

NEED TO KNOW?

YOUR QUESTIONS ANSWERED

Just checking

Q When should I start having my lipids checked? How often?

Dr. Jeanette Goguen responds: Triglycerides and cholesterol are two fats (also known as lipids) that circulate in the blood in LDL (low density lipoprotein — the so-called “bad cholesterol”) and HDL (high density lipoprotein — “good cholesterol”). Your doctor measures them as total cholesterol, triglycerides, LDL and HDL. Certain people with high triglycerides and/or LDL levels are predisposed to atherosclerosis — a hardening of the arteries to the heart, which can cause coronary artery disease, brain, which can cause strokes or milder trans-ischemic accidents (TIAs), and legs, which can cause peripheral vascular disease.

People with low HDL can also be predisposed to these disorders. In rare cases, people may have severe inherited lipid disorders that can cause early cardiovascular disease even when there are no other risk factors. For the majority, however, cardiovascular disorders result from a mixture of cardiovascular risk factors. These include age, gender, smoking, high blood pressure, abdomi-

nal obesity, chronic kidney disease and diabetes. The most significant risk factors for a future cardiovascular event are diabetes mellitus and having known cardiovascular disease.

The decision about when to start checking lipids depends on your personal risk of cardiovascular disease. Currently, lipids are checked in patients with cardiovascular disease and with diabetes mellitus as soon as these disorders are diagnosed. For people who are healthy without risk factors, the current recommendations are to check lipids starting at age 40 for men and 50 (or when postmenopausal, whichever comes first) for women. Lipid measurements should be repeated every one to three years after that. If you have any additional risk factors or a family history of early cardiovascular disease, then your lipids should be checked earlier and more often (usually annually, but more frequently if treatment is being assessed).

Dr. Jeanette Goguen is Assistant Professor in the Division of Endocrinology at the University of Toronto and an endocrinologist at St. Michael's Hospital.



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Are there risks in using asthma controller meds?

Q Do inhaled corticosteroids have side effects I should watch for?

Dr. Abraham Born responds: The benefits of inhaled corticosteroids for asthma symptoms and exacerbation reduction have been confirmed in many studies. Inhaled corticosteroids are now considered the primary medication for most children and adult patients with mild, moderate and severe asthma according to the Canadian Thoracic Society 2003 guidelines update.

Local adverse effects of inhaled steroids such as hoarse voice, oral candidiasis, perioral dermatitis and dry throat are preventable and reversible. Some patients are concerned about the systemic safety of inhaled steroids during asthma treatment. Several studies demonstrate that high-dose inhaled corticosteroids can be absorbed and cause systemic effects such as suppression of the pituitary-adrenal axis, decreased skin thickness, growth retardation in children, osteoporosis, glaucoma and cataracts. People using high doses of inhaled steroids may absorb 20–40 % of the administered dose.

Lower doses of inhaled corticosteroids have fewer potential adverse effects. Growth retardation may remain a problem in children, but in studies

conducted to date, the adult height of patients treated with corticosteroids was similar to patients with asthma not treated with corticosteroids. Bone density studies of hip and spine (to detect risk of osteoporosis) for adult women taking high dose beclomethasone for one year were similar to the control group treated by placebo.

Older patients who use high doses of inhaled steroids regularly for more than three months have increased risk for open-angle glaucoma. A British study of 15,000 asthma patients found a dose- and duration-related higher prevalence of certain types of cataracts among users of inhaled corticosteroids than among those without inhaled corticosteroid use.

Current recommendations for mild and moderate asthma are to maintain the dose of inhaled fluticasone below 500 µg/day or budesonide under 800 µg/day. For metered dose inhalers, a spacer device, as well as mouth rinsing, gargling and expectoration will reduce the amount of steroid swallowed and absorbed.


Dr. Abraham Born is a respirologist and Deputy Chief of Medicine at North York General Hospital in Toronto, and an Assistant Professor of Medicine at the University of Toronto.

Acting on GERD

Q What lifestyle changes can make GERD less frequent?

Yvonne Mullan responds: The following tips may help to improve your reflux symptoms:

1. If you smoke, stop.
2. Don't drink alcohol.
3. Try to lose weight if you're overweight. Even a small weight loss (5–10% of your body weight) may make a difference.
4. Try to eat small frequent meals instead of three big meals a day.
5. Avoid lying down soon after eating.
6. Elevate the head of the bed six to eight inches to prevent reflux when sleeping.
7. Avoid chewing gum and hard candy.
8. The following foods can be associated with reflux events, and may need to be limited or avoided: chocolate, caffeinated drinks such as coffee and tea, fatty and fried foods, garlic and onions, mint flavourings, spicy foods, tomatoes and tomato products and citrus fruits.

You may want to take a vitamin C supplement if you are avoiding citrus foods such as oranges, tomatoes etc... Keep in mind that every person is different, so it's important to adjust your diet and lifestyle based on what you find best helps your symptoms. It may be helpful to keep a food journal (symptoms, time they occurred, what you ate, and activities you engaged in before the discomfort started) to determine what foods aggravate your condition. 

Yvonne Mullan is a clinical dietician and certified diabetes educator at St. Michael's Hospital in Toronto.