

Health



CRAVING
Salty, crunchy
Ditch the chips
for pistachios

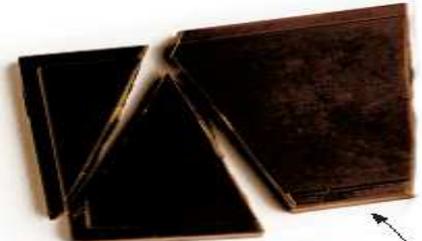


CRAVING
Sweet You might
want a cookie,
but go for an
apple instead



CRAVE BETTER

Experts say those bad-for-you foods can be replaced with much healthier alternatives



CRAVING
Chocolate When
it comes to
chocolate, go for
the dark stuff



GETTY IMAGES

Do you sometimes experience a sudden desire for chips or hankering for a hamburger? You're not alone. Cravings are one of the biggest diet downfalls. Studies by Tufts University and the Monell Chemical Senses Center have found that nearly everybody experiences food cravings. ■ Here is advice on conquering those cravings from two experts: Cheryl Forberg, a dietitian and the nutritionist for "The Biggest Loser" TV show, and Monte Morris, a self-described health nut who lost 48 pounds and kept it off.

The professional's take

BY CHERYL FORBERG

Several things can trigger food cravings. Sometimes our bodies are in need of a particular nutrient. Sometimes it's hormonal. But most of the time it's emotional. A lot of us are emotional eaters, and often — if we're feeling bored, anxious or lonely — we reach for food when we're not even hungry for satisfaction. How do you curb the cravings? The next time one hits, before reaching for food, ask yourself: Am I really hungry? If you've eaten on schedule (recommended is three meals and two snacks a day) and you determine this urge could be emotional eating, acknowledge that you may have gotten into a habit of trying to fix your troubles or boredom with food. Don't panic, remember, you're not alone. Try, for just 16 minutes, to deal with your urge differently than with food. **A new SEE CRAVE • E2**



Monte Morris before his 48-pound weight loss.

A real-life success story

BY MONTE MORRIS

Three years ago, I was 236 pounds and well overweight. According to my BMI, I was obese. I was low on energy, lacked ambition, was physically inactive, stressed at work and had an awful diet. I had also just been blessed with a new baby girl. I was eating plenty of very unnatural foods and felt horrible. I'm a beer-lover, but I didn't realize how many carbs and calories were coming from my after-work treat. The worst part was, I didn't even really see or understand the problem. After living with a generally unhealthy and emotionally unhappy feeling, I went to the doctor for a checkup. My doctor looked me in the eye and told me I had Stage 2 hypertension and needed to lose weight. He went on to tell me that Stage 2 hypertension is very serious and not too far from a heart attack. ... at 35 years old **SEE MORRIS • E2**

RESEARCH SHOWS LINK BETWEEN BAD TEETH AND HEART DISEASE

BY SEEMA YASMIN

It's highly likely that poor oral health is linked to heart disease. Studies have shown that people with unhealthy mouths suffer more heart attacks and have an increased risk of stroke compared with people with good oral health.

Specifically, we're referring to gum health. What does the state of your gums have to do with your heart? The common factor is inflammation. In the case of gum disease, there are two types: gingivitis, a disease where the gums are sore, swollen and red, and the more serious periodontitis, where swollen gum tissue pulls away from the teeth.

Between one-third to one-half of Americans have some form of periodontitis, according to the Centers for Disease Control and Prevention. But don't rely on warning symptoms to alert you to the fact that you have the disease. Many people with mild to moderate gum disease don't suffer



any symptoms.

So what's the relation to heart disease? Inflammation is central to the process that causes the buildup of fatty plaques in the arteries that feed the heart. These plaques cause the blood vessels to harden and narrow.

blood cells are attracted to the area and they form a key component of the plaques that can eventually block arteries and starve the heart and brain of oxygen. Bacteria play a role in heart disease, too. Studies have implicated the

EARLY EXPOSURE IS NEW PLAN TO PREVENT PEANUT ALLERGY

BY ROB GOODIER

Parents may be able to reduce the chance that their children will develop peanut allergies by introducing the food early on, as young as 4 to 6 months of age, experts now say. The timing and method should depend on the infant's risk of a peanut allergy, according to doctors who recently presented a preview of updated guidelines at the annual meeting of the American College of Allergy, Asthma and Immunology in San Francisco. "This is an amazing opportunity to help potentially reduce the number of cases of peanut allergy, but this can only be done with

the cooperation of parents and healthcare providers," said Dr. Matthew Greenhawt, a pediatrician and co-director of the Food Challenge and Research Unit at Children's Hospital Colorado in Aurora, Colo., who co-authored the update.

The basis for recommendations is the Learning Early about Peanut Allergy (LEAP) study. In that trial, infants at high risk for peanut allergies who were exposed to peanuts early were less likely to develop an allergy by the time they reached 5 years of age. The findings were published last year in The New England Journal of Medicine. The updated guidelines **SEE PEANUT • E4**



MORE EVIDENCE LINKS HIGH SODIUM INTAKE TO DEATH RISK

24-year study shows mortality rate rises with salt quantity

BY KATHRYN DOYLE

Keeping sodium intake low may prolong life, according to a new study that set out to clarify the long-term risk of eating too much sodium and the benefits of cutting down.

Based on following more than 3,000 people with elevated blood pressure for more than 24 years, researchers found that risk of death from any cause rose in a straight line along with sodium intake.

"Our results are not that surprising because we know that sodium increases blood pressure, and we have found that it increases risk of cardiovascular disease also," said lead author Nancy R. Cook of Brigham and Women's Hospital and Harvard Medical School in Boston.

But some recent studies found a J-shaped curve. Cook told Reuters Health by email, indicating a higher rate of death among those consuming the lowest levels of sodium.

"We found a direct linear association, such that those with the lowest sodium levels had the lowest mortality rates," she said.

The researchers used data from two trials of hypertension prevention undertaken from 1987 to 1990 and 1990 to 1995. At the beginning of the trials, participants had blood pressure that was higher than is considered healthy but below the threshold for hypertension.

The trials assessed, among other things, the effects on blood pressure of reducing sodium in the diet and losing weight compared with making no changes in sodium intake, and followed participants for three to four years.

For the new study,



A study following up on two clinical trials indicates that reducing sodium intake might prolong life.

Cook's team used death records to follow up on those participants for a total of 24 years after the trials.

Combining data on participants in both trials, the researchers found that of 3,126 people, 251 died. Those who had been in the sodium-reduction group during the trials had consistently fewer deaths, giving them a 15 percent lower risk of death. The difference from the comparison group was not statistically significant, however, meaning it could have been due to chance.

It is disappointing that the difference in death rates was not significant, Andrew Menzies, of McMaster University in Hamilton, Ontario, and co-authors write in an accompanying commentary in the *Journal of the American College of Cardiology*. The dietary intervention to reduce salt intake had been intensive, but participants may not have adhered to the dietary patterns after the trials ended, they write.

Researchers also found, however, that risk of death rose steadily with sodium intake—starting at a low sodium intake of 2,300 milligrams per day or less, all the way up to high intake of 4,800 mg or more daily.

Alina Utter, Getty Images

"None of their analyses provide robust evidence to support low sodium intake; in particular, the death rate was not significantly lower between low and moderate sodium intake categories," the commentary authors note.

But the results do support modest reductions to support low sodium intake, in addition to adhering to a healthy diet in general, they write.

Sodium intake does influence blood pressure, which is a strong risk factor for heart disease, Cook said. "There may be other effects on the vasculature or on the kidney, though, that are not fully understood."

Dietary guidelines recommend less than 2,300 mg of sodium—the amount in about a teaspoon of table salt—per day, and the American Heart Association recommends less than 1,500 mg of sodium per day, but these low levels are hard to achieve in the American food environment, she said. "Everyone needs some salt," Cook said. "It is an essential nutrient, but we need far less than we consume."

Doyle writes for Reuters Health.

PEANUT

FROM E1 offer three approaches to peanut introduction, depending on the infants' risk of allergy, according to Greenhawt.

1. Infants with severe eczema, egg allergy or both are at high risk for peanut allergy. They should be exposed to peanuts as early as 4 to 6 months to reduce the risk of allergy. Beforehand, however, these infants should undergo a skin prick test. If the test yields no wet or a small wet of up to 2 mm, parents can introduce peanuts at home. But if the test yields a wet of 3 mm or larger, peanuts should be introduced in the doctor's office—or not at all if the wet is large and an allergist recommends avoidance.

2. Infants with mild to moderate eczema who have already started solid foods should be exposed to peanuts at 6 months of age.

3. Infants without eczema or any food allergy are at low risk, and parents can introduce peanuts in an age-appropriate form at any time starting at age 6 months.

Of course, infants might choke on whole peanuts. So what are age-appropriate forms of peanut? Another co-author of the new guidelines, Dr. Amal A. Seed, a pediatrician and director of the FARE Food Allergy Center of Excellence at the Cincinnati Children's Hospital Medical Center in Ohio, told Reuters Health, "Several appropriate forms of peanut-containing foods are creamy peanut butter that can be made softer or more liquefied by adding warm water and let it cool, or serving corn puffs containing peanut. For older infants, peanut butter can be added to apple sauce or other fruit purees."

The updated guidelines will be published in January on the National Institute of Allergy and Infectious Diseases website; in the meantime, the site provides the current 2016 guidelines on peanut and other food allergies (<http://bit.ly/2eKdUd>).

Goodier writes for Reuters Health.

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FROM E1

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The vascular nature of gums can cause bacteria to enter the bloodstream when you brush your teeth.

In a study published in 2015 in the *Journal of Dental Research*, researchers studied 112 people who suffered a heart attack. They found that periodontitis was a risk factor for death from heart attacks.

Those findings back up recommendations published jointly by the *Journal of Periodontology* and the *American Journal of Cardiology* in 2009. In that report, the authors wrote that gum disease is a risk factor for heart disease and strokes.

Analysis of data from a large, national data set, the National Health and Nutrition Examination Survey, also highlighted gum disease as a risk factor for heart disease and strokes. But a study published in 2012 could not prove that gum disease causes heart disease or strokes. The authors of that study concluded that they couldn't say for certain that treating

gum disease would definitely prevent heart disease.

The link between gum disease and heart disease could simply be that the two share common risk factors. Rates of periodontitis are highest among people who smoke, have diabetes and are obese. Those are the same risk factors for stroke and heart disease.

Or the link could be explained by the fact that people who neglect their teeth and gums by not brushing and flossing regularly are also less likely to exercise, watch their diet or visit the doctor—all of which are essential for a healthy heart.

While dentists and car-

diologists alike continue to debate the link between gum disease and heart disease, the joint report in the *Journal of Periodontology* and the *American Journal of Cardiology* recommends that:

- People with gum disease and any signs of gum disease see a dentist.
- Dentists tell patients with severe gum disease that they are at an increased risk for heart disease and strokes.
- People who have moderate to severe gum disease and a risk factor for heart disease, such as diabetes, should see a doctor.

Kasman writes for The Dallas Morning News.

The San Diego Union-Tribune **2016**

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