



## Beyond Cholesterol

### September is National Cholesterol Education Month



**C**holesterol is a household word, synonymous with coronary heart disease. But a growing body of research shows that this fat-like substance in your blood may be just the tip of the iceberg. Scientists are learning that other substances may give you and your doctor new clues about your heart disease risk.

And that's good news. Coronary heart disease, in which fatty deposits build up in your arteries, is the nation's top killer. Half of all heart attack victims have none of the better-known risk factors, so new ways of foreseeing risks could lead to more prevention. But doctors aren't yet sure how to treat these clues.

"This is very much a work in progress," says Stephen Devries, M.D., director of the University of Illinois' outpatient heart center. "We can now identify more heart disease triggers than ever before, but there's a lot to be learned."

How can you and your doctor use the findings? If you don't yet have heart disease, the best way is to look at the whole picture, says Dennis Sprecher, M.D., Cleveland Clinic director of preventive cardiology. "What these newer predictors can do," he says, "is provide us with a sense for how aggressive we should be in treating those things we already know how to treat."

Those things include too much "bad" or LDL cholesterol, and not enough "good" or HDL cholesterol. If your levels are out of kilter, Dr. Sprecher says, data on the new predictors could tip your doctor's hand on more intense treatment.

If you already have heart disease, discuss appropriate treatment with your health care provider.

Here are some of the leading new predictors:

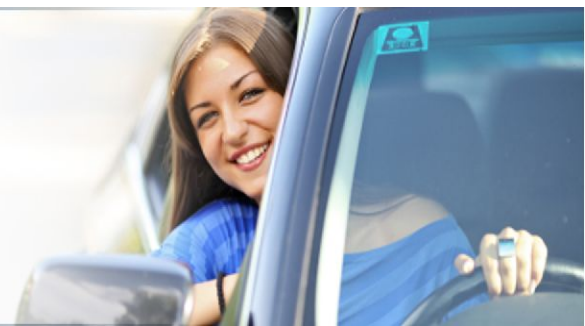
#### **Homocysteine**

Homocysteine is an amino acid, a constituent of the proteins we eat. According to Richard Stein, M.D., chief of cardiology at Brooklyn Hospital, a few of us don't process this substance very well. It seems to be toxic to the cells that line the arteries. "This toxicity tends to promote the fracture of plaque," he says. "When plaque fractures, a clot forms, blocks the blood flow, and causes a heart attack." Scientists are studying whether some B vitamins (vitamin B12, pyridoxine, and folic acid), which appear to lower levels of homocysteine in the blood, may help treat high levels. So far, the American Heart Association (AHA) recommends only that we take in 400 mcg daily of the B vitamin folic acid for its general

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health benefit. Experts don't recommend routine blood tests for homocysteine unless you have other heart-disease risk factors, or unless you have heart disease but no known risk factors. Your homocysteine level could provide a clue.

### Triglycerides

Triglycerides are no longer the new kid on the block, but many people still don't realize their importance. They are your body's most common form of fat and main source of stored energy. Your liver makes triglycerides and cholesterol from food. Doctors view triglyceride levels as less important than cholesterol levels. But high triglycerides are a warning sign, Dr. Devries says, especially if your HDL is low, you're diabetic, and you're a woman. Diet and exercise affect triglycerides, just as they do cholesterol. Obesity, inactivity, and high-sugar foods can cause special trouble. If lifestyle changes, like a low-fat diet and exercise, don't lower triglycerides, Dr. Devries says, drugs such as statins and fibrates may help, along with the vitamin nicotinic acid, a specific form of niacin. (Other forms of niacin do not affect triglyceride levels.) Labs check triglycerides as part of a full lipid study that also measures HDL and LDL. Talk with your doctor if your level is high.

### C-Reactive Protein

Your C-reactive protein (CRP) level rises if there's inflammation in your body. Scientists think chronically high levels might predict inflammation in blood vessels. "The problem with this marker," says Dr. Sprecher, "is that if you have a little bit of a cold, it will go up." Testing is very sensitive but not very specific. The AHA does not recommend checking everyone's CRP level. However, for people with risk factors for heart disease, a CRP level may help a physician decide whether to be more aggressive with treatment to reduce or eliminate risk factors for heart disease. Levels above 3 are considered high. Dr. Stein says studies show statins may lower CRP.

### Lp(a)

Lp(a) is "LDL with attitude," Dr. Devries says. It's a fat-carrying particle made up of LDL and protein. Scientists agree your Lp(a) level is set mainly by genetics, so people with a family history of heart disease may have high levels. Knowing this may

help doctors decide how aggressively to treat other risk factors, such as high LDL cholesterol. "Lp(a) magnifies the risk of the other problems you have," says Dr. Devries. Like high cholesterol, it can also be treated with statin drugs and niacin, but doctors don't yet know if lowering your Lp(a) level cuts your heart-disease risk. Your doctor would likely order an Lp(a) blood test only if you have other serious risk factors for heart disease.

### Cholesterol: Still Our Top Danger Sign

A high level of cholesterol in the blood is still our top heart disease predictor, experts say. A 2001 report from the government's National Heart, Lung, and Blood Institute urged these changes in cholesterol screening and treatment:

- If you are 20 or older, you should have a full lipid profile every five years, unless more frequent evaluations are indicated. This test is done after fasting and measures total cholesterol, LDL cholesterol, HDL cholesterol, and triglycerides.
- Doctors should treat certain people at risk more aggressively with drugs. Those with total cholesterol above 200 mg/dl, an HDL below 40 mg/dl, or an LDL higher than 100-130 mg/dl are at risk and might be treated. A family history of heart disease, diabetes, and smoking also are risk factors. So is metabolic syndrome -- a combination of abdominal obesity, high triglycerides, low HDL, high blood pressure, and a high blood-sugar level.
- If you're at risk, you should make important lifestyle changes. You should cut saturated fats to 7 percent of your total daily calories, lower cholesterol in your diet to less than 200 mg a day, eat more soluble fiber and foods with plant stanols or sterols (found in some margarines and salad dressings), stick to a healthy weight, and make exercise a habit.
- You should learn your risk level. Experts have set up four risk categories. Your doctor can work out your level with a risk assessment tool based on blood tests, blood pressure, and smoking status.

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### **By the Numbers**

**Risk Predictor:** Total Cholesterol (1)  
**Ideal Number:** Below 200 mg/dl

**Risk Predictor:** HDL Cholesterol (1)  
**Ideal Number:** Above 60 mg/dl

**Risk Predictor:** LDL Cholesterol (1)  
**Ideal Number:** Below 130 (or 100 depending on other risks) mg/dl

**Risk Predictor:** Triglycerides (2)  
**Ideal Number:** Below 150 mg/dl

Source: (1) National Heart, Lung, and Blood Institute; (2) Cleveland Clinic

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## **The Warning Signs of Suicide**

**National Suicide Prevention Week is September 5-11**

Suicide is a devastating act that almost always seems to take friends and family members by surprise. But people often give clues that they're thinking of suicide. Recognizing the warning signs of suicide could result in a life being saved.

### **Warning Signs**

Giving away cherished possessions and being preoccupied with death are red flags that a person is suicidal. Furthermore, the old saying that people who talk about suicide don't do it is simply not true. Such talk is often a cry for help before it's too late. Another warning sign of suicide is depression. Any of these changes could indicate depression:

- feelings of hopelessness, helplessness
- changes in eating, sleeping patterns, or behavior
- withdrawal
- poor performance at work or school
- poor concentration

### **Risk Factors**

Anyone who is depressed or has recently been depressed is at risk for suicide. The following are also risk factors:

- alcohol and drug use
- a history of physical or sexual abuse
- death of a friend or family member
- end of a relationship
- a previous suicide attempt

### **What to Do**

If you suspect someone is considering suicide, take warning signs seriously. Don't assume it will blow over. Share your concerns with someone who's in a position to take charge. Getting a person past a suicide crisis involves being very direct. Ask these questions:

1. Do you feel there's no other way?
2. Do you have a plan to commit suicide?
3. If yes, how and when would you do it?



If the answers indicate the person is serious about suicide, don't try to talk him or her out of it. But do try to make a deal with the person: that he or she won't do anything without talking to you - or another trusted person - first. Then get help. Talk to a responsible family member, school counselor, teacher, or suicide prevention hotline immediately.

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If possible, have a trusted friend or relative stay with the person until the crisis is passed. Follow up with professional help. As a friend or family member, show understanding, compassion, and caring, even though you may be angry with the person for putting you through this.

#### If You're Considering Suicide...

Reach out: Talk to a family member, friend, or doctor. They'll be able to get you the help you need and deserve. Or call your local suicide hotline. You can find it in the community service pages of your telephone directory. It's hard to see it when you're feeling down, but getting help can help you understand that your life is valuable to yourself and others.



#### Is It Necessary?

- Has the task lost its usefulness over time?
- Is it important enough for the amount of time it's using?

#### Is It Appropriate?

- Does it belong in my department?
- Is it appropriate to my skill level?
- Can it be delegated?

#### Is It Efficient?

- Is there a better way to do it?
- If I take some time now to think of shortcuts and alternatives, will it save me time in the long run?

#### Three Ways to Make Better Use of Your Time

1. Discontinue low-priority tasks.
2. Find someone else to take some of the workload.
3. Be more efficient at what you do.

## The Three Rules of Time Management

The first step in achieving better control of your time is to look at how you use time now. Keep a record of your daily activities and the time they take. Then, look at each of the activities and ask yourself these questions:

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