



Article 21*

The Non-Medicated Life: Benefits of a Mediterranean Diet and Lifestyle, Part Two

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This is the 21st 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 twenty 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 of a Mediterranean diet and lifestyle. Indeed, while the powerful statin drugs of western science may reduce cholesterol and arterial inflammation and thus the risk of fatal and nonfatal heart attack by 30 to 40 percent, a dietary and lifestyle approach may be more a more powerful approach.

Part One of The Non-Medicated Life: The Benefits of a Mediterranean Diet and Lifestyle showed a high omega-3 Mediterranean diet as used in the Lyon Diet Heart Study may reduce the risk of fatal and nonfatal heart attack by an impressive 70 percent. Moreover, because the mechanism is different the benefit may be complementary to medication. In Part Two, a more complete discussion of how to implement such a diet and lifestyle is in order.

Implementation

As was shown in Part One, an important aspect of the Mediterranean diet is the type of fat consumed. Olive oil contains predominately omega-9 monounsaturated fat and is very low in saturated fat. Since the bad cholesterol or LDL is raised by saturated fat, keeping the saturated fat low is important. Thus, the consumption of olive oil as part of a Mediterranean diet should always be accompanied by a restriction in meat high in saturated fat.

Red meat should be eaten no more than once a week, should be limited to a four-ounce portion and should be lean. Lean red meat generally refers not only to the absence of visible fat, but also to the cut. Filet mignon, eye of the round, flank steak or London broil are recommended. Marbled meats such as sirloin or porterhouse should be avoided. While meats such as filet mignon are expensive, the reduced frequency of consumption and the smaller portions allow such cuts to fit into a more modest budget. Moreover, the emphasis of quality over quantity is an important, many times unrecognized, aspect of the Mediterranean diet which is essential to controlling total calories and thus weight.

While the use of olive oil is important to the health benefits of a Mediterranean diet, the supplementation with omega-3 fats gives additional benefit. Indeed, the Lyon Diet Heart
(continued on back)

Study suggested that the extremely low rates of coronary heart disease seen on the island of Crete in the Mediterranean is a result of just such a modification of what typically is thought of as a Mediterranean diet. Such omega-3 fats can be obtained from a variety of sources. Fish, especially fatty fish such as sardines, salmon and herring are good animal based sources. Tree nuts, tree nut oil and flax seed are all good plant based sources. Additionally, both cold expeller pressed canola oil and soybean oil are good sources of omega-3 fats.

Fatty fish should be consumed twice a week as part of a Mediterranean diet. Four ounces of fatty fish supply between 1,000 and 1,500 milligrams of EPA (eicosapentaenoic acid) and/or DHA (docosahexaenoic acid), which are the main animal based omega-3 fats. The American Heart Association recommends the consumption of 2,000 to 3,000 milligrams of EPA/DHA per week for heart disease prevention in those without evidence of coronary heart disease. For those with coronary heart disease, 1,000 milligrams per day is recommended.

Fish should be poached, steamed, micro-waved, baked or broiled. Frying, especially deep frying, in saturated fat is not recommended as part of a Mediterranean diet and may completely offset the benefit of consuming fatty fish.

The use of olive, canola or soybean oil in pan frying requires care. Olive oil has a relatively low smoking temperature and prolonged high temperatures may lead to some degradation of benefit. Likewise canola oil's omega-3 fat may be degraded by high or prolonged heat. Consideration may be given to preliminary sautéing in olive oil with the addition of canola towards the end of the cooking process.

The benefits of a Mediterranean diet, however, are not achieved simply by choosing the correct meats, fish and fat. It is important to remember that to a very great degree the Mediterranean diet is plant based. Thus, consuming a variety of fresh vegetables and legumes, as well as grains in the form of pasta and bread is important. These plant based components of the Mediterranean diet supply not only additional calories, but also

essential micronutrients.

The National Cancer Institute recommends five to nine helpings of vegetables per day because of the strong association of such levels of consumption with reduced cancer incidence. Indeed, the Lyon Diet Heart Study also looked at cancer incidence and showed a reduction in certain cancers in those consuming a high omega-3 Mediterranean diet. Cruciferous vegetables such broccoli, cauliflower, kale, Brussels sprouts and cabbage have been identified as potentially the most beneficial. Broccoli for instance contains sulforaphane which may reduce cancer causing substances or carcinogens in the body by increasing the production of phase-2 detoxification enzymes which increase carcinogen breakdown.

The Mediterranean diet also generally includes the modest consumption of alcohol predominately as wine with the meal rather than before the meal. Such timing with the meal mitigates alcohol's ability to stimulate appetite and thus increase calories. Additionally such timing slows absorption rate and reduces the likelihood that alcohol will disinhibit learned behaviors meant to control unwise food choices. The risks and benefits of alcohol were discussed in detail in this column in April 2006.

Finally, the benefits of a Mediterranean diet are complemented by a Mediterranean lifestyle which includes daily aerobic exercise in the form of walking. Walking is not voluntary exercise in Mediterranean countries as much as it is necessary transportation. Walking burns calories and allows the consumption of greater amounts of food without the additional risk of added weight. Walking raises the good cholesterol or HDL, lowers blood sugar and blood pressure, strengthens bones and improves emotional balance.

In summary, a Mediterranean diet and lifestyle is a relatively simple way to live and provides huge cardiovascular and health benefits. By following some of the straightforward recommendations above, a Mediterranean diet and lifestyle may be
(continued on next page)

seen as an enjoyable and practical way to avoid the proverbial bottle of pills to manage one of our most significant health problems.

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