

HEALTH & WELLNESS

ISSUES CONCERNING THE WELL-BEING OF THE AFRICAN AMERICAN COMMUNITY

Eat meat lose weight?



The high-protein, no-carbohydrate diet can increase cholesterol levels and cause kidney problems or possibly a loss of calcium in the bones.

High protein diet is an unhealthy fad

BY AMY FRAZIER
THE ASSOCIATED PRESS

ATLANTA — On a typical morning, Ron Glasgow consumes a three-egg omelet and a 12-ounce package of bacon or a half-pound of ham. During the rest of the day, he can eat all the pork rinds, beef jerky, sausage and steak he wants.

After following this diet for 11 months, he's lost 95 pounds.

Glasgow, down to 330 pounds, and others claim a diet of unlimited meat, cheese and eggs works — if you lay off the carbohydrates and sugars. No sweets, rice, pasta or bread.

Many dietitians and health experts, 10,000 of whom will be in Atlanta this week for the American Dietetic Association's annual meeting, say the diet is an unhealthy fad and the weight loss is temporary.

The high-protein, no-carb plan is "a nightmare of a diet," said Kathleen Zelman, a registered dietitian and ADA spokesperson. "At first, it sounds so alluring. You get the green light to eat these foods."

But she said the monotony soon gets old. Sure, you get the hamburger, but no bun or fries. You can eat a big steak, but forget the baked potato and tossed salad.

Plus, it's just unhealthy.

nutritionists say. Along with the risk of increasing cholesterol levels, the diet could cause kidney problems or possibly a loss of calcium in the bones, Zelman said. Limiting the intake of carbohydrates to such a dramatically low level starves the body of needed nutrients and it causes an artificial metabolic state.

"Think of it on a global perspective — the world at large survives on grains," Zelman said. "If we didn't have carbohydrates, we would not be able to survive. Bread is the staff of life."

Glasgow, a 39-year-old computer support technician from Cumming, said the diet allows him to lose weight and continue to be a "big eater."

"I'm aware of some of the opponents, but for me right now, it seems to be working," he said.

Glasgow said he lost 100 pounds once before on a low-fat, high exercise diet, but he couldn't stay on it. While on that diet, he said he took a two-month leave of absence from his job and exercised between 6 and 8 hours a day. When he returned to a more reasonable exercise schedule, the weight stopped coming off and he went back to his old ways.

With studies showing that

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More blacks die of lung cancer because fewer have surgery

BY JANET MCCONNAUGHEY
THE ASSOCIATED PRESS

NEW YORK — A big reason lung cancer is deadlier for blacks than for whites is that blacks are less likely to get the cancer cut out while they have a chance of survival, researchers say.

The researchers said they don't know exactly why this is so. But the president of an organization of black doctors suggested racial prejudice is at work.

The study was conducted by doctors at Memorial Sloan-Kettering Cancer Center in New York and published in Thursday's New England Journal of Medicine.

Early lung cancer has few symptoms, so many patients do not learn they have it until it has spread and it is too late to operate. Even with surgery, the chances are poor.

About 34,000 people a year are diagnosed with non-small-cell lung cancer — the most common kind — early enough for surgery to make a difference.

The study looked at such patients and found that the overall five-year survival rate among elderly whites was 34.1 percent vs. 26.4 percent among elderly blacks. However, it found that the black patients were almost 13 percent less likely to have such surgery

than the whites.

Among those who had the cancer cut out before it spread, about 39 percent of the blacks and 43 percent of the whites lived at least five years after the diagnosis. Without the operation, only 4 percent of the blacks and 5 percent of the whites made it that long.

"Obviously, the opening question left by this study is what is going on in that doctor-patient relationship or interaction" that leads to the black-white difference, said Dr. Peter B. Bach, who led the study.

Doctors have long known that blacks with lung cancer are more likely than whites with the disease to die from it. But the reasons have been unclear. This is evidence that different medical treatment is at least part of the reason, and at least the second major study this year to find that blacks get different medical treatment than whites.

Blacks are also more likely than whites to die of heart disease — and earlier this year, a study found that blacks and women are less likely than white men to get the best cardiac testing.

"The data is coming from so many sources that it is hard even with the best of conscience not to think that race is the factor, be it conscious or unconscious," said Dr. Walter W. Shervington of New

Orleans, president of the National Medical Association, an organization of 20,000 black doctors.

The study looked at 10,984 patients in a National Cancer Institute database of people in five states and five cities outside of those states. To remove the availability of insurance as a factor, the researchers looked only at people who were at least 65 years old, and thus covered by Medicare.

They found that 76.7 percent of the white patients had surgery, but only 64 percent of the black patients did.

Since poverty makes it harder to get good care, the researchers also tried to look at the poorest patients, black and white. They looked for people living in an area where the average income was in the nation's bottom quarter. There was still a black-white difference of nearly 9 percentage points.

"Clearly, it's killing people," said Dr. Rodney G. Hood of San Diego, president-elect of the NMA.

But Dr. Garrett Walsh, a thoracic surgeon at M.D. Anderson Cancer Center in Houston, said the racial gap may be an oversimplification.

He said the researchers had "fuzzy" information about income

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Herbs may be harmful before surgery

BY SUSAN PARROTT
THE ASSOCIATED PRESS

DALLAS — Some popular herbal remedies can be dangerous if taken before surgery, doctors are warning.

Researchers believe some of the most common herbal products might prolong the sedative effect of anesthesia, increase bleeding during surgery and cause fluctuations in blood pressure.

Patients should tell their surgeons about all herbal products they use, along with prescriptions and over-the-counter remedies, to avoid dangerous interactions, said Dr. Charles McLeskey, an anesthesiologist at Scott & White Memorial Hospital in Temple.

At a conference last week in Dallas of the American Society of Anesthesiologists, McLeskey presented results of a survey of 979 presurgical patients. Seventeen percent said they take one of more herbal products.

The most common herbs listed were ginkgo biloba, garlic, ginger and ginseng — all of which may prevent blood clots from forming and lead to excess blood loss in surgery. Two other popular herbs — St. John's wort, an antidepressant, and kava-kava, a relaxant — may prolong the sedative effect of anes-

thesia, McLeskey said.

The ASA suggests that patients stop taking herbal products at least two weeks before elective surgery and keep their doctors informed.

A spokeswoman for the Council for Responsible Nutrition, which represents makers of dietary supplements, said patients should try to bring the bottles with them anytime they visit a doctor or hospital.

"Anytime they are taking a dietary supplement they should mention that to their doctor," Cathy Fomus said. "They can interact with food, with each other and other prescription drugs."



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