



STEP TO HEALTH!



after writing down the total number of steps walked. To check for accuracy, walk 100 steps and make sure that the pedometer reads between 90 and 110 steps. An average number is about 5,000 steps per day, or 2.5 miles. The small number of steps on the days spent in front of the computer or TV will surprise you; conversely, your active days will accumulate steps rapidly.

At the CLCC, we recommend that all of our inactive patients wear a pedometer for one week to measure their baseline number of steps per day. If medically safe and feasible, the goal is then to increase the number of steps above that baseline by at least 2,000 steps, or one mile, per day. Even small improvements in the number of steps will be highly motivating to sitting less and moving more.

How far did I walk?

Wearing a pedometer tells you how many steps you walked which can estimate the number of miles that you walked (2000 steps equals about one mile). If you would like to know how far you really walked then check out this great web site from Google: Mapmyrun.com. Enter a starting location in the address field and then click on your exact starting point and keep clicking at every turn. You can even get an estimate of the number of calories that you burned if you keep a log of the time your walk took.

Lisa Hudgins

Physical inactivity is rampant. Less than 1/3 of Americans meet the recommended guideline for 30 minutes of moderate physical activity most days of the week. But even small amounts of exercise are beneficial for one's health. Walking is one of the simplest and safest ways to burn excess calories and improve the sensitivity of muscle to insulin, that in turn lowers blood levels of insulin, cholesterol, triglycerides, blood pressure and the risk of diabetes, heart attacks and stroke. But how much is enough?

Pedometers have been popular for over 30 years among the Japanese who practice Manpo-kei, translated as "10,000 steps meter program". The pedometer is a small device with a pendulum inside that counts the number of steps walked in a day. The least expensive type with a single reset button can be purchased for about \$15 at most sports stores or online. After pressing the reset button to zero, clip it to your waistband and remove it at the end of the day

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STAFF CHANGES

The Rogosin Institute is pleased to announce the addition of **Jenny Torres** as our Administrative Assistant and **Peter Meyers** as our Clinical Research Assistant at the Lipid Center.

RESEARCH NEWS FROM THE CLCC

(continued from page 3 Research News)

or to receive more information about any of the above, please call our study coordinators, Sunny Hack or Peter Meyers at (212) 702-9600. Please also visit our website at www.rogosin.org.

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CHOICES FOR KEEPING HYDRATED

Water: The natural choice for hydration is water since it is less expensive and more available than



any other drink. You need to drink 4-6 ounces of water for every 15-20 minutes of exercise. Some people find it relatively bland and will stop drinking water before

becoming fully hydrated. It has few if any electrolytes (salt) so replacement of electrolytes may be necessary with prolonged (>1 hour) or intense exercise.

Vitamin Drinks: "Vitaminwater" made by Glaceau has become a popular beverage. Most of these drinks give you calories and additives that you do not need. Some vitamin waters contain caffeine and others contain artificial sweeteners. The vitamins in the water are not present in sufficient quantity to meet nutritional needs. Some manufacturers claim that vitamins are best absorbed in liquid form, but

there is no evidence to back up the idea. The price of this product is much higher than the price of vitamin supplements. It makes more sense to get your vitamins from your diet and your water from the faucet.



Sports Drinks: Gatorade is the market leader. Sports drinks do not hydrate better than water and contain extra calories. They may be useful for replacement of electrolytes lost from perspiration during prolonged (>1 hour) exercise.

Energy Drinks: These tend to have more carbohydrates and caffeine than sport drinks but there can be overlap. Red Bull is the market leader. There is concern about the excessive quantity of sugar and caffeine in these drinks. Nutritionists are concerned about children and teenagers using energy drinks as a substitute for food.

Juice: Juice is not the best choice for hydration. The large amount of fructose (fruit sugar) can impede hydration, add unnecessary calories and increase blood triglyceride levels.

Carbonated Soft Drinks: A poor choice for hydration since the carbonation will bloat your stomach and decrease the rate of fluid

RECIPE CORNER

HEART HEALTHY WINTER VEGETABLE SOUP

INGREDIENTS

- 1 (10oz) pkg frozen string beans (or mixed frozen vegetables)
- 2/3 cup canned kidney beans (remove salt by rinsing)
- 1 cup canned garbanzo beans
- 1 can (8oz) whole tomatoes, drained
- 1/2 cup chopped carrots
- 1/2 cup chopped celery
- 1 cup chopped onions
- 1 tablespoon dried parsley flakes
- 2 pkg low sodium chicken bouillon
- 1/2 tsp black pepper
- 4 cups water

Combine all ingredients and cover. Simmer (do not boil) for one hour. Add water if needed. Add other spices to taste e.g. garlic, thyme.

1 cup = Approx 140 cal; 0gm fat; 0mg cholesterol; 7gm fiber; 6gm protein
If you don't want to cook, Amy's and Pritikin make low sodium, low fat canned soups.



Sandra Pressman

absorption. Soft drinks have no nutritional value.

Coffee, Tea or Alcohol: These drinks act as diuretics, meaning they can sabotage hydration by causing a net loss of fluid from the body. Unsweetened herbal tea is an acceptable choice for hydration.

The Bottom Line: Water is generally the best choice for hydration. Sports drinks are useful for prolonged or intensive exercise when electrolyte replacement is desired and some carbohydrate is helpful.

Hedda Batwin

XTRA XTRA! NUTRITION LABEL ALERT

As of January 1, 2006, the FDA requires that the Nutrition Facts Labels list the transhydrogenated (trans) fat content of foods (see example below). Trans fat is made when hydrogen is added to vegetable oil - a process called hydrogenation. Hydrogenation increases the shelf life and flavor stability of foods containing these fats. Trans fat, like saturated fat and dietary cholesterol, raises the LDL (or "bad") cholesterol. Although saturated fat is the main dietary culprit that raises LDL, trans fat also contributes.

Where will you find trans fat?

In products made with partially hydrogenated fats like crackers, cookies, snack foods, energy bars, some dietary supplements, vegetable shortenings and some margarines. If a product has < 0.5 grams of trans fat the amount can be rounded to zero. Note that the FDA did not set a recommended amount for trans fat. At the CLCC, we recommend that you try to completely avoid trans fats.

Nutrition Facts

Serving Size 1 cup (228g)
Servings Per Container 2

Amount Per Serving		Calories from Fat 120	
		% Daily Value*	
Calories	260		
Total Fat	13g	20%	
Saturated Fat	5g	25%	
Trans Fat	2g		
Cholesterol	30mg	10%	
Sodium	660mg	28%	
Total Carbohydrate	31g	10%	
Dietary Fiber	0g	0%	
Sugars	5g		
Protein	5g		
Vitamin A	4%	•	Vitamin C 2%
Calcium	15%	•	Iron 4%

* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs.

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g
Calories per gram:			
Fat	9	Carbohydrate	4
		Protein	4

RESEARCH NEWS FROM THE CLCC

•Results of TNT (Treat to New Targets) Study Published.

The CLCC participated in a comparison study of Lipitor 80 mg (target LDL 70 mg/dL) vs. Lipitor 10 mg (target LDL 100 mg/dL) in individuals with coronary artery disease. Although the overall death rate was not different between the groups, the subjects with lower LDL levels had fewer cardiac events. This study supports the view that for very high risk patients with heart disease, an LDL level of 70 mg/dL is desirable.

•Research Studies for Patients with Elevated Cholesterol or Triglyceride Levels. We continue to conduct clinical research to assess the safety and effectiveness of both investigational and FDA approved medications for people with known high cholesterol or triglyceride levels.

•Lipid Research Screening Program. The CLCC continues to offer a lipid screen to those individuals interested in participating in clinical research studies but who do not know their cholesterol level.

If you would like to participate

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