Cholesterol Is Part of Life, But Keep It Low

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“Your cholesterol is a little high – you’d better watch your diet and get some exercise.” What does “high cholesterol” really mean?

Cholesterol is a soft, fat-like substance found in all the cells of the body. It is an essential constituent of cell membranes, some hormones, and other body components. The body can make all the cholesterol it needs; it is not necessary to get any cholesterol from the diet. A high level of cholesterol in the blood is a major risk factor for coronary heart disease and heart attack. It’s also a secondary risk factor for stroke.

Two kinds of cholesterol are routinely measured: HDL and LDL. Most cholesterol in the blood is carried in a protein “package” called low-density lipoprotein (LDL). LDL cholesterol is deposited in artery walls, increasing the buildup of plaque.
Cholesterol

High levels of LDL (‘bad’) cholesterol raise the risk of heart disease and heart attack. High density lipoprotein (HDL) cholesterol is the “good” cholesterol. A high level of it lowers the risk of heart disease and heart attack. HDL cholesterol is carried back to the liver, where it’s removed from the body.

A good way to remember that cholesterol is contained only in animal products is to remember that cholesterol is made by the liver. Since plants obviously don’t have livers, plant foods in their natural form — vegetables and vegetable oils, fruits, grains, nuts — do not contain cholesterol. Keep in mind, however, that dietary components other than dietary cholesterol affect your blood cholesterol level. In particular, saturated fat causes blood cholesterol to rise. While saturated fat is found primarily in animal foods (beef, dairy products) it also occurs in some plant foods (cocoa butter, palm oil, coconut oil). If you are watching your cholesterol intake, check for the amount of saturated fat as well as the amount of cholesterol. A box of cookies containing coconut or palm oil could be “cholesterol free” but would contain saturated fat, which is just as bad or worse for your heart. In addition, there are some fats which, when consumed in moderation, actually help lower blood cholesterol levels. See chart below.

The following dietary changes can help reduce cholesterol levels.

- Eat plant foods that are high in fiber, especially soluble fiber, including legumes, fruits and vegetables, oats, barley, and flax.
- Limit the total amount of fat you eat to 30 percent or less of your total calories (around 50-65 grams for most people).
- Limit the amount of saturated fat you consume. Saturated fat should provide no more than 5% of daily calories (around 10-11 grams for most people).
- Limit your daily cholesterol intake to no more than 100 mg.

Because heredity as well as diet has some impact on cholesterol levels, it is important to have your cholesterol levels checked every five years starting in early adulthood and more often if you have other cardiac risk factors such as high blood pressure or diabetes. A total cholesterol level of under 200 is desirable, 200-240 is borderline, and over 240 puts you at high risk for cardiovascular disease. HDL (“good” cholesterol) readings should be over 45 for women and over 35 for men, while LDL levels (“bad” cholesterol) should be under 130 for both sexes.

Reducing elevated cholesterol and raising the level of “good” (HDL) cholesterol can often be accomplished by a program of exercise (at least 30 minutes a day, four or five days a week) and dietary changes. If you are overweight, losing weight also helps lower cholesterol levels. A variety of medications are also available for those whose health situation requires them.
For the third year, YHP is co-sponsoring — with Yale New Haven Health and Phoenix Home Life Mutual — the Yale Conference on Women’s Health and Fitness to take place October 26-28 at the Omni Hotel in New Haven. Along with several members of the YUHS staff, I am pleased to be part of the planning for this event which will feature expert speakers from Yale, from around the country and from abroad. With its theme of “Enlarging the Circle,” this year’s conference will explore global health issues and policies that affect women’s lives, as well as offering information on both mainstream and complementary approaches to women’s health care. The interdisciplinary nature of the conference is essential to its objective of examining the variety of issues that affect women’s health — not only those related to medical care and research, but social and economic issues as well. Workshop topics range widely. Some examples: The impact of recent political changes on women’s health in Ukraine; global issues in maternal and infant survival; the role of the Internet in health care; and gender differences in exercise-related muscle soreness.

While the conference is aimed largely at health care professionals — physicians, nurses, midwives, nutritionists, physical therapists, exercise physiologists, psychotherapists and others — anyone interested is encouraged to attend. Networking is a large part of what this event is about. Only by exchanging information within these rapidly-changing fields will we be able to continue developing the research, diagnostic, care and treatment models that will best serve women of all backgrounds. This year’s conference also includes a pre-conference day of learning labs which offer hands-on approaches to clinical care.

To see a conference program, as well as information about registration, visit our web site at www.info.med.yale.edu/ynhh/well or call 1-877-580-1304.

Ob/Gyn Combines Primary and Specialty Care Services
Rhea Hirshman
Editor

Women’s health care has come a long way since YHP was founded in 1971, when the Department of Obstetrics and Gynecology had a staff of just seven: three doctors, one nurse, and three administrative support personnel. Today, YHP’s women members of all ages receive ob/gyn care from a staff of over 20: seven physicians, four nurse midwives, a nurse coordinator and a nurse manager, plus medical and clerical support staff. Members may choose either a physician or a nurse midwife as a primary care clinician. The clinical staff is divided into teams, with patients having access to other team members when their own clinician is not available.

Like women in the general population, many women YHP members use ob/gyn services for primary care; the yearly visit for a pelvic exam and Pap smear serves as a vehicle for general wellness care, especially for younger, basically healthy women. In fact, Ob/Gyn is categorized as a primary care department which takes appointments without referrals. Joann Knudson, MD, the department’s chief, notes additionally that the department “serves as an entry into the medical system” when an ob/gyn clinician spots other medical problems, and that Ob/Gyn functions also as a specialty department since members are referred there for specialty care. Ob/Gyn is unique among primary care departments in that its physicians are also surgeons, most of whom do a range of gynecological surgery.

According to Nanci Fortgang, RN, the department’s nurse manager, “We provide a full range of care throughout the life cycle: wellness care, treatment for gynecological problems, obstetrical services for normal and high-risk pregnancies, and care of women during and after menopause.” Ob/Gyn also provides educational programs and, as Knudson points out, “Lots of education goes on

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Yale Health Plan has been the first choice for health care of Yale faculty, staff and employees since its inception in 1971. Our 27,000 members are covered for a wide range of health care services within a health plan that is continually looking for better ways to meet members’ needs. As YHP enters its fourth decade we thought we would give a brief overview to answer the questions we receive about the benefits of YHP membership.

By answering your questions, this column will help you get the most out of your YHP membership.

Send your questions to:
Member Services Q & A,
Yale Health Plan,
17 Hillhouse Ave.,
P.O. Box 208237
New Haven, CT 06520–8237.
We’ll get them answered by someone “in the know.”

The focus is on the needs of our members

• The plan is clinician-run, with decisions made by people whose focus is on caring for members.
• The plan is not-for-profit; there are no financial incentives to withhold care.
• There are no claim forms to fill out for services obtained within the YHP network.
• There are no limitations on coverage for pre-existing conditions.

Coverage is comprehensive

• Full coverage of preventive care, including routine check-ups and recommended diagnostic tests, plus other services such as routine immunizations, eye exams and hearing tests.
• Full coverage and no deductibles for office visits or for specialty or hospital care ordered by a YHP clinician.
• Full coverage of ancillary services such as radiology, laborato-
• Coverage of hospitalization, including nursing care, drugs and lab services.

Services are conveniently located and accessible

• Our centrally-located facility is easily reached by foot, Yale shuttle and public transportation, and also offers free parking.
• The open access appointment system in Internal Medicine and Ob/Gyn eliminates long waits for routine appointments.
• Early morning triage and clinic visits are available in Pediatrics.
• Full pharmacy, radiology, laboratory and other medical support services, plus 15 specialty clinics are conveniently located on site.
• Coverage of hospitalization, including nursing care, drugs and lab services.

Round-the-clock coverage

• Our Urgent Care Department is open 24 hours a day, 365 days a year.
• Our specialty care coordination process alleviates uncertainty. If you need specialty care and/or hospitalization, we arrange appointments, transmit clinical information, and help with claims.
• Our Inpatient Care Facility (ICF) offers inpatient evaluation and treatment for a wide range of

Temporary parking limits
Construction to parking lot 37 (across from YHP on Trumbull St.), begun in July, will last for several weeks. During the construction period there will be limited or no access to that lot, and we apologize for any inconvenience.

 Bookmark it!
Visit our newly redesigned website at www.yale.edu/uhs and let us know what you think!
Kathryn Leinhardt, MD received her BA in Russian Studies from Yale, winning the Scott Prize for her senior essay. She did her premedical studies at Columbia University, earned her MD from Yale and completed her residency training at Yale this past June. She is working half-time in Internal Medicine, sharing the position with Rachel McCormick.

Rachel McCormick, MD is working half-time in Internal Medicine in a shared position with Kathryn Leinhardt. She received a BA in History and Human Biology at Stanford University, completed her premedical studies at University of Houston, and earned her MD at Johns Hopkins, where she won both the Upjohn and Longcope Prizes for Clinical Excellence. She completed her medicine residency at Johns Hopkins in 1999.

John Toksoy, MD received his BA in Biology from Hamilton College, studied economics at Oxford, and worked as a market analyst for a biotech firm for three years, before returning to SUNY Stony Brook to earn his MD degree. He completed his residency training at Yale this past June and came to YHP’s Internal Medicine Department in July.

Jose Calderon, MD the new allergist at YHP, graduated from the School of Medicine in Colombia, South America. He did postgraduate training in adult allergy and immunology at the University of Minnesota and in pediatric allergy at Yale School of Medicine. He is board certified in adult and pediatric allergy and immunology as well as in pediatrics and is currently assistant professor of pediatrics at YSM, where he practices in the allergy clinic and specializes in asthma care.

Ob/Gyn continued from page 3

during office visits.” Ongoing programs include early pregnancy classes, childbirth preparation classes and postpartum reunion classes. There are plans to repeat last year’s popular menopause series and the department presents extensive programming during Breast Cancer Awareness Month in October.

Ob/Gyn was the first YHP department to move to an open access appointment system, which has eliminated long waits for most types of appointments and which also allows advance scheduling when needed. In addition, Ob/Gyn offers computerized followups for patients with abnormal Pap smears or abnormal mammograms, allowing the department to provide regular reminders to patients who need to be monitored.

The department is beginning another new initiative called Centering Pregnancy. Open to YHP’s obstetrical patients, of whom there are about 250 a year, this voluntary group visit program has been enthusiastically received in other areas where it has been implemented. After the initial obstetrical visit, each participant will have subsequent visits as part of a group of 8-10 women at the same stage of pregnancy. Knudson explains: “Each session will last from an hour and a half to two hours and will be staffed by an MD or nurse midwife as well as another ob/gyn staff member — the same clinicians will be with the group throughout the following months.” Sessions will include clinical services, peer support, and education, with each month’s session focusing on a specific topic such as nutrition, prenatal testing, or labor. Fortgang adds, “This format allows lots of time for general discussion as well as individual questions, and patients are encouraged to invite significant others or other family members.”

“Our whole department,” says Knudson, “has been extensively trained in this process and we’re very excited about bringing it to our patients. It’s part of our commitment to ongoing patient education as well as to the most advanced clinical care.”

New chief of Student Medicine

James M. Perlotto, MD, has been named chief of Student Medicine, a department that will address the needs of both undergraduate and graduate students. A primary care clinician working with graduate students at YHP since 1988, Perlotto did his undergraduate work at Yale, his medical training at Boston University and his family practice residency at the University of Minnesota. A recipient of the YUHS Outstanding Clinician Award in 1992, and named one of the ten outstanding family physicians in Connecticut by the CT Academy of Family Physicians in 1998, Perlotto is an associate clinical professor of family medicine at the University of Connecticut Medical School as well as at Yale University School of Medicine, where he also serves on the admissions committee.
Looking for health information on the web? The yuhs web page (www.yale.edu/uhs) provides a number of links and below is a selection of sites related to various health topics. These listings should not be construed as an endorsement of a particular site. We will add to this list in future issues.
For general health information: www.healthfinder.gov
Info about strength training for women: www.strongwomen.com
Info about cholesterol from the American Heart Association: www.americanheart.org/Heart_and_Stroke_A_Z_Guide/dietg.html
Info about fitness from The American Heart Association: www.justmove.org
Info about public health from the Centers for Disease Control: www.cdc.gov
Info about influenza: www.cdc.gov/ncidod/diseases/flu/fluavirus.htm
Info about osteoporosis from the National Osteoporosis Foundation: www.nof.org
Info about asthma from the American Academy of Allergy, Asthma and Immunology: www.aaaai.org
Info about allergies from the National Institute of Allergy and Infectious Disease: www.niaid.nih.gov

Pneumonia protection
Experts recommend that the vaccine to prevent pneumonia be given to more groups, including the healthy elderly, particularly in light of the increase in antibiotic-resistant bacteria. Others who should be vaccinated are those receiving treatments to suppress the immune system or who have immune deficiencies (e.g., HIV), kidney disease, absence of a spleen, alcoholism (especially with cirrhosis), or any condition placing them at high risk for pneumonia. Protection usually lasts for over six years although the protective value may be lost at a faster rate in the elderly. Those at high risk for serious pneumonia should be revaccinated six years after the first dose. If you are in a risk group, check with your clinician about the advisability of the vaccine.

Flu vaccines
As you may have heard in the media, there may be a diminished supply of flu vaccine this year. YUHS will offer flu vaccinations first to those who are at higher risk; health care workers; individuals 65 and over; individuals with chronic pulmonary or cardiac disease; those with medical conditions that result in immunosuppression. Flu clinics will be held for the rest of the Yale community once these high risk groups are vaccinated, so please watch for flyers, log onto our website (www.yale.edu/uhs) or call the Office of Health Promotion and Education (203-432-0093) for the latest information.

From the Pharmacy
It’s the key! Your patient identification number, that is. This 8-digit number appears on every prescription label, and is your key to fast and efficient filling of your prescriptions through the YHP Pharmacy’s prescription refill line (203-432-0033). Punching in your number at the prompt allows our automated system to check and process your prescriptions. Not having your number means possible delays in getting your prescriptions filled.
So remember – when you call in your prescription – We want your number!

Quickner refills
Using the YHP Pharmacy’s telephone refill system will help us serve you better. By using our new automated system you will save yourself from having to wait in line to drop the prescription off and, in most instances, we can have your medication ready within one full business day after you call it in.

Yes to aspirin, no to hand lotion
As we continue to increase inventory of prescription medications, the YHP Pharmacy will be phasing out most over-the-counter items such as vitamins and lotions. We will continue to carry a small supply of over the counter items – such as pain medications and antibacterial creams – that may be recommended by clinicians for immediate treatment of a medical problem.
healthy ideas

Folic acid reduces birth defects

The Food and Drug Administration is now requiring US food manufacturers to fortify certain grain products with folic acid, or folate. When consumed in adequate amounts by women before and during pregnancy, this nutrient reduces the risk of neural tube birth defects such as spina bifida. Because over half of all pregnancies are unplanned and because these defects occur in the developing fetus before most women know they are pregnant, it is important that all women of child-bearing age consume 400 micrograms (4 mg) of folic acid daily. Most women aged 19-50 are estimated to consume only .2 mg of folic acid each day. An increase to .4 mg daily could cut the incidence of neural tube defects in this country by as much as half. Foods high in folate include green leafy vegetables, citrus fruits and juices, most berries, liver, legumes and nuts. Because it is difficult to get 400 micrograms by diet alone, the Institute of Medicine recommends folate supplements. Most multivitamins contain the recommended amount of folate. Although fortifying foods with folic acid is primarily designed to prevent birth defects, more folic acid may also lower the risk of cardiovascular disease by reducing the amount of homocysteine in the blood.

Getting protein without meat

Trying to choose more vegetarian foods? Looking for meat alternatives? This list shows foods and portions that provide about the same amount of protein (about 7 grams) as one ounce of cooked meat. If you are using these foods in place of meat, two to three portions per day are recommended.

<table>
<thead>
<tr>
<th>FOOD</th>
<th>PORTION</th>
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<tbody>
<tr>
<td>tofu</td>
<td>1/2 cup</td>
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<tr>
<td>tempeh</td>
<td>1/3 cup</td>
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<tr>
<td>roasted soynuts</td>
<td>1/4 cup</td>
</tr>
<tr>
<td>egg</td>
<td>1</td>
</tr>
<tr>
<td>egg whites</td>
<td>2</td>
</tr>
<tr>
<td>egg substitute</td>
<td>1/4 cup</td>
</tr>
<tr>
<td>cooked dried beans</td>
<td>1/2 cup</td>
</tr>
<tr>
<td>cottage cheese</td>
<td>1/4 cup</td>
</tr>
<tr>
<td>cheese (hard)</td>
<td>1 ounce</td>
</tr>
<tr>
<td>peanut butter</td>
<td>2 tablespoons</td>
</tr>
<tr>
<td>cow’s milk or soy milk</td>
<td>1 cup</td>
</tr>
<tr>
<td>yogurt</td>
<td>3/4 cup</td>
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</tbody>
</table>

Lift Weights

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For many of us, this situation tweaks our vanity, as it can result in both flabbiness and weight gain. Muscle tissue burns calories more efficiently than fatty tissue. For every pound of muscle we lose, we burn about 50 fewer calories a day even if we eat the same amount we’ve always eaten and get as much (or as little) exercise as we’ve always gotten. Results: the pounds can start creeping up – more for some people, less for others, depending on both heredity and lifestyle. Also, since muscle is more metabolically active than fat, having less muscle mass can translate into having less energy, giving us less inclination to exercise.

More significantly, lack of fitness (both muscular and cardiovascular) has implications for a variety of health problems. While men in general have a higher muscle to fat ratio than women and lose muscle mass more slowly than women do, the good news is that increasing muscle mass for both women and men can be done through simple strength-training exercises.

Many of the same exercises that build muscle mass also build bone density, an essential component of preventing or minimizing the effects of osteoporosis. Although both women and men suffer from this disease, it is a particular concern for women, who lose bone mass at a rate of 1%-3% annually as they enter menopause. The rate of loss slows down after menopause and increases again much later in life. But, according to a recent study quoted by Miriam Nelson, PhD, a nationally recognized expert on strength training, engaging in graduated strength training just twice a week has been shown to boost women’s bone density. In addition, increasing the level of physical fitness reduces cardiovascular risk, improves lung function and can reduce complications of diabetes. Strong muscles can help those with arthritis protect bones and joints by reducing stability and absorbing shock. The list goes on.

If you choose to join a gym, make sure to work with a trainer to design an individualized program — one that is neither so easy that the benefits are minimal nor so hard that you become discouraged and give up. Also, inform the trainer of any temporary or chronic conditions or health concerns. If you prefer to get fit at home, check out two books recommended by Ellen Budris of YHP’s Office of Health Promotion: Strong Women Stay Young and Strong Women, Strong Bones, both by Miriam Nelson, PhD. They give detailed, accessible information about the benefits of strength training as well as carefully structured exercises that can be done in two 30-minute sessions a week with simple equipment. Make sure to drink enough fluid before, during and after exercising.

Contact the Office of Health Promotion and Education (203-432-1826) if you have any questions or would like to start a strength training group.
**ongoing wellness programs**

**Early Pregnancy Classes**
Held on the 2nd Wednesday of each month from 10:30–11:30 in room 405 for YHP members. To register, call the Ob/Gyn Department at 203-432-0222 or stop by the appointment desk. We encourage you to bring a supportive person.

**Weight Watchers at Work**
**Mondays, 12:15–1:00** in room 405. You can join any time. For information, call 203-432-1892.

**Adult CPR Classes**
Adult CPR classes are held monthly. For information, call 203-432-1892.

**Blood Pressure Checks**
Tuesdays and Thursdays from 9:00–11:00 in room 406. Open to the Yale community free of charge, by referral or on a walk-in basis. For info, call 203-432-0093.

**Post-partum Reunions**
Held on the 3rd Friday of each month from 10:00–11:30 in room 405. Bring your new babies to this great support network for all new moms! Conducted by Wendy Madore, rnc. Call the Ob/Gyn Dept. (203-432-0222) to register.

**YHP Cancer Support Group**
Life Options is a support group for adult YHP members who have been diagnosed with cancer, regardless of type of cancer or stage of disease. The group meets weekly with a facilitator. There are three 15-week programs each year. Group members can enroll in consecutive series of meetings. Funded partially by the Edith S. Hallo Fund and by a small weekly fee charged to each participant. To enroll or for more information, contact the facilitator, Mona Felts, MSW, at 203-432-0290.

The third Yale Conference on Women’s Health & Fitness, of which YHP is a sponsor, will be held October 26–28, 2000 at the Omni Hotel at Yale in New Haven. One and two-day registrations are available, with a reduced rate for full time students and YHP members, and a professional rate for those who want to obtain CEUs. Registration: (877) 717-7776. Conference information: (203) 688-WELL. The YHP Office of Health Promotion and Education, (203) 432-0093, also has conference material.

The conference web site is www.info.med.yale.edu/ynhh/well.