ALTERNATIVE THERAPIES IN WOMEN'S HEALTH

Science-based Information for Clinicians

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INSIDE

Does Eliminating the Carbs Drop the Pounds?

By Dónal P. O'Mathúna, PhD

THE ATKINS® DIET IS ONE OF THE MOST POPULAR WEIGHT-LOSS programs people are embracing these days. *Dr. Atkins' New Diet Revolution*, the book that the late Robert C. Atkins wrote to popularize the approach, has been on the *New York Times* best-sellers' list continuously for five years.[1] The low-carbohydrate, high-protein approach is not new, with Atkins himself having popularized the same basic principles in an earlier book in the 1970s. Several other best-selling diets use the same general approach (the Zone, Carbohydrate Addict's, and Sugar Busters diets). Prior to these, similar diets have been promoted from time to time since William Banting first proposed it in the 1860s.[2]

Background

The Atkins diet flies in the face of the conventional low-fat approach to dieting. Atkins pointed out that while Americans have decreased the proportion of fat in their diets from 40% to about 32%, obesity has become an epidemic.[3] More than half of all U.S. adults and about a quarter of U.S. children are overweight, and the trend is moving in the wrong direction.[4] The prevalence of obesity rose from 12% to 18% between 1991 and 1998, with increases in all states and for all ages, but most among the youngest and most educated.[5] The problem is on the increase in affluent societies around the world.[6]

In response, many are turning to various weight-loss programs, now estimated to be a $33 billion industry.[7] Among adult U.S. women, 43.6% are trying to lose weight and 34.4% are trying to maintain their current weight.[8] For men, the respective numbers are 28.8% and 35.1%. Of concern also is that in addition to overweight women trying to lose weight, almost one-third of those women who are of normal weight are trying to lose weight.[8]

Mechanism of Action

According to Atkins, although the American diet has reduced its proportion of fat, it has been replaced by carbohydrates, including

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lots of simple sugars. The Atkins diet calls on people to avoid carbohydrates, initially recommending they constitute only 10% of one's intake. People are allowed to eat unrestricted amounts of high-protein foods, like meat, eggs, fish, cheese, olives, and nuts. These foods include more fat, but the lack of carbohydrates mobilizes the body's stored fat and uses it up. This leads to a metabolic condition called ketosis, in which elevated ketone levels result from fatty acid breakdown. Once the initial two-week period is completed, small amounts of complex carbohydrates are allowed (primarily vegetables and fruits), but breads, pastas, and starchy foods should be a thing of the past. The goal is to keep carbohydrate intake under 20 g/d.[2] In addition, people feel quickly filled up by protein and are less likely to overeat or snack.

Clinical Studies

One of the problems with most weight-loss programs is a lack of controlled research on their effectiveness or safety. Given the popularity of low-carbohydrate, high-protein diets, a systematic review of research on these types of diets was published early in 2003.[2] A total of 94 diets were revealed, 38 of which were described as lower-carbohydrate diets (> 60 g/d). Of these, 13 were lowest-carbohydrate diets of the type recommended by Atkins (> 20 g/d). People lost weight on all diets, although no controlled trials of lower-carbohydrate diets lasted longer than 90 days.

When comparing the effectiveness of the different diets, the many variables in the study designs presented difficulties for the reviewers. When comparing the most similar studies, weight loss did not differ significantly between the lower-carbohydrate and higher-carbohydrate diets, or between the lowest-carbohydrate and lower-carbohydrate diets. The 22 diets producing the largest weight losses varied widely in their carbohydrate content. The most important predictors of weight loss were restricted calorie intake, longer duration, and higher baseline body weight. The lower-carbohydrate diets were associated with reduced calorie intake. The authors concluded that "there is insufficient evidence to make recommendations for or against the use of these diets."[2]

The first randomized controlled trial (RCT) of the Atkins diet was published in 2003.[9] The study randomly assigned 63 obese subjects (body mass index [BMI] = 34) to the Atkins diet or a conventional diet (high-carbohydrate, low-fat, low-calorie). Contact with health care professionals was kept to a minimum to simulate the self-help nature of these diets. Drop-out was high (41%) and not statistically different between the two diets. Those on the Atkins diet had significantly more weight loss at 3 months (P = 0.002) and 6 months (P = 0.03), but not after 12 months. The Atkins diet led to a loss, on average, of 7.3% of baseline weight, while the conventional diet led to a 4.5% loss (P = 0.26). Healthy changes in blood pressure and insulin sensitivity occurred in both groups, but were not significantly different. Ketone levels were significantly elevated for those on the Atkins diet for only the first three months. No correlation was found between weight loss and ketosis, in spite of this being the diet's alleged mechanism of action.

Serum lipoprotein changes were more complicated. Total cholesterol and LDL levels initially increased for those on the Atkins diet (not desirable), but had returned to baseline after 12 months. The levels initially decreased for those on the conventional diet, but were not significantly lower after 12 months. In contrast, total triglycerides and HDL-cholesterol levels remained unchanged on the conventional diet, while the Atkins diet led to significant lowering of total triglycerides and elevation of HDL levels (both desirable).

A second RCT published at the same time involved 132 severely obese subjects (BMI = 43 kg/m^2) but lasted only 6 months.[10] Those on the low-carbohydrate diet (> 30 g/d) lost on average 5.8 kg while those on the

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Statement of Financial Disclosure

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conventional low-fat diet lost 1.9 kg (P = 0.002). Significant improvements were noted in the low-carbohydrate group for total triglyceride levels and insulin sensitivity. Significant differences did not occur in total cholesterol, HDL, LDL, or uric acid levels.

Adverse Effects

As the Atkins diet grew in popularity, health care professionals expressed concern about its potential adverse effects. The additional protein in these diets comes from animal sources that include higher fat content. This could increase serum lipid and cholesterol levels putting people at higher risk of heart disease. At the same time, dramatic reductions in carbohydrates leads to reductions in fruits and vegetables, which are high in fiber and vitamins essential for good health and disease prevention. The large amounts of protein that the body must break down may lead to increased uric acid levels (which causes gout) and stress on the liver and kidneys (especially problematic for people with diabetes). The American Heart Association, for example, concluded that, "High-protein diets are not recommended because they restrict healthful foods that provide essential nutrients and do not provide the variety of foods needed to adequately meet nutritional needs."[11]

The systematic review described above found no significant association between dietary carbohydrate levels and changes in serum lipids, fasting blood glucose levels, or systolic blood pressure. The two recent RCTs did not find changes consistent with concerns about adverse effects. However, these concerns would arise primarily with long-term use of high-protein diets and no studies have examined this issue.

Conclusion

The studies support the claim that low-carbohydrate, high-protein diets produce weight loss. However, this would appear to have more to do with the reduced calorie intake. It has been noted that foods and drinks containing high-fructose corn sweeteners were introduced into the food industry at exactly the same time as obesity started to become problematic (in 1970).[12] These sweetened drinks and foods not only contain many calories, they stimulate the appetite, leading to over-consumption. Eliminating these will be highly beneficial.

Low-carbohydrate diets lead to the body using stored glycogen which can result in rapid weight loss, which is highly motivating. However, much of this weight loss is probably water being excreted. After the first week or two of the diet, the glycogen is used up and dieters enter the more difficult period of slower weight loss. The question then becomes whether people can tolerate the high-protein diet for very long. The two RCTs showed benefits over the first six months, but at the end of the second six months the low-carbohydrate diet was not significantly more beneficial.[9,10]

These results probably reflect the fact that although special diets can initiate a weight-loss program, sustained weight loss requires lifestyle adjustments. The rules of combating overweight have not changed. No pill or diet will replace the diligence necessary to maintain healthy body weight. Reducing calorie intake, increasing output through exercise, and enlisting the support and encouragement of friends and family must remain central to any weight-loss strategy. ❖

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Counseling for Risk Reduction After Diagnosis of Breast Cancer

By Mary L. Hardy, MD

When a diagnosis of breast cancer is made, both the patient and the physician struggle with the impact of this bad news. They immediately focus on initiating definitive therapy, usually with conventional treatments. However, one of the strengths of complementary/alternative/integrative medicine is promotion of the patients' maximal health and wellness—no matter what the presenting condition of the patient.

This month, we are focusing on the recent work of a research team at Duke University with an interest in nutrition and breast cancer survival.[1,2] Healthy diet may seem to be the last issue needing attention when dealing with a life-threatening illness, but soon after the diagnosis may be a critical time to focus on health promotion and risk factor modification. The most common question I am asked by my breast cancer patients even before the completion of therapy is: *What can I do myself to prevent this from coming back?* Evidence suggests that a healthy diet, maintaining normal weight, and increasing exercise may be exactly what the patient needs and the doctor should order.

Breast cancer, the most common cancer in women, accounts for 32% of the cases of cancer reported in 2003. However, since more women are reaching the five-year survival mark (86% in 2002), we need to pay attention to disease prevention in the survivors.[3] Physicians should address strategies for secondary cancer prevention as well as risk factor modification for other common illnesses such as heart disease or osteoporosis.

A recent review by Rock and Demark-Wahnefried focused on the role of nutrition in breast cancer survivors.[1] Based on the evidence cited in this review and the other references listed here, we can give our breast cancer patients advice that should decrease their risk of heart disease or cancer recurrence and may increase their survival. Let's look at the specifics.

Weight gain, a risk factor for both breast cancer and heart disease, is very common in premenopausal breast cancer patients receiving chemotherapy. In fact, weight gain after diagnosis may adversely effect disease-free survival. Women who gained an average of 6 kg were 1.5 times more likely to have a recurrence than women who did not gain weight and these women were 1.6 times more likely to die of their breast cancer.[4] Observations made by the research team at Duke University suggest that this weight gain, while a modest 2.1 kg on average for their chemotherapy patients, was the result of the loss of lean body mass.[5] This is significant because loss of lean body mass decreases women's resting energy expenditure, making it easier to continue to gain weight. Further they noted that over the year of the study there was no increase in resting energy rate or food intake, which could account for this weight gain. They did, however, find a significant decrease in physical activity in the chemotherapy-treated patients. This study recommends that breast cancer survivors be advised to exercise regularly and include weight training, especially of the lower extremities, to increase lean body mass and to limit weight gain after treatment.

Dietary choices that limit weight gain and favor foods with a demonstrated benefit on survival after breast cancer should be stressed. According to Demark-Wahnefried's review, decreasing dietary fat and increasing fruit and vegetable consumption showed an inverse relationship with survival.[1] Fruits and vegetables may displace more calorie dense foods and are great sources of vitamins and other phytonutrients like flavonoids, lignans, and fiber. Most studies showed an inverse relationship between fruit and vegetable consumption and survival following breast cancer. Patients should be encouraged to eat a variety of foods, but preliminary data suggest that some foods—such as green tea (for the epicatechins) and cruciferous vegetables including broccoli and watercress (for the isothyiocyanates)—could be of particular benefit to breast cancer patients.

Alcohol is more controversial, showing some benefit for heart disease but not for breast cancer survival.[6] In general, women recovering from breast cancer should be discouraged from drinking alcohol regularly and use those calories for more healthful choices.

In case you're not convinced that we need to do this, note that most of 531 breast cancer patients were not recommended to make healthy lifestyle changes by their physicians (increased fruits and vegetables: 17% recommended; decreased fat intake: 29% recommended; exercise: 34% recommended). This group needed to hear these messages; only 50% of them were exercising regularly and less than half of them were eating five or more servings of fruits and vegetables a day. Compliance with a low-fat diet was better, with 78% reporting that they ate less than 30% of their calories from fat. They reported an interest in hearing these healthy messages within the first six months of their diagnosis and appeared receptive to lifestyle change.[2]

Current studies are under way to test the effect of these interventions on survival, but when you see breast cancer patients or those at high risk for breast cancer, take advantage of a "teachable moment." Counsel them to adopt habits that decrease their risk of breast cancer and other diseases like heart disease. To be successful, be specific with your patients about what to do. Suggest five or more servings of a variety of fruits and vegetables; a low-fat diet (no more than 30% calories from fat); no weight gain during or after treatment; exercise for at least 30 minutes most days and include weight or resistance training in the exercise regime to preserve or increase lean body mass. Ask about these behaviors during follow-up visits and problem-solve the difficulties patients can anticipate in putting these ideas into practice. These suggestions can give patients struggling with feelings of loss of control and disempowerment proactive behaviors that allow them to take charge of at least this part of their health care program. In fact, this may the best time to talk about health promotion—it's hopeful and helpful. ❖

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Giving a Helping Hand to Postoperative Nausea and Vomiting

By Mary L. Hardy, MD

POSTOPERATIVE NAUSEA AND VOMITING (PONV) IS A common side effect in 30% of all surgeries.[1] Higher risk for PONV may depend on patient factors (female sex, a prior history of motion sickness or PONV) or medical issues (use of opiates for analgesia or abdominal surgery). High-risk patients may have up to a 70% incidence of PONV. Although PONV is not life-threatening, it causes patients distress, may extend the length of hospital stay, and increases utilization of medication or other services. Patients are more concerned about avoiding nausea postoperatively than pain, so there is great interest in developing effective strategies without side effects.

A 1998 NIH consensus panel identified nausea and vomiting as one of the conditions for which acupuncture would be effective.[2] Most studies have used a specific point, pericardium 6 (P6), in therapeutic trials. The P6 point, also called the Nieguan point, is located on the flexor surface of the wrist, 4 cm proximal to the wrist crease between the palmaris longus and flexor carpii radialis tendons. Acupuncture points can be stimulated many ways—by needle, with electrical stimulation, and by direct pressure. Since this treatment appears to be successful with the stimulation of a single point, it is a very attractive method. However, use of needles or electrical stimulation may require some technical assistance not readily available at all times in the hospital. Therefore, a method of stimulating the points, which is more readily available and long-lasting, would be preferred.

Acupressure stimulation of the P6 point can be achieved either by direct pressure or by use of a special wrist band. A well-executed study that recently was reported has demonstrated the benefit of acupressure bands for relief of PONV following gynecological surgery.[3] This study had two control groups—a sham treatment group and an untreated conventional therapy group—thus allowing for the measurement of the effect of the use of the band itself. It appeared that the band, even in an "incorrect" position, had a benefit—either due to inadvertent activation of the P6 point or through other non-specific mechanisms. However, in all cases, active therapy was more effective than sham treatment. The benefit was not statistically significant in the laparoscopic surgery group and was most effective for vaginal cases. It is worth noting that the bands were placed before the initiation of anesthesia (this is likely important) and were worn continuously for the first 24 hours. This is the largest reported study on this therapy for this indication and its results should encourage the consideration of acupressure bands for gynecological surgery patients. The cost is minimal ($10), it is not technically difficult, and it seems to be well-tolerated. Proper fit and placement of the bands is the only difficulty. If the bands are too loose, they are not effective and if they are too tight, they are difficult to wear. New bands have adjustable straps in order to provide a firm but comfortable fit for the patients.

An even more novel P6 stimulation method was tested by a research group in Korea.[4] In addition to traditional Chinese style acupuncture, a variant involving stimulation of set points on the hand, called Korean hand acupuncture, is practiced routinely in Korea. The K-D2 point on the lateral distal phalanx of the index finger just below the nail has been identified as a useful point in the treatment of nausea, much like the P6 point. This trial evaluated the effect of stimulation of either the P6 point (n = 50), the K-D2 point (n = 50), or usual care (n = 60). However, a novel method was used to stimulate the points—a capsicum patch, containing the same active ingredients as the over the counter Zostrix patches. Presumably, substances in the capsicum plaster directly stimulated the point via local irritation or vasodilatation. The plaster or patch was standardized to contain a certain amount of capsicum powder and tincture. A small (5 mm square) piece was applied for 30 minutes prior to anesthesia induction and was maintained for 8 hours postoperatively at either the P6 or K-D2 points bilaterally. The incidence of vomiting and the use of rescue medication were significantly lower in both treatment groups at 24 hours after surgery. Both active treatments seemed to be equally effective. No adverse effects were reported and the cost of the plaster is much less than $1. These kinds of plasters are used extensively in oriental medicine to treat local pain and could be found in Chinese drugstores.

Both of these articles provide low-cost, low-tech, well-tolerated effective treatment strategies for the bothersome problem of PONV. Additional research should be done to evaluate these therapies more fully, but given the safety and low cost, they should be considered as a useful adjunct to the management of selected patients. ❖

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CE Objectives

After reading *Alternative Therapies in Women's Health*, the health care professional will be able to:

1. evaluate alternative medicine and complementary therapies for women's health concerns;

2. identify risks and interactions associated with alternative therapies;

3. discuss alternative medicine options with patients; and

4. offer guidance to patients based on the latest science and clinical studies regarding alternative and complementary therapies.

CE/CME Instructions

Physicians and nurses participate in this continuing medical education/continuing education program by reading the article, using the provided references for further research, and studying the questions at the end of the article. Participants should select what they believe to be the correct answers, then refer to the list of correct answers to test their knowledge. To clarify confusion surrounding any questions answered incorrectly, please consult the source material. After completing this activity, you must complete the evaluation form provided and return it in the reply envelope provided at the end of the semester to receive a certificate of completion. When your evaluation is received, a certificate will be mailed to you.

CE / CME Questions

14. The Atkins diet allows people to eat unrestricted amounts of high-protein foods and recommends limiting daily carbohydrate intake to:

a. 10 g/d.
b. 15 g/d.
c. 20 g/d.
d. 25 g/d.

15. Results of a randomized controlled trial of the Atkins diet published in 2003 found that subjects following the Atkins diet had significantly more weight loss at 3 and 6 months than subjects following a conventional diet.

a. True
b. False

16. According to a recent study, decreasing dietary fat and increasing fruit and vegetable consumption showed an inverse relationship with breast cancer survival. Preliminary data have identified several foods that might have particular benefit to breast cancer patients. Which of the following foods are potentially beneficial?

a. green tea
b. broccoli
c. watercress
d. All of the above

17. Placing acupressure bands on the wrists of patients prior to the initiation of anesthesia was more effective than sham treatment for patients undergoing gynecological surgery. The greatest benefit was seen in patients having vaginal surgery.

a. True
b. False

Answers: 14. c, 15. a, 16. d, 17. a.

News Briefs

FDA Strives to Inform Women About Menopausal Hormone Therapy

The U.S. Food and Drug Administration (FDA) has launched a nationwide information campaign to raise awareness about the recent findings on the risks and benefits of menopausal hormone therapy.

Last spring, Congress directed the FDA to develop and execute this important information campaign targeting women through partnerships with organizations nationwide. More than 10 million women use menopausal hormone therapies for relief from symptoms of menopause.

Working in collaboration with the National Institutes of Health and other Department of Health and Human Services (HHS) agencies, the FDA has developed science-based informational materials on its latest

guidance on menopausal hormone therapies (estrogens and estrogens with progestins), and is working closely with women's health organizations, community-based organizations, and other experts to get this information out to women and health care providers.

The main tools of the campaign are a menopause and hormone-therapy fact sheet, and a purse guide that provides questions for discussion with a health professional. These materials will be available in both English and Spanish from the National Women's Health Information Center at www.4woman.gov.

The campaign, led by FDA and HHS agencies, also is being sponsored by a wide variety of participating organizations. It is designed to clarify the recent information from studies including the landmark Women's Health Initiative Study, one arm of which was halted in July 2002 due to concerns about increased risks of heart disease, stroke, breast cancer, and other health concerns.

This event is the first in a series of events being scheduled this fall to assist FDA's partners in providing up-to-date, reliable information and guidance to women.

Use of Alternative Therapies Grow in Europe, but Skepticism Remains

A recent report says that while the use of alternative therapies in Europe is growing, a large portion of the population is still skeptical and prefers traditional medicine.

The report covers the major therapy areas of herbal remedies, homeopathy, aromatherapy, osteopathy, chiropractic, reflexology, acupuncture, and the Alexander Technique, and also the retail product sectors of herbal and homeopathic remedies and aromatherapy oils. The growth in the use of therapies is supported by the public's increased awareness of the need to preserve a healthy lifestyle, says "Alternative Health Market Assessment 2003," offered by Research and Markets Ltd., a firm that provides European market research and data.

The market for herbal and homeopathic remedies and aromatherapy oils, taken or used independently or in conjunction with therapy, is expected to be about 5% in 2003. It is then expected to rise to more than 6.9% in 2006 and be about 6.5% by 2007. This is largely the result of regulatory activity in herbal products, and of certain reports regarding safety and efficacy, the report says.

The report says that alternative health care therapies and products are targeted principally at common and long-term conditions such as digestive disorders, colds and influenza, headaches and migraine, depression and stress, and back and joint pain. Alternative therapies and products are perceived to offer fewer side effects, although recent studies have indicated that side effects do exist with alternative remedies.

Sage Improves Memory, May Help in Alzheimer's Disease Treatment, Study Shows

British researchers are claiming that sage can help memory—and may be a potential treatment for Alzheimer's disease.

Researchers from the Medicinal Plant Research Centre (MPRC) at the University of Newcastle tested 44 healthy young adults aged between 18 and 37. Some study participants were given capsules containing sage oil and others were given placebos.

The volunteers then took part in a word recall test and were tested at intervals to see how many words they could remember. Results showed that those who had taken the sage oil consistently performed better than those who had taken placebos. The complete results of the study were published in the journal, *Pharmacology, Biochemistry and Behaviour*.

The researchers from the University of Newcastle and some from the University of Northumbria have also found claims from centuries-old text that support the use of sage to help memory. In 1597, herbalist John Gerard wrote that sage is "singularly good for the head and brain and quickeneth the nerves and memory." In 1652, Nicholas Culpeper wrote that "[Sage] also heals the memory, warming and quickening the senses." At that time, people were known to take sage for memory loss and to drink teas and tinctures containing extracts of the herb, the researchers say.

"This proves how valuable the work by the old herbalists is, and that they shouldn't just be ignored because they were writing centuries ago," says lead researcher Nicola Tildesley.

MPRC is already investigating sage as a potential treatment for Alzheimer's disease after earlier research found that it inhibits an enzyme called acetylcholinesterase, which breaks down the chemical messenger acetylcholine. Alzheimer's is accompanied by a drop in acetylcholine.

This research has serious implications for people suffering from Alzheimer's disease, as it will inform drug research and development, Tildesley says. ❖

In Future Issues:

Folic Acid and Birth Defects

Glucosamine for Osteoporosis

Alternative Therapies for Vaginitis