

BE Healthy™

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Boston Public Health Commission

Metabolic syndrome: A deadly mix

As warning flags go, this one is hardly a household term.

But metabolic syndrome (MetS) has emerged as a signal of potentially life-threatening illnesses prevalent among African Americans. MetS is a clustering of risk factors discussed for over 80 years, but the term was popularized by Stanford University endocrinologist Gerald Reaven in 1988.

While experts disagree on the exact definition of MetS, the most widely accepted criteria were developed by the National Cholesterol Education Program — high blood pressure, excess weight around the waist; low levels of HDL, or good cholesterol; high levels of triglycerides, or fat in the blood; and the inability to utilize insulin effectively.

Two other conditions are often included — inflammation and an increased tendency to develop a clot within blood vessels, both indicators of heart disease.

Each condition can occur by itself, but more often they appear together. If any com-

bination of three or more of those conditions is found together at the same time, a person is considered to have MetS and, as a result, has a greater risk of heart disease, diabetes or stroke.

In fact, the National Heart, Lung, and Blood Institute (NHLBI) estimates that a person with MetS is twice as likely to develop heart disease and five times as likely to develop type 2 diabetes as someone without MetS.

MetS is more than a medical school buzzword.

The American Heart Association (AHA) estimates that 47 million Americans — or 25 percent of the U.S. population — has MetS. The likelihood of having the syndrome increases with age. About 7 percent of the U.S. adult population in their 20s is affected, and more than

40 percent in their 60s.

The NHLBI contends that MetS may eventually surpass smoking as the leading indicator of heart disease in this country. While the percentage of smokers is decreasing, the prevalence of obesity — a major trigger of the syndrome — is on the rise.

Surprisingly, most doctors do not discuss

The American Heart Association estimates that 47 million Americans — or 25 percent of the U.S. population — has metabolic syndrome.



Veronica Thomasson works out at the Roxbury YMCA five days a week in an effort to reverse her risk factors for metabolic syndrome. Thomasson, a diabetic who takes medication to manage the illness, is determined to control her disease through exercise and healthy eating.

the syndrome with their patients. Dr. Rhonda Bentley-Lewis, an endocrinologist at Brigham and Women's Hospital Division of Endocrinology, Diabetes and Hypertension, is not one of them.

"I tell my patients if they meet criteria for [MetS] and that it's something we use as a clinical tool to manage their risk for heart disease," she explained.

Veronica Thomasson, 62, has three of the traits, and also suffers from type 2 diabetes.

By her own admission, Thomasson, a divorced mother of four grown children, has had medical problems as far back as she can remember.

Her high blood pressure began when

she was 17, and though she was prescribed medicine to help control her hypertension, she didn't take it. Years later, her HDL of 35 — lower than the recommended 50 — added to her peril.

When she decided to quit smoking, friends offered their homemade remedies to kick the habit.

"Some told me to suck on lemon drops," she said. "Others offered chocolates as a solution, so I ate chocolate candy."

That's when her weight went out of control, jumping from 240 pounds to 314.

According to Thomasson, her weight had been distributed throughout her body fairly

Thomasson, continued to page 4

A complicated problem needs a disciplined attack

Melissa Joyce is at least honest.

She had never heard of metabolic syndrome. She did not know that it could have contributed to her diagnosis of type 2 diabetes in 2002.

Now she knows that the cumulative effect of her weight, blood pressure and cholesterol are signs of an increased risk of having life-threatening diseases.

She also knows that losing weight and eating healthier are among the best solutions.

Joyce, a divorced mother of two teenaged children, admits that she was not the healthiest person.

"I'm not the best at getting my health checked," she said.

Joyce, 43, did manage to attend community health fairs where she had her cholesterol, blood pressure and eyes checked. Her results seemed all right at first.

Her blood pressure was always within normal limits, but her cholesterol was always "borderline" high. She was told to follow up with her doctor, but she never did. Nor did she ever have her glucose



Through lifestyle changes and the support of Weight Watchers, Melissa Joyce no longer requires medication for her blood pressure, diabetes and cholesterol.

level checked, but she suspects it was high.

That changed in 2002. She doesn't remember all of her symptoms, but went to see her doctor because she was feeling like she had the flu and had been light-

headed for several days.

Joyce's doctor asked if she was urinating more often. When she answered yes, he did a blood sugar test. It was 250. He scheduled a fasting blood sugar test. The results were 140 — an official diagnosis of type 2 diabetes.

Other problems came to light. Her blood pressure rose and her cholesterol took off. At its highest point, her blood pressure hit 170/110. Her cholesterol soared into the high 200s. Even her triglycerides, which had held steady, began to rise.

Her doctor told her that if she managed her diet, medications might not be necessary.

But that was asking a lot of Joyce.

She started gaining weight during her first year of college. As she got older stress caused her to eat more. An extra 30 pounds became 100 pounds over time. Though she is 5 feet 8 inches tall, she weighed 247 pounds.

It was not for lack of trying. Joyce started eating healthier a number of times, and she was referred to a nutri-

tionist at Joslin Clinic, a specialty clinic for the treatment of diabetes. But her attempts never lasted too long.

"It was hard to stay on the diet they prescribed," she explained. "It was going cold turkey, and I just couldn't do it. I never ate the kinds of foods they were telling me to eat. I never ate vegetables or fruit. I never had good eating habits."

Her fasting blood sugar increased to 300. The medications were not controlling her diabetes well. She was also on medication for her blood pressure and cholesterol.

That's when the doctor's warnings finally struck a chord. Her doctor told her that at any moment, she could go into a diabetic coma or have a stroke and/or heart failure.

"You must take your diet seriously," Joyce said the doctor told her.

"I didn't know how dangerous diabetes was," she said. "I guess I really didn't understand it."

But when people she knew started dying from diabetes — her uncle and even Luther Vandross, who she really liked — she began to pay attention.

The biggest factors were her chil-

Joyce, continued to page 4

Eating healthy to prevent metabolic syndrome

African Americans have inherited a traditional diet comprised of many healthy foods rich in flavor.

Returning to those traditions can play an important role in preventing and treating metabolic syndrome. Metabolic syndrome (also known as insulin resistance syndrome) is a cluster of health conditions — high blood glucose levels, excess weight around the waist, low HDL (good) cholesterol levels, high levels of triglycerides (another fat in the blood), and high blood pressure — that increase a person's risk of diabetes and cardiovascular disease. Although technically not a component of metabolic syndrome, high LDL (bad) blood cholesterol levels are also a significant contributor to cardiovascular disease.

Individuals with metabolic syndrome may be advised by their doctors to lose weight, make lifestyle changes to improve their diets and increase their physical activity, and may also be prescribed medication to lower their cholesterol and blood pressure levels.

How to know if you need to lose weight

Reaching and maintaining a healthy weight are goals that help reduce the risk of developing metabolic syndrome. The body mass index is a measure of weight relative to height and is useful in determining whether a person is at a healthy weight. A body mass index of 19 to 24 is considered healthy, 25 to 29 is overweight and over 30 is obese. It is important to ask for a body mass index evaluation at each regular check up. To know whether your excess body weight is located in a body area that puts you at increased risk for metabolic syndrome, your doctor may take a measurement of your waist. Excess waist weight is a measurement of more than 40 inches for men and more than 35 inches for women.

Tips for a healthy diet from the American Diabetes Association

- Eat lots of vegetables and fruits and in a variety of col-

ors. Be sure to include non-starchy vegetables like spinach, carrots, broccoli or green beans.

- Choose whole grain foods over processed grain products. Try brown rice or whole wheat spaghetti.
- Include dried beans (like kidney or pinto beans) and lentils in your meals.
- Include fish in your meals three times a week.
- Choose lean meats like cuts of beef and pork that end in "loin," such as pork loin and sirloin. Remove the skin from chicken and turkey.
- Choose non-fat dairy products, such as skim milk, non-fat yogurt and non-fat cheese.
- Choose water and calorie-free "diet" drinks instead of regular soda, fruit punch, sweet tea and other sugar-sweetened beverages.
- Choose liquid oils for cooking instead of solid fats that can be high in saturated and trans fats and cholesterol. Remember that fats are high in calories, so watch your portion sizes of added fats.
- Cut back on high calorie snack foods and desserts like chips, cookies, cakes and full-fat ice cream.

• Watch your portion sizes. Eating too much of even healthy foods can lead to weight gain.

The plate method

Here's a simple way to ensure a healthy diet at meal times. Draw an imaginary line



through the center of your plate. Divide one half of the plate into two quarters. About one fourth of your plate should be filled with grains or starchy foods such as brown rice, whole grain pasta, potatoes, corn or peas. Another fourth should be protein foods like meat, fish or poultry. Fill the remaining half of the plate with non-starchy vegetables like broccoli, green beans, carrots, collards, or salad. You may have a piece of fruit or a small serving of bread on the side. Then add a glass of water and a glass of non-fat milk.



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How to increase vegetables in your diet

Historically, African Americans raised kitchen gardens and used these foods to supplement and stretch the family diet. Greens, peas, beans, tomatoes, corn, cucumbers, sweet potatoes, white potatoes, onions and many other vegetables were part of the typical diet for all ages. Today, few African Americans consume the recommended three to seven servings of vegetables per day. Vegetables are naturally high in vitamins and minerals, high in fiber and generally low in calories. With a little planning, you can increase your servings of vegetables. This will likely have the added benefit of helping you cut back on higher calorie food and snack items.

Try these four suggestions:

1. Hold the cheese but add extra vegetables (tomatoes, onions, green peppers, etc.) to your scrambled eggs, omelets or sandwiches;
2. Pack peeled baby carrots, cucumber sticks or green and red pepper slices for lunch and snacks;
3. Prepare two vegetables of different colors for dinner meals;
4. Try one new vegetable or a familiar vegetable prepared in a different way each week.

The recipe below is simple to prepare, low in calories and gives a different twist on baked squash.

Baked Acorn Squash with Apple Stuffing

Number of Servings: 4
Serving Size: ½ squash
Acorn squash is the most common member of the



winter squash family. Its bright-orange flesh bakes beautifully, coming out moist, rich and tender. Its pretty dark green and orange-streaked shell makes a perfect container for the delicious apple stuffing.

Ingredients

- 2 small acorn squash, halved and seeded
- 1 apple, peeled and diced
- 2 tbsp celery, diced
- 2 tbsp onion, finely chopped
- 2 tsp margarine, melted
- Pinch salt
- Pinch fresh ground black pepper

Instructions

Preheat the oven to 400 degrees F. Prepare square baking pan with nonstick pan spray. Place the squash cut side down in a baking pan. Bake for 20 minutes. While the squash is baking, combine the apples, celery, onion, margarine and 2 tablespoons water in a medium bowl; mix well. Turn the squash cut side up. Sprinkle with salt and pepper. Divide the apple mixture to fill the cavities of the squash. Bake the stuffed squash halves, covered with foil, for 30 minutes more. Serve hot.

Nutritional Information (per serving):

Calories 87. Calories from Fat 19. Total Fat 2 g. Saturated Fat 0 g. Cholesterol 0 mg. Sodium 63 mg. Carbohydrates 18. Dietary Fiber 5 g. Sugar 20 g. Protein 1 g. Dietary Exchange: 1 starch.

(Recipe from: *The New Family Cookbook for People with Diabetes*. Published by the American Diabetes Association.)

What is metabolic syndrome?

You may never have heard of it, but it's surprisingly common.

Metabolic syndrome is the name for a group of risk factors associated with being overweight that increases your risk for coronary heart disease and diabetes.

If you have a large waistline, high triglyceride levels, low HDL cholesterol, high blood pressure, and/or high glucose levels, talk with your doctor today about the risks associated with metabolic syndrome and the steps you can take to start living a healthier lifestyle.



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

PROJECT BREAD

Healthy eating is important to help prevent metabolic syndrome. Anti-hunger organization Project Bread's FoodSource hotline offers information about resources, like food pantries and places to get a hot meal, that can help people provide for children or elders. Hotline counselors can take calls in 160 languages. For more information, call 1-800-645-8333 or visit www.projectbread.org.

Metabolic syndrome

Questions & Answers

1. Why is excess fat around the waist more threatening to a person's health than excess fat in other parts of the body?

Fat stored around the abdomen and waist is believed to be a better predictor of weight-related diseases like atherosclerotic cardiovascular disease (ASCVD), which results from atherosclerosis, or hardening of the arteries. Central obesity is also associated with increased risk of diabetes and insulin resistance as well as hormonal cancers (e.g. breast cancer), problems with ovulation and obstructive sleep apnea. Exactly why abdominal fat increases the risk of these serious diseases is not yet clear, but the association is well established.



Lisa Michelle Owens, M.D.
Medical Director
Brigham Primary Physicians at
Faulkner Hospital

2. Is there a genetic component to metabolic syndrome?

Yes. It is believed that certain individuals are genetically prone to developing insulin resistance. This inherited tendency is then triggered or set off by acquired or environmental factors such as central obesity or physical inactivity.

3. Is it more important to have a high HDL (good cholesterol) than a low LDL (bad cholesterol)?

It is more important to have a low LDL (bad cholesterol) because a high bad cholesterol level is directly associated with atherosclerosis (hardening of the arteries), which leads to stroke and heart attack. Although HDL (good cholesterol) is considered protective, even at high levels it is often not enough to protect against atherosclerosis in patients whose LDL is high. Most doctors would still work on lowering that LDL cholesterol.

4. How does smoking impact metabolic syndrome?

Smoking is a separate environmental factor that significantly increases the risk of atherosclerotic heart disease. So if a person with metabolic syndrome smokes, his or her risk of heart disease is that much higher. Yet smoking by itself is harmful. It increases high blood pressure and lowers HDL, both risk factors for metabolic syndrome.

5. Why does the National Heart, Lung, and Blood Institute suggest that metabolic syndrome may eventually surpass smoking as the leading risk factor for heart disease?

Metabolic syndrome is so closely tied to obesity, and obesity is on the rise in the United States. On the other hand, the percentage of smokers is decreasing.

6. Does the syndrome occur in children, and if so, what can parents do to prevent it?

Yes. Metabolic syndrome has been described in children. Obesity is growing even faster among children, and parents can help prevent metabolic syndrome by modeling and fostering a healthy lifestyle that includes healthy eating and regular physical activity.

7. How can a person tell if she or he has the syndrome?

A person could have several of the risk factors and not know it because except for obesity, metabolic syndrome has few or no symptoms. People should consult with their physician to be checked regularly for high blood pressure and the other risk factors that can result in the syndrome.

8. If a person has metabolic syndrome, does that mean that he or she will get diabetes or cardiovascular disease?

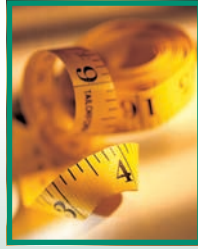
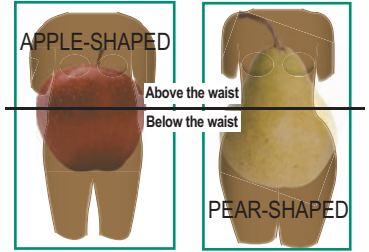
Not necessarily. Metabolic syndrome is a collection of risk factors which increase, but do not guarantee, the likelihood of developing diabetes or cardiovascular disease. There is an opportunity to modify existing risk factors through treatment of the individual conditions and prevention in the form of exercise and weight loss.

Risk factors

- **Age** — prevalence increases with age
- **Genetics** — more common in people with a family history of type 2 diabetes or a history of diabetes during pregnancy
- **Lifestyle** — unhealthy eating, inactivity and smoking can increase risk
- **Obesity** — more frequent in people with a body mass index greater than 25 and abdominal obesity
- **Other diseases** — certain illnesses, such as polycystic ovary syndrome, increase risk

A closer look

Obesity is a driving force behind metabolic syndrome. Although the body mass index (BMI), a calculation based on height and weight, is used to measure a person's "desirable" weight, it is not always accurate. Athletic people with well-developed muscles have a BMI higher than normal because muscle weighs more than fat. Waist circumference is often a more accurate measurement of excess weight that is detrimental to a person's health.



Measure your waist circumference

Accumulation of weight around and above the waist (apple-shaped) rather than the hips and buttocks (pear-shaped) increases a person's risk for metabolic syndrome.

To accurately measure your waist:

- Place a tape measure around your bare abdomen just above your hipbone.
- The tape measure should be snug — but not so tight it pushes into your skin.
- Check to make sure the tape measure is level all the way around.
- Relax, and measure your waist after you breathe out — no sucking in your belly!

Source: Mayo Clinic

Metabolic syndrome waist measurements • Women: > 35 inches • Men: > 40 inches

Determine your BMI

Divide your weight in pounds by your height in inches squared. Multiply by 703.
Example: 150 pounds / 65 inches² X 703 = 24.96

Normal weight 18.5-24.9
Overweight 25-29.9
Obesity 30 and above

What is Metabolic Syndrome?

Metabolic syndrome is identified by the presence of three or more of the following risk factors at the same time in one person. People with metabolic syndrome are at increased risk for diabetes and cardiovascular disease.

- Central obesity — measured by waist circumference
 - More than 35 inches in women
 - More than 40 inches in men
- High blood pressure of 130/85 mm Hg or higher or taking medicine for high blood pressure
- Fasting blood sugar of 100 mg/dL or higher or taking medicine for high blood sugar
- Fasting blood triglycerides of 150 mg/dL or higher or taking medicine for high triglycerides
- Low HDL cholesterol levels or taking medicine for low HDL cholesterol
 - Less than 50 mg/dL for women
 - Less than 40 mg/dL for men

Source: American Heart Association, National Heart, Lung, and Blood Institute

Healing the racial divide in health care

Bostonians come in many flavors.

But we're working to make health care excellent for everyone.

Boston is rich in ethnic and racial differences. They make our city vibrant.

But when those differences show up in the quality of health and health care, that's a cause for concern. And action.

This is a national problem that Boston shares. Last year, a survey by the Boston Public Health Commission revealed that Boston's racial and ethnic groups have strikingly different risks of illness and death.

The percentage of babies born prematurely and at a low birth-weight to black mothers is nearly double what it is for white mothers. Black men are twice as likely to die from diabetes as white men.

Latino Bostonians are more likely to be hospitalized for or die from asthma and have a higher incidence of diabetes and HIV. Asian people in Boston have higher rates of tuberculosis and hepatitis B.

Mayor Thomas Menino formed a task force to find ways to eliminate disparities in health and challenged hospitals and community health centers, among others, to take concrete steps to make the quality of health care excellent for all Bostonians.

Brigham and Women's Hospital (BWH) and Massachusetts General Hospital (MGH) provided significant funds for the City's special disparities



program and along with other hospitals agreed to take immediate actions that include:

- measuring the quality of patient care and patient satisfaction by race, ethnicity, language, and education;
- improving education and cultural competence for doctors, nurses and other caregivers, and staff and patients;
- helping patients take an active role in their care;
- working to diversify their professional workforce and governing boards;
- collaborating closely with members of the community.

BWH established the Health Equity Program to reduce disparities in neighboring communities. The hospital's new Center for Surgery and Public Health will, among other things, examine disparities in surgical care.

MGH created the Disparities Solutions Center to work with providers, insurers and community groups in Boston and nationwide. The hospitals and Partners HealthCare are putting more than \$6 million into finding and fixing disparities in care.

If there's one place where we should all be the same, it's in the excellence of our health care.

More information at Boston Public Health Commission at www.bphc.org

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evenly, and her stomach was pretty flat. All of that changed.

"I noticed that when I looked down, I could not see my feet, just my stomach," she said, before asking rhetorically, "Now when did that happen?"

At first, she wasn't that concerned. "My weight was not dangerous," she said. Her 5-foot-8-1/2-inch frame "could hide it."

What Thomasson did not realize is that belly fat, or "apple-shaped" obesity, is more threatening to a person's health than fatty deposits below the hips.

Of course, Thomasson was a walking red flag.

"Gradually, I woke up," she said after being diagnosed with diabetes. "Finally, after 37-1/2 years, I knew I had to do something. I needed to do something to keep on breathing."

Although MetS is seen in all races and

both sexes, there are some noted differences. In its 2008 Update, the AHA reported that the syndrome is more prevalent among Mexican Americans, affecting 32 percent of the age-adjusted population. Blacks and whites are impacted in roughly equal measure, at 22 and 24 percent, respectively.

Gender is a more significant factor. Black women have about a 57 percent higher prevalence than black men, while the prevalence in Mexican American women is 26 percent higher than that in Mexican American men.

Studies targeting particular populations can reveal a grimmer picture.

The Jackson Heart Study involved 5,300 African American men and women in metropolitan Jackson, Miss. The study found 33 percent of men and 43 percent of women had MetS — numbers much higher than the national estimates.

The cause of MetS is not precisely known, but most experts agree that both genetics and environmental factors are at play, and insulin resistance and obesity are key factors.

Insulin resistance, which can run in families, is a metabolic deficiency in which the body cannot effectively utilize the insulin it produces. Insulin allows glucose to enter the cells of the body to provide fuel for energy. Just as cars run on gas, our bodies run on glucose. If glucose cannot enter the cells, it builds up in the blood stream, causing damage to several organs.

Elevated blood glucose not only triggers diabetes, it sets in motion long-term complications like kidney failure, infections, and eye and nerve damage.

Some studies have revealed that diabetes is a more common outcome from MetS than cardiovascular disease. But either way, Bentley-Lewis explained, "MetS is a driving force for both diseases. Additionally, diabetes and cardiovascular disease are tightly linked."

Obesity and lack of exercise are the strongest environmental factors behind MetS. The percentage of Americans who are overweight or obese has increased from 51 percent in 1995 to almost 63 percent in 2007. Obesity on its own can increase the risk of all the other traits in MetS and is a leading cause of both heart disease and diabetes.

Body mass index, based on height and weight, is a tool that measures a person's "desirable" weight. Measurements of 25 and above can signal a weight problem. A prefer-

able tool for MetS, however, is waist circumference. Measurements more than 35 inches in women and 40 inches in men are red flags.

But other risk factors cannot be overlooked.

High blood pressure is more common in blacks than any other race. What's worse, it develops at an earlier age and has more serious complications. In one analysis of the prevalence of MetS in blacks, hypertension was a contributor in 70 percent of the cases.

For the most part, MetS has no symptoms. Its most evident sign is increased weight.

The positive news is that MetS and even its consequences can often be prevented, controlled and even reversed. Generally, the first line of attack is lifestyle management.

Weight loss is key.

"[Losing] as little as 5 percent of [one's] weight can help prevent diabetes," said Bentley-Lewis. This translates to only 12-1/2 pounds in a 250-pound person.

Healthy eating and exercise are also important, as well as regular screening for cardiac risk factors.

Thomasson can attest to that.

A nurse recommended Thomasson check out the Heart and Sole Program at Roxbury Comprehensive Community Health Center, offered in collaboration with the Roxbury YMCA. She joined and has never looked back.

The program provides education and services to reduce multiple

risk factors that increase the incidence of cardiovascular disease and diabetes.

The program meets once a week, but Thomasson goes beyond the minimum participation.

"I get up at 4 a.m., and by 5:30, I'm at the Y," she said proudly.

She starts on the exercise equipment in the gym and then hits the pool for another workout. She does aerobics as well.

Equally important, Thomasson has worked on her eating habits. She has taken classes on healthy eating, and is not shy in asking for extra help in controlling her appetite.

She admits that changing her habits is not easy. "I'm from the South and was raised on ham hocks and collard greens," she said.

She started slowly at first and eliminated white bread, pasta and potatoes from her diet, then added more fruits and vegetables.

She readily admits that she backslides from time to time.

"Bean salad is good, but sometimes it's not what I want to eat," she said. "It's just not me."

Thomasson can see an improvement. Her blood pressure, diabetes and cholesterol are all under control with medication. And her weight is going down.

But she has other goals. "I know I can reverse my diabetes," she said. "My goal is to get off medicine for diabetes and high blood pressure."

She knows she can do it.

A while back, her glucose reading was higher than what her doctor wanted. He recommended an increase in her medication.

Thomasson said she told her doctor she had a different plan, one that didn't involve any more medications. "Give me three months to get it down," she told her doctor. "I don't want to take any more of nothing."

Three months later, her glucose level was where the doctor ordered.



Rhonda Bentley-Lewis, M.D.
Endocrinologist
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Division of Endocrinology, Diabetes
and Hypertension

Check yourself out*

Measure your waist

Check your blood pressure

Check your cholesterol, triglycerides and glucose



Date	Institution	Address	Time
11/12	Health Connection	McDonald's Parking Lot 301 Warren Street, Roxbury	9 a.m. - 1 p.m.
11/13	Health Connection	Grant Manor 1812 Washington Street, Boston	1 - 4 p.m.
11/19	Health Connection	South Bay Center 1100 Mass. Avenue, Dorchester	1 - 4 p.m.
11/21	Roxbury Action Program's 40th Anniversary Celebration	Reggie Lewis Track and Athletic Center 1350 Tremont Street, Roxbury	10 a.m. - 3 p.m.

Call 617-534-2295 for more information. *Free tests for high blood pressure, cholesterol, diabetes and obesity.

IT'S ALL ABOUT THE NUMBERS

TEST

Blood Pressure

Total Cholesterol

HDL — "Good" Cholesterol

LDL — "Bad" Cholesterol

Triglycerides

Fasting Blood Glucose

Random (after eating)

Body Mass Index

Waist Circumference

DESIRED

Less than 120/80 mm Hg

Less than 200 mg/dL

Greater than 40 mg/dL in men

Greater than 50 mg/dL in women

Less than 100 mg/dL

Less than 150 mg/dL

Less than 100 mg/dL

Less than 140 mg/dL

18.5 - 24.9

Women: under 35 inches

Men: under 40 inches

Sources: American Heart Association • American Diabetes Association

Take charge

The good news is that metabolic syndrome can be prevented or treated with changes in lifestyle and medications. It can also often be reversed.



Do not smoke.

Maintain a healthy weight.



Exercise for 30 minutes most days of the week. Start with 10-minute intervals if necessary.

Eat a variety of fruits, vegetables, lowfat proteins, whole grains and healthy fats.



Take medications, as prescribed.

Talk to your doctor about regular screenings for cardiovascular conditions.



Joyce

continued from page 1

dren — they were about 14 and 15 at the time. "I am a single mom and have no family in the area," she said.

She realized that she would leave her kids alone if she died.

That's when she noticed the advertisements for Weight Watchers. She liked what she heard — "eat what you like and lose weight."

She started slowly and followed a plan online before she graduated to classes. She wasn't ready for a complete change in her eating habits. Fast foods were still high on her list. "I ate sugar and things that turn to sugar," she said.

Eventually, she eliminated some of her unhealthy habits, especially when she noticed her healthy eating plan was working.

As it is now, she has lost 103 pounds and is down from a size 24 to a size 8. Her weight is now 145 pounds, her blood pressure, 110/70, and her cholesterol, 130, a far cry from when first diagnosed six years ago.

She said she still needs to watch herself from time to time.

"I'm an emotional eater," she said.

She works out most days of the week before she goes to work, alternating between the treadmill, elliptical machine and weights.

Even better news is that she is completely off medication for her diabetes, blood pressure and cholesterol.

And she stays on top of her health. She tests her blood sugar once a week.

"I feel so much better," she said. "I feel as though I have added 10 to 15 years to my life."

Want more information? It's a phone call away.

American Heart Association
1-800-242-8721
www.americanheart.org

American Diabetes Association
1-800-342-2383
www.diabetes.org