomingites \$327.3 million, not including costs associated with lost productivity at work, rehabilitation, and other post-hospital expenses.

“Here in Wyoming, cardiovascular disease carries a heavy cost,” Dr. Brent Sherard, Wyoming Department of Health director and state health officer, said in a press release.

For those reasons, the Department of Health recently released the first statewide plan designed to address preventing and treating cardio-

vascular disease, called the Wyoming Prevention Plan for Heart Disease and Stroke.

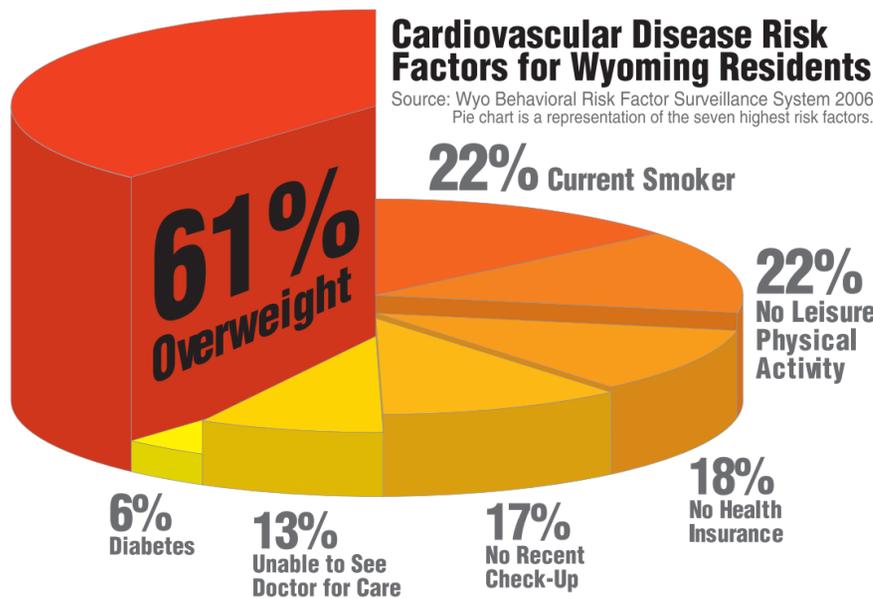
A collaboration between the Wyoming Cardiovascular Disease Coalition and the Wyoming Department of Health’s Heart Disease and Stroke Prevention Plan, it includes goals for the state to achieve by 2010 and ways to promote a healthy lifestyle for Wyoming residents.

Dave Ivester, heart disease and stroke prevention program manager for the Wyoming Department of Health, said the plan is a guide for attacking the disease with the help of a coalition of groups and individuals around the state.

“The coalition is really enthusiastic to get this plan into action and start doing something good for the people of Wyoming,” he said.

As the program gets going, Ivester said it could eventually obtain funding from the Centers for Disease Control and Prevention.

The overarching ambitions of the new program are to help health care professionals and Wyoming communities prevent heart disease, stroke, and other peripheral artery disease; assure rapid, statewide



ELI HENDERSON/Boomerang graphics

access to care; and begin rehabilitation from effects associated with heart disease.

At the same time that Wyoming’s population is growing older, the risk factors associated with cardiovascular disease are affecting younger and younger people,

the report said.

Some of the main risk factors include having high blood pressure or high blood cholesterol, being overweight or obese, not exercising regularly, not eating at least five servings of fruit and vegetables a day, using tobacco, hav-

ing diabetes and not having access to health care or health insurance.

The eight goals for the new plan are to:

- Increase the number of Wyoming citizens who choose to live a healthier lifestyle.
- Provide resources for

professionals and citizens regarding prevention services related to cardiovascular disease.

■ Collaborate with tobacco prevention programs to reduce the burden of smoking-related conditions in cardiovascular disease.

■ Improve the quality of care provided to patients with cardiovascular disease or stroke-related disorders by advocating the use of evidence-based treatment guidelines.

■ Enhance pre-hospital care for stroke patients.

■ Identify strategies that enhance the quality of life for people affected by cardiovascular disease.

■ Focus on ways to reduce disparities and other issues, and improve access to health-care related to the disparities of people affected by heart disease, stroke and peripheral artery disease.

■ Enhance the capacity of the Wyoming Cardiovascular Disease Coalition and other concerned individuals and organizations that advocate for priority heart disease and stroke-related issues.

For more information, visit [www.health.wyo.gov/phsd/heartdisease/index.html](http://www.health.wyo.gov/phsd/heartdisease/index.html).

## Studies: Dozing can reveal stroke risk

BY MARILYNN MARCHIONE  
AP Medical Writer

NEW ORLEANS — What do mammograms, blood-sugar tests and daytime dozing have in common? All may offer clues that someone is headed for a stroke, new studies suggest.

Higher stroke risk was seen in women with artery buildups accidentally revealed by mammograms, in non-diabetics starting to have insulin problems, and in older people who tend to nod off a lot.

People should not panic if they have one of these signs. But if grandma falls asleep in front of the TV all the time, it may be worth checking to see if she has a sleep disorder raising her risk of stroke, doctors say.

Likewise, a test that rules out breast cancer may give a valuable clue to heart disease and stroke risks — if radiologists report the findings to women and their doctors for follow-up.

“You’re getting information in two important areas,” but people often focus on just the cancer risk, Dr. Philip Gorelick, neurology chief at the University of Illinois in Chicago, said. He is chairman of the International Stroke Conference, a medical meeting in New Orleans where the studies were presented Thursday.

Daytime drowsiness may be due to nighttime sleep apnea, a common condition where people briefly stop breathing, causing spikes in blood pressure as they startle awake. Snoring can be a sign, but doesn’t always mean trouble — except for others trying to sleep.

“It’s not healthy because you’re not staying in your normal sleep pattern. You’re waking up many times in the night and in the daytime are tired,” Gorelick explained.

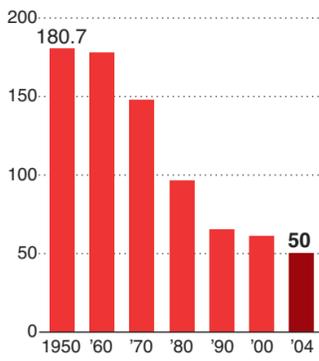
Columbia University researchers led by Bernadette Boden-Albala found that a simple scoring system to evaluate daytime dozing strongly predicted stroke risk. They asked 2,100 people, average age 73, how often they nodded off during specific situations during the day — watching TV, reading, sitting and talking to someone, sitting in traffic, or sitting quietly after lunch.

In the next two years, 40 had strokes and 127 had other blood vessel-related problems such as heart attacks or blood clots in the lungs.

### Deaths decrease

Stroke death rates have decreased 72 percent between 1950 and 2004, but strokes remain the third leading cause of death nationally.

**Cerebrovascular disease death rates (per 100,000 people)**



SOURCE: Centers for Disease Control and Prevention AP

The odds of having a stroke were nearly five times greater among heavy dozers, and nearly three times greater among occasional dozers, compared with people who rarely nodded off. The chances of other vessel-related problems were higher, too.

Unintentional dozing is different from purposely taking a nap, although “we need to look at that” to see if regular siestas also are a sign of poor nighttime sleep, Boden-Albala said.

Frequent dozers should talk with their doctors about being evaluated for a sleep disorder. Possible solutions include a device that helps maintain continuous air pressure, losing weight if they are overweight, and even surgery if the airway is obstructed.

The mammography study was led by medical student Amy Loden and Dr. Paul Dale of the University of Missouri Medical School in Columbia, Mo. They studied calcium deposits in the walls of arteries that supply the breasts, which are different from the calcifications in breast tissue that can signal the presence of a tumor.

“Every time I see one I think, ‘That

woman has a breast full of calcifications. I wonder if her heart looks the same,” said Dale, a cancer surgeon.

He previously published studies tying these artery deposits to a higher risk of heart disease. In the new study, he and fellow researchers found these deposits in 11 percent of roughly 800 women having routine mammograms at their hospital.

Next, they looked at the mammograms of 204 stroke patients and found the deposits in 56 percent of them — five times more often. Greater stroke risk was seen in women of all ages with the deposits, but especially among those in their forties and fifties.

“We’re not saying just because you have these you’re going to have a stroke — it’s just identifying women at risk,” Dale said.

He is starting a new study to see whether calcium deposits can be used to predict who will suffer strokes later, and thinks radiologists should report deposits to doctors so follow-up tests can be considered for stroke and heart disease.

Radiologists usually do not report artery deposits, which are more common as women age, Dr. Carol H. Lee, an American College of Radiology spokeswoman from Memorial Sloan-Kettering Cancer Center in New York, said.

“I don’t know that many radiologists emphasize it, especially in older people,” she said.

“It may be a simple marker” for the risk of a lot of things, Dr. Ralph Sacco, neurology chief at the University of Miami Miller School of Medicine, said.

The third study looked at clues of stroke risk from a different test — HOMA, a ratio of blood-sugar and insulin levels measured after fasting. High scores signal insulin resistance, a condition where the body is not able to effectively use that hormone to turn food into energy, raising the risk of diabetes.

Dr. Tatjana Rundek at the University of Miami led a study of 1,735 non-diabetic people, average age 68, participating in a long-running study of stroke risk in New York, funded by the federal government.

One-fourth had high HOMA scores, and in the next seven years, they had twice the risk of stroke compared to those with low scores.

## BodyBasics

### Lumbar spine news

I made it to San Diego for a conference on the lumbar spine last weekend. There was no time for hanging out at familiar beaches or the Hotel Del Coronado to watch the SEALS train. This was a brief mission of singular purpose. The radiologists who presented the material happened to be chiropractors. We have a three-year residency program in radiology available to chiropractic college graduates that is quite extensive. One chiropractor of note who had completed the course of study is Terry Yochum. He is the instructor in skeletal radiology at the University of Colorado Medical School.

Most of the discussion at the seminar revolved around imaging issues. X-ray is still the basic starting point, as it yields a fair amount of information for relatively little cost or risk to the patient. X-rays have the advantage of showing bony anatomy fairly well, and they are an excellent choice for demonstrating the relationship of the vertebrae and structures in the pelvis in terms of biomechanical considerations.

MRI is the study of choice when doctors are looking for soft tissue changes like disc herniations, cysts, bone marrow changes and things like tumors. MRI works with very strong magnetic fields, and to date, doctors have discovered no ill effects of this technology. MRI is expensive though; I believe a lumbar study in Laramie costs around \$2,000 now. There can be feelings of claustrophobia during these exams. I was told that there is a “stand up” MRI unit somewhere near Boulder, Colo., that allows for weight-bearing images. The effect of gravity on the discs may give a more accurate view of the anatomy versus taking the images while the patient is supine.

CT scans utilize several exposures of ionizing radiation (X-ray)

in successive axial planes. CT is

favored by most when looking for subtle bony changes that may not be apparent on X-ray. Occult fractures can become quite evident with CT.

The latter half of the weekend’s discussion revolved around disc herniations, treatment options and rehabilitation of the patient with a disc herniation. There were a few relatively new findings that were interesting regarding disc herniations.

Disc herniations vary in their size, shape and degree of disruption of surrounding tissue. Doctors are now finding that large

herniated discs in the cervical or lumbar spine that have escaped past the confines of the annular fibers of the disc (the outermost edges) and the posterior longitudinal ligament (next to the spinal cord) actually have a better prognosis. This is because the body is better able to surround the offending material with particular white blood cells whose primary function is phagocytosis (consumption of foreign material). That is to say that the exposed disc material is recognized by the body as a foreign substance and the macrophages digest the herniation. Ultimately with some time, a disc herniation may actually be resorbed by the body. Yet another example of how the body has the ability to heal itself.

The good news to those who have suffered disc herniations is that all is not lost, and you don’t always have to concede to surgery to treat a disc herniation. This seemed to be the case even when patients had significant sciatic pain, reflex deficits in the legs, or even muscular weaknesses associated with a lumbar disc herniation. This was quite different from the information presented 20 years ago, but we must move with waves of change lest we be swept under them.

### Body Basics



Dr. Terrence Dini

Dini practices chiropractic care in Laramie

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