

A STOCKBROKER INVESTS IN HIS HEALTH

How one man changed a harmful lifestyle — one manageable step at a time

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John is a successful 55-year-old Toronto investment broker who was referred to me by his family physician. He desperately needed to lose weight to control his worrisome high blood pressure (160/95 mm Hg) — which was not controlled by medication — and his increasing risk of stroke, heart attack and diabetes. At the time, John weighed 250 pounds. His height is five feet 11 inches on a large frame. His increasing body mass index — 34.9 — had pushed him into the undesirable obese category (BMI > 30).

Over the years, John's stressful job, sedentary lifestyle and high alcohol consumption had conspired to defeat his many attempts to maintain a reasonable weight, which he tried to do by following an Atkins-style diet high in protein and low in carbohydrates. He had recently quit smoking, which left him craving sweets and indulging in homemade desserts.

As a first step, I did a quick lifestyle audit — looking at his diet, physical activity, smoking, drinking and sleep habits. This revealed that he often skipped breakfast, chose a protein-rich salad more often than a sandwich at

lunch and indulged in a late-evening dinner with double helpings. By the time John rolled into bed at 10 p.m., he had usually drunk three or more glasses of wine, which contributed to a restless sleep of six hours and a pattern of weight gain.

On a typical day, he might ingest more than 3,000 calories versus the 2,000 to 2,500 calories he would need to restrict himself to in order to achieve sensible weight loss. On weekends, he found it more difficult to control his food and alcohol intake as he was away from the demands of the financial world and his eating and drinking were less structured.

So while John was dedicated to reducing his clients' vulnerability in the risky currents of global investment, he was putting his own life at risk with poor choices in his own health portfolio. Sporting a dangerous apple shape with a high concentration of abdominal fat, he was playing Russian roulette with his health.

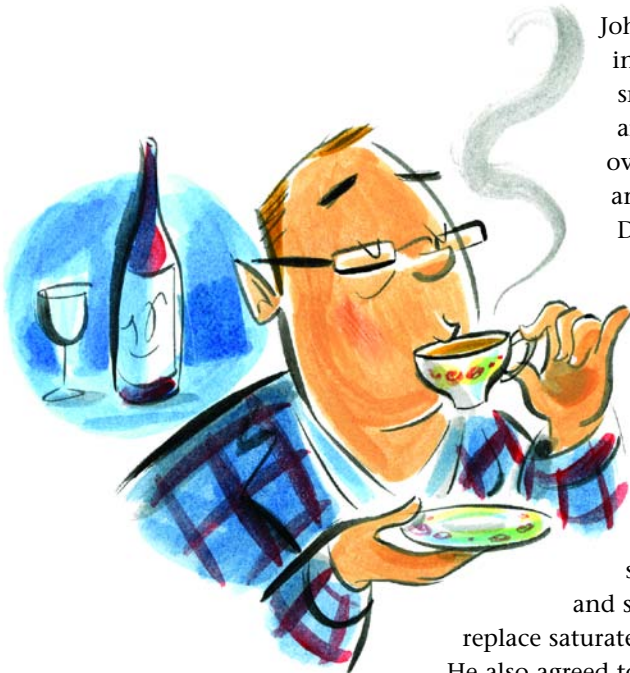
He did not realize that for every pound of body fat he gained, his heart had to work harder in order to pump blood through an extra two miles of blood vessels. This caused his blood pressure to rise and contributed to the buildup of artery-clogging plaque. His excessive girth (waist > 40 inches) indicated that he carried a lot of internal abdominal fat. The apple shape is highly

correlated with metabolic syndrome, a constellation of risk factors that increases susceptibility to type 2 diabetes and involves insulin resistance, hypertension, borderline high blood sugar levels and elevated levels of blood triglycerides (see below).

John's reliance on alcohol for relaxation at the end of the day was dangerous because drinking on an empty stomach can trigger overeating at dinner. While one drink may be relaxing, three or four add too many unwanted calories (alcohol contains seven calories per gram — almost as many as fat's nine calories per gram). Excessive drinking also contributes to elevated blood pressure. Alcohol may also make the drinker feel more depressed after the stresses of the day since it depresses the central nervous system.

Despite the benefits of antioxidant compounds such as resveratrol in red wine, alcohol can be addictive. And a typical one-litre bottle of wine delivers about 700 calories. Moreover, chronic intake of excess alcohol can lead to a fatty liver, the first stage of cirrhosis (alcoholic liver disease). Also, when consumed with a high-fat meal, alcohol can inhibit the enzyme lipoprotein lipase from clearing fats from the blood, which indirectly boosts levels of blood lipids called triglycerides (a risk factor for diabetes and heart disease).

STEP 1 Cutting down alcohol, ramping up nutrition



John and I agreed on a good initial step: reducing his usual alcohol intake by half. Making one behaviour change at a time and setting small attainable goals is the key to success. Losing as few as 15 pounds and keeping them off can help to control blood pressure and improve overall health. I persuaded John to begin regular physical activity and to upgrade his eating patterns to a sensible regimen such as the DASH (Dietary Approaches to Stop Hypertension) Diet.

I reminded him that fad diets such as the Atkins, which promise quick weight loss, are counterproductive since they also promote the loss of fluids and muscle mass, slowing down the dieter's metabolic rate and often leading to rebound weight gain. The DASH Diet promotes consumption of more vegetables, fruits and low-fat dairy products, which are rich in calcium, magnesium and potassium and lower in sodium. In some individuals, this approach has been shown to help lower blood pressure without drugs. By consuming more fish and small amounts of lean meats and alternatives (legumes, eggs, nuts and seeds), along with adequate intakes of whole grains, John could replace saturated fats with more heart-healthy mono- and polyunsaturated types. He also agreed to eat fewer processed foods to help curb his daily sodium intake. (The standard recommendation is a maximum 2,300 milligrams of sodium a day, but some authorities are now suggesting a maximum of 1,500 milligrams a day.)

STEP 2 A new daily eating pattern

Embarking on this stage meant improving John's daily eating patterns starting first thing in the morning. He agreed to eat breakfast daily, one that included fibre-rich carbohydrates and low-fat dairy to fuel his short-term energy and increase his mental focus for early-morning decision-making. He came to understand that a lunch salad containing mainly protein and very few carbohydrates was not enough to keep him energized all afternoon. It also left him feeling ravenous at his 8:30 p.m. dinner — and inclined to have second helpings. The old adage “Breakfast like a king, lunch like a prince and sup like a pauper” began to make sense to him.

Eating a balanced breakfast (whole grains, fruit, low-fat milk) and lunch (whole grains, lean meat and alternatives, fresh veggies and fruit) and reducing alcohol to one five-ounce glass of wine a day translated into more appetite control at dinner. John also began to eat a late-afternoon snack (fruit, yogourt and a few almonds) and to eat more moderate portions at dinner. Once or twice a week, he was also able to enjoy a small serving of a homemade dessert since he had begun to be more physically active.



STEP 4 Keeping it off

Six months later, John had lost about 40 pounds and was motivated to keep going. He decided to cut out alcohol completely when he saw what an impact reducing it had on his blood pressure and weight. After one year, he had reached his personal weight goal of 190 pounds and was free of the feast-or-famine approach of the past. And he had a lot more energy, both for his work and for leisure activities with his family.

John also learned that by fuelling adequately earlier in the day, he was less inclined to overload on calories at night. Today, he continues his daily walking program.

He's increased his distance and picked up his pace, which can only be good for his heart.

Best of all, his doctor has lowered the dose of his antihypertensive medication, now that his blood pressure has dropped to within the normal range (120/80 mg Hg). John feels that not only has he added years to his life but that he has also greatly increased his quality of life — an outcome that is rewarding to all, including his health-care team. ♣



STEP 3 Walking the talk

John committed to undertaking a walking program that would give him 30 minutes to one hour of exercise a day, as recommended by Health Canada. The family dog also stood to benefit!