



Article 16*

The Non-Medicated Life: The Benefits of Weight Management

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This is the sixteenth in a series on optimal diet and lifestyle to help prevent disease and responsibly avoid an over reliance on medications. This complementary approach is based in the medical evidence of the most successful research trials and the best science available. Any planned change in diet, exercise or treatment should be discussed with and approved by your personal physician before implementation. Consultation with a registered dietitian is strongly advised.

Medicines are a mainstay of American life and the healthcare system not only because they are perceived to work by the individual taking them, but also because their benefit may be shown by the objective assessment of scientific study. Clinical research trials have shown that some of the medicines of Western science may reduce the risk of heart attacks, strokes and cardiovascular death.

In the first fifteen installments of The Non-Medicated Life, informed diet and lifestyle have been shown to accomplish naturally for the majority of individuals, many, if not most of the benefits of medications. This is especially true when diet and lifestyle are directed to achieving a normal body weight. For individuals who are overweight or obese, weight reduction, even when modest may lower blood pressure, lower blood sugar, improve cholesterol and decrease the risk for heart attack or stroke. Moreover, weight reduction may allow an individual on blood pressure, diabetes or cholesterol medications – with the approval of his or her personal physician – to decrease those medications or stop medications while still achieving recommended targets. Such weight reductions may also allow an individual who is unable to achieve recommended targets even on maximal medication to finally achieve optimal risk reduction.

determining the specific amount of increased body weight which increases the risk for disease. Body Mass Index or BMI is used to define weight in relation to height for which health risk increases. BMI is defined as one's weight in pounds multiplied by 703 and then divided by one's height in inches squared. A BMI of 25 or less is considered healthy. A BMI greater than 25 but less than 30 is considered overweight with an increased risk recommending weight reduction when combined with a medical problem such as hypertension. A BMI of 30 or greater is considered obese and carries with it an increased risk recommending weight reduction even in the absence of other risk factors.

Weight reduction in those with a BMI greater than 25 may powerfully reduce cardiovascular risk. For example, an individual with hypertension may begin to see a reduction in blood pressure with as little as five pounds of weight reduction. A weight loss of 20 pounds may drop systolic pressure as much as 20 millimeters of mercury. This may allow blood pressure medicine to be decreased or discontinued. Because many individuals are on more than one expensive blood pressure medication, reduction in body weight may decrease costs by eliminating one or more of those medications. Elimination or reduction in medications also decreases side effects and may improve the quality of life.

Health professionals have a definition for

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For an individual with a BMI greater than 25 and high cholesterol, weight reduction will improve all three of the major component fractions of total cholesterol. Total cholesterol is made up of the “bad” cholesterol or LDL (L = Lousy), the “good” cholesterol or HDL (H = Healthy), and the triglycerides or the storage form of fat. Weight reduction in an individual with a BMI greater than 25 and high cholesterol may modestly decrease the LDL, significantly increase the HDL and may dramatically reduce the triglycerides. Triglyceride lowering has the additional benefit of causing an increase in the size of the LDL particles in the blood making it more difficult for the particles to penetrate the artery wall and form a cholesterol plaque. The deposition of LDL cholesterol in the artery wall as plaque is the first step in atherosclerosis, an inflammatory process in the artery wall which sets the stage for heart attacks and strokes (see *The Non-Medicated Life: A New Lab Test To Assess Heart Attack Risk*).

For every one milligram per deciliter (mg/dl) that LDL is decreased, risk is decreased by one percent. For every one mg/dl that HDL is raised, risk is decreased by three percent. A weight reduction of 20 pounds may increase HDL by 4-6 mg/dl. One may determine the percent relative cardiovascular risk reduction by adding the risk reductions. Thus, an individual who with weight reduction decreases his or her LDL from 130 mg/dl to 120 mg/dl and who at the same time increases his or her HDL from 34 mg/dl to 40 mg/dl would get a 28 percent reduction in cardiovascular risk (10 plus 18). This is equivalent to the risk reduction of powerful cholesterol lowering drugs.

For an individual with a BMI greater than 25 and diabetes, weight reduction has a powerful effect on normalizing the blood sugar. Indeed, physicians routinely will counsel an overweight or obese patient with diabetes to lose weight as an excellent way to help control the blood sugar. If one is taking a diabetes medication by mouth weight reduction helps the medicine work optimally. With sufficient weight loss

some individuals with diabetes may – with their physician’s approval – decrease or discontinue their diabetes medication. Because the detrimental effects of diabetes on body organs such as the brain, eyes, heart and kidney are mediated through blood sugar, normalization of blood sugar may decrease the risk of strokes, blindness, heart attacks and kidney failure.

For individuals with a BMI greater than 25 and the metabolic syndrome or pre-diabetes (see *The Non-Medicated Life: Natural Cure for the Metabolic Syndrome*, April 2004), weight reduction may decrease the likelihood of becoming diabetic. In the Diabetes Prevention Program individuals with pre-diabetes who lost 20 pounds decreased conversion to diabetes by 60 percent.

In summary, weight reduction in those with a BMI greater than 25 may be as powerful as medications in naturally decreasing cardiovascular risk. Weight reduction decreases blood pressure, increases the HDL and decreases the LDL, triglycerides and blood sugar. As such, weight reduction may be seen as a viable adjunct or alternative to the proverbial bottle of pills to reduce the risk of heart attack, stroke and cardiovascular death.

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