

EFFORTS



Emphysema Foundation For Our Right To Survive

Emphysema Takes Your Breath Away

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WHEN YOUR DOCTOR HAS A BAD DAY

The image most people have of their doctor is someone who always cares and is willing to help, and is basically indestructible. It can come as a surprise when they discover this isn't the case.

Only human

It's easy to forget that doctors have personal lives. Their children keep them up all night, they have older relatives to look after and bills to pay, they fight with their loved ones and get irritated when the car won't start. In this respect, they're no different to anyone else.

Patients react differently when they find this out at first-hand, when their doctor seems bored, tired, fed-up, uninterested or even angry. If you've known your doctor for a while you may recognise when they're having a bad day and probably won't think any more about it.

More and more, however, patients don't see the same doctor each time so only get a snapshot of that person. When this isn't positive it's likely to leave the patient feeling upset and unimpressed.

Solutions

If your doctor appears to be having a bad day, try not to get angry and frustrated that you've wasted your time. Acknowledge that they seem to be having a rough time and ask whether it might be better if you come back another time.

Often this 'role reversal' will help your doctor get back on track and you'll get the care and attention you need. No matter how they're feeling, a doctor should always behave professionally. If they don't feel able to do this, steps should be taken to protect them and their patients from possible harm.

Traditionally, doctors have been good at caring for others but not so good at looking after themselves. Things are gradually improving, with doctors recognising that they're allowed to be ill and have emotional problems, just like anyone else. As long as you understand this too, everyone will be well looked after.

Source: Medlinks



INFLUENCES ON PATIENTS' RATINGS OF PHYSICIANS-PHYSICIANS DEMOGRAPHICS AND PERSONALITY

Objective

There is considerable interest in the influences on patients' ratings of physicians.

Methods

In this cross-sectional study, patients (n = 4616; age range: 18–65 years) rated their level of satisfaction with their primary care physicians (n = 96). Patients and physicians were recruited from primary care practices in the Rochester, NY metropolitan area. For analytic purposes, length of the patient–physician relationship was stratified (=1, 1–4, =5 years). Principal components factor analysis of items from the Health Care Climate Questionnaire, the Primary Care Assessment Survey and the Patient Satisfaction Questionnaire yielded a single factor labeled “Satisfaction” that served as the sole dependent variable. Higher scores mean greater satisfaction. Predictors of interest were patient demographics and morbidity as well as physician demographics and personality, assessed with items from the NEO-FFI.

Results

Patients treated by a physician for 1 year or less rated male physicians higher than female physicians. This gender difference disappeared after 1 year, but two physician personality traits, Openness and Conscientiousness, were associated with patients' ratings in lengthier patient–physician relationships. Patients report being more satisfied with physicians who are relatively high in Openness and average in Conscientiousness. Older patients provide higher ratings than younger patients, and those with greater medical burden rated their physicians higher.

Conclusion

Patients' ratings of physicians are multidetermined. Future research on patient satisfaction and the doctor–patient relationship would benefit from a consideration of physician personality. Identifying physician personality traits that facilitate or undermine communication, trust, patient-centeredness, and patient adherence to prescribed treatments is an important priority.

Practice implications

Learning environments could be created to reinforce certain traits and corresponding habits of mind that enhance patient satisfaction. Such a shift in the culture of medical education and practice could have implications for patient care.

Source: Medlinks



WHY DOESN'T EVERY SMOKER GET EMPHYSEMA?
Researchers Say It Takes Genes, Viruses and Cigarettes

Physicians say that smoking is by far the biggest cause of emphysema, but why doesn't every smoker get the disease? If you asked Michael Holtzman, M.D., that question, he might answer that for most cases of emphysema you need a mix of genes, viruses and cigarettes. Emphysema and the associated condition of chronic bronchitis are both disorders that contribute to chronic obstructive pulmonary disease (COPD), which is the fourth leading cause of death in the United States.

Research by Holtzman and his colleagues at Washington University School of Medicine in St. Louis suggests that someone destined to suffer from COPD may start with a susceptible genetic makeup and then experience a severe viral lung infection in early childhood. The infection could "reprogram" the cells of the lung's air passages and sacs, and the reprogrammed cells could react badly if the same person took up cigarette smoking, leading to COPD some time down the road.

"Cigarette smoking has created a very large population of COPD patients worldwide," he says. "At present, we can treat them with steroids to reduce inflammation, antibiotics to suppress infections, and oxygen to help their breathlessness, but the disease will still progress until it's fatal. We need to find treatments that stop the disease progression and to do that we need a much better understanding of how COPD develops."

Now Holtzman and his colleagues at the School of Medicine have obtained funds from National Heart, Lung and Blood Institute (NHLBI) of the National Institutes of Health (NIH) totaling \$14.9 million to establish a Specialized Center for Clinically Oriented Research (SCCOR), an ambitious type of grant program meant to foster research that can quickly apply basic science findings to clinical problems.

Holtzman's SCCOR program will take a comprehensive look at the molecular changes that occur as lungs become crippled by COPD ? a disease that affects at least 16 million people in the United States today.

Lungs have a tree-like structure of intricately branching airways ending in tiny sacs or alveoli, which exchange gases between the blood and the air. In chronic bronchitis, airways overproduce mucus and become inflamed, obstructing airflow. In emphysema, alveoli are destroyed so they can no longer take up oxygen from the air. COPD patients can have both problems at once, and Holtzman and his colleagues are studying both issues.

COPD Facts

- COPD is the 4th leading cause of death in the US and the 2nd leading cause of disability
- COPD kills more than 120,000 Americans each year. That's one death every 4 minutes
- More than 12 million people are diagnosed with COPD
- An additional 12 million likely have COPD and don't even know it

Researchers will use newly developed imaging techniques, such as helium MRI, to look at the tissue of lungs removed from COPD patients undergoing lung transplants and home in on the tiny lung structures that are injured. "Then, if we find that a particular gene is overactive at a site where the disease is

particularly severe, we'll analyze the normal and abnormal function of that specific gene," Holtzman says.

Holtzman notes that so far no other researchers have done this because it takes a combination of new imaging techniques, advanced gene analysis technologies and a highly active lung transplant program -- all of which are on hand at the School of Medicine.

Source: ConsumerAffairs.com



SIT-TO-STAND 'ALTERNATIVE TEST FOR COPD FUNCTIONAL STATUS'

The functional status of chronic obstructive pulmonary disease (COPD) patients could be measured through the Sit-to-Stand Test (STST), instead of the 6-minute walking test (6MWT), researchers report. The study showed that the STST accurately determined the functional status of patients with moderate-to-severe COPD, while causing less hemodynamic stress than the 6MWT. "These findings led us to the idea of using STST as an alternative of 6MWT to assess the functional capacity in patients with moderate-to-severe COPD," S Ozalevli (Dokuz Eylul University, Izmir, Turkey) and colleagues write.

The researchers note that, while the 6MWT, as a submaximal exercise test, is recognized as a good predictor of COPD patients' functional status, standing up from a sitting position is an essential activity that makes other vital activities possible, and is an accepted indicator of functional status in elderly people.

To test its value in COPD, the researchers compared STST and 6MWT test results for 53 patients with stable COPD (mean FEV1 46% predicted) and 15 healthy individuals (mean FEV1 101% predicted). Results of both tests were significantly lower in the COPD than the healthy patients. The average number of sit-to-stand repetitions per minute in the COPD group was 15, compared with 20 in the healthy group, and the average 6MWT distances were 112 m and 423 m, respectively.

However, the hemodynamic status of COPD patients was worse during the 6MWT than the STST, with significantly greater increases in heart rate (21 vs 20 beats/min) and systolic blood pressure (9 vs 4 mmHg), and a significantly greater reduction in pulsed oxygen saturation (3% vs 0%). The researchers note that STST and 6MWT results correlated significantly both in COPD patients and controls, and that, in the COPD patients, they were linked to age, quality of life, peripheral muscle strength, and dyspnea severity.

The team concludes in the journal *Respiratory Medicine*: "STST can be used as an alternative of the 6MWT in patients with COPD."

Source: *Respir Med* 2007; 101: 286-293



PATIENT'S PERCEPTION OF EXACERBATIONS OF COPD—THE PERCEIVE STUDY

Summary

The evaluation of therapies requires the development of patient-reported outcomes (PROs) that help clinicians to understand the symptoms, perceptions and feelings of patients with exacerbations of chronic obstructive pulmonary disease (COPD).

With the aim of obtaining information on the perceptions of patients with COPD, their exacerbations and expectations of treatment, a random telephone contact survey in six countries was performed.

From 83,592 households screened, 1100 subjects with symptoms compatible with COPD were identified. The most frequent symptom was shortness of breath (78%). The most frequent complaint was that due to their COPD: "they could not complete the activities they like to do" (54%); 17% (187) of individuals were afraid that their COPD would cripple, or eventually kill them. Exacerbations generated a mean of 5.1 medical visits/year (sd=4.6) with the mean duration of exacerbation symptoms being 10.5 days. Increased coughing was the exacerbation symptom having the strongest impact on well-being (42%). Fifty-five percent of patients declared that quicker symptom relief was the most desired requirement for treatment.

New data are provided on the impact of COPD and its exacerbations on the daily life of patients. These data will help to develop PROs designed to evaluate the effectiveness of different therapies for exacerbated COPD. Source: Medlinks



A LARGE-SCALE TRIAL TO TEST A VACCINE AGAINST THE MOST COMMON FORM OF LUNG cancer has been launched. More than 1,300 patients worldwide will help test Stimuvax, [at 140 locations]...

The vaccine works by stimulating the body's own immune system to attack cancer cells. It is aimed at the non-small cell type of lung cancer, which accounts for four-fifths of cases in the UK. Currently, patients receive combinations of surgery, chemotherapy and radiotherapy. The vaccine was developed following research funded by Cancer Research UK, and the technology was licensed to be developed by Canadian biotech firm Biomira.

Other researchers are looking at the potential for the same vaccine to tackle other types of cancer. It works by priming the body's immune system to attack a chemical called MUC-1, which is found only on the surface of cancer cells. Once this has happened, the body should be able to destroy cancer cells while leaving healthy cells unaffected.

Survival time 'increased'

Smaller-scale trials, involving 171 patients who had responded to conventional treatment, suggested that the vaccine might be helping some patients in their fight against the cancer. Again, half the patients received normal treatment plus the vaccine, half got treatment and a dummy vaccine. The patients were then monitored as they returned for check-ups over the next few years. In the placebo group, half the patients survived 13 months or longer. In the vaccine group, half survived 30 months or longer.

If these large-scale trials yield similarly positive results, the vaccine could eventually be made more widely available to lung cancer patients. Source: .medicalnewstoday.com



COPD REHABILITATION LUNG VOLUME CHANGES EXPLAINED

Pulmonary rehabilitation reduces the chest wall volumes of chronic obstructive pulmonary disease (COPD) patients when they exercise, by decreasing their abdominal volumes, researchers claim. Previous research showed that only half of severe COPD patients' improvement in exercise tolerance after pulmonary rehabilitation is due to reductions in end-expiratory lung volume, leaving the rest to 'other factors.' To investigate the underlying mechanisms further, I Vogiatzis (National & Kapodistrian University of Athens, Greece) and colleagues asked 20 patients to undertake a 12-week rehabilitation program, involving high-intensity exercise three times each week.

Before and after rehabilitation, the researchers measured changes in chest wall volumes at the end of expiration (EEV) and inspiration (EIV) during incremental exercise to the limit of tolerance. The results showed that peak work rate (WR) improved significantly after rehabilitation (57 vs 47 W). Assessments at identical work rates before and after the program revealed significant reductions in minute ventilation (35.1 vs 38.4 l/min), breathing frequency (26 vs 29 breaths/min), and EEV and EIV (by 182 and 138 ml, respectively). Meanwhile, inspiratory reserve volume significantly increased, by 148 ml. The researchers attributed the volume reductions to significant decreases in abdominal EEV and EIV (by 163 and 125 ml, respectively).

In conclusion, the results of the present study demonstrate that rehabilitative exercise training is effective in reducing the operational chest wall volumes during exercise in patients with COPD," the researchers write. "These reductions are mainly attributed to decreases in the EEV and EIV of the abdominal compartment, reflecting prolongation of expiratory time and possibly training-induced adaptations of the respiratory muscles," they conclude.

Source: Eur Respir J



ALVEOLUS, INC. LAUNCHES AERO(TM) HYBRID TRACHEOBRONCHIAL STENT SYSTEM IN U.S.

Alveolus, Inc., a leading provider of non-vascular interventional stent technology, announced today the U.S. launch of its AERO(TM) Hybrid Tracheobronchial Stent System, which has been cleared by the U.S. Food and Drug Administration (FDA) for treatment of malignant pulmonary obstructions.

Malignant pulmonary obstruction is the blockage of the airway or tracheobronchial tree. The major symptom of malignant pulmonary obstruction is difficulty in breathing, a condition that often requires hospitalization. The placement of a stent may improve the condition while reducing a patient's hospital stay.

World-renowned interventional pulmonologist Dr. Atul Mehta of the Cleveland Clinic Foundation remarked, "With the lack of innovation in non-vascular stenting, this is truly a significant event for physicians. This revolutionary hybrid stent should improve the welfare of pulmonary patients."

The AERO(TM) system expands Alveolus' domestic product range of Next Generation Non-Vascular Stents and stenting accessories. This addition reinforces Alveolus' company message of providing products for physicians developed by physicians.

"This product launch is yet another piece of our existing product portfolio growth initiative and demonstrates Alveolus'

continued commitment to developing novel products specifically for non-vascular interventions," said Eric Mangiardi, president and chief executive officer of Alveolus. "The clearance of the AERO(TM) stent provides cardiothoracic, thoracic, and interventionalists with a next-generation product that we believe can improve patient outcomes."

Headquartered in Charlotte, NC, Alveolus is a leading developer of next generation non-vascular interventional stent technology. Alveolus' advanced stenting technology enhances the quality of life for patients who suffer from pulmonary or gastrointestinal obstruction. The Alveolus product ideation process, guided by world leading interventionalists, allows for rapid prototyping and development of products to address the specific requirements for each area of the body. Products are created by physicians, for physicians, with an end goal of enhancing the quality of life and reducing the long term medical costs for patients and their families.

Source: medicalnewstoday.com



BOEHRINGER SEES ALTERNATIVE TO SPIRIVA INHALER DEVICE

The world's most prescribed product for chronic obstructive pulmonary disease (COPD) could soon be formulated with a new propellant-free device following an observational study on a soft mist inhaler (SMI) that Boehringer Ingelheim plans to use with its blockbuster drug Spiriva (tiotropium bromide). The results of the study, presented last week at the 16th Annual Congress of the European Respiratory Society in Munich, showed that patients with asthma and COPD are highly satisfied with its Respimat SMI, which is currently used with Berodual (ipratropium bromide/fenoterol hydrobromide) but the company intends to also use it with Spiriva. With sales up 80 per cent to \$951m in 2005, Spiriva dominates the COPD market as the only once-daily long-acting anticholinergic available, yet its success is under threat by similar products that could reach the market by 2011.

COPD, which encompasses a range of conditions including chronic bronchitis and is usually caused by smoking, is the fourth most common cause of death worldwide, with its market tipped to expand to \$8bn by 2010. In order to maintain Spiriva's advantage, Boehringer Ingelheim wants to reformulate the drug with an SMI, as a soft mist travels more slowly and lasts longer than aerosol clouds from pressurised metered dose inhalers (pMDIs), improving the deposition of the active ingredient in the lungs and producing less deposition in the mouth and throat. At present Spiriva is administered with Handihaler, which, although a dry powder inhaler (DPI) and not a pMDI, is considered complicated to use, particularly by the elderly.

In the twelve-week observational cohort study in Germany, 74 per cent of patients and 75 per cent of physicians rated the treatment of Berodual from the SMI as better or much better than their previous treatment. This is down to Respimat's extremely fine nozzle system, the so-called uniblock; when the medication solution is forced through it,

two fine jets of liquid are produced and converge at an optimized angle, and the impact of these converging jets generates the soft mist. This mist is extremely fine - the majority of the droplets fall into the fine particle fraction of 5.8 microns - and moves slowly, which is the basis for many of its potential benefits.

The Handihaler, on the other hand, includes a spherical covered plastic chamber and foil blister card of Spiriva capsules. Each capsule contains the dry powder medication, which the patient loads into the device and then presses a button to pierce the capsule, inhaling deeply and slowly until all the capsule powder is inhaled.

Boehringer Ingelheim has contracted two companies for the production of the Handihaler; the RPC Group, which manufactures the device at its Mellrichstadt facility in South Germany, and Wilden, which makes the product at two production sites in Germany and the US.

Wilden applies turning stack mold technology to the production of the device's two-component housing, as opposed to conventional methods used by RPC, which means there is central application of load, which prevents asymmetric pressure, protects the mold and reduces wear. HandiHalers are produced and assembled in a 100,000 class cleanroom and checked by means of an integrated flow control device to ensure that the capsule with the medication can rotate freely when the patient inhales. Wilden has also been involved in the production of Respimat housing components by Boehringer Ingelheim.

The Phase III program for Spiriva with Respimat has been successfully completed and registration files are under development, Boehringer Ingelheim said.

Source: inPharmaTechnologist.com



FIRST NOT-FOR-PROFIT PHARMACY OPENS IN CINCINNATI

Pharmacy Over-the-Rhine, possibly the first not-for-profit pharmacy nationwide, on Thursday opened in Over-the-Rhine, one of the lowest-income communities in Cincinnati, USA Today reports. The pharmacy -- founded by Chad Worz, director of pharmacy at Skilled Care Pharmacy, and JoAnn Riley, public relations director for the Crossroad Health Center -- is located inside the health center and serves patients who pay cash, as well as those who are enrolled in public health insurance programs or have private coverage. The pharmacy operates with a \$150,000 grant from Cincinnati and a \$40,000 grant from the University of Cincinnati College of Pharmacy. According to Worz, the pharmacy receives a small profit from the sale of prescription drugs and from reimbursements from public health insurance programs and private health insurers. However, Worz said that the pharmacy will return the profits -- an estimated \$30,000 to \$40,000 for the first year -- to the health center or the community "to help serve the indigent and provide health education." Cincinnati Mayor Mark Mallory said, "It's taking a ... novel concept right into the heart of the area that needs the service the most." Douglas Hoey, senior vice president of the National Community Pharmacists Association, said, "There are government ... centers that are taxpayer-subsidized, but, as far as a private entity starting a non-profit pharmacy, I don't know of any others."

Source: medicalnewstoday.com

HIGHER NITRIC OXIDE LEVELS INCREASE SURVIVAL IN ALI/ARDS TRIAL

In a large-scale, multi-center trial of patients with acute lung injury (ALI) or acute respiratory distress syndrome (ARDS), researchers showed that higher levels of nitric oxide (NO) in patient urine were strongly associated with improved survival, more ventilator-free days, and decreased rates of organ failure.

The results appear in the first issue for February 2007 of the American Journal of Respiratory and Critical Care Medicine, published by the American Thoracic Society.

Michael Matthay, M.D., of the University of California, San Francisco, and five associates measured NO in the urine of 566 patients enrolled in the National Heart, Lung, and Blood Institute's Acute Respiratory Distress Syndrome Network trial, which was designed to look at several different levels of respiratory support.

In humans, NO is involved in oxygen transport to the tissues, the transmission of nerve impulses and a variety of other physiological processes. A product of cellular metabolism, NO serves as a crucial physiologic messenger molecule.

ARDS is the rapid onset of respiratory failure--the inability to adequately oxygenate the blood - that often occurs in the critically ill. ALI precedes ARDS as severe respiratory illnesses progress. Both conditions can be life-threatening.

Among participants, the problems that led to ALI involved aspiration, pneumonia, sepsis (from which 25 percent suffered), and other serious medical difficulties.

The average age of the subjects was 52, with 57 percent being male and 74 percent classified as white.

By the third day of the three-day study, 62 ALI/ARDS patients had died. All of the remaining survivors had significantly higher NO levels. Lower tidal volume respiration was associated with higher levels of urine NO and fewer deaths.

The authors speculated that NO has a beneficial effect on ALI since it scavenges oxygen free radicals that are generated during oxidative stress. Since NO increases microcirculation, it helps to better perfuse tissue beds in the lungs.

The investigators offered an alternative hypothesis to explain their findings: NO created inside the body may have a beneficial effect on organs other than the lung during ALI. It might help prevent further tissue damage by improving oxygen and nutrient delivery to the tissues, while helping to decrease the amount of toxic oxygen species. The authors also speculated that NO might have antibacterial effects that could be important in infectious conditions that predispose patients to ALI.

Dr. Matthay noted that results from animal models of ALI used in prior studies could differ significantly from those associated with human physiology. He added that prior studies had been performed with a smaller number of patients associated with a single research center.

The researchers concluded that they have provided a "reasonable reflection of whole-body NO levels compared with a single organ measurement, which could have been

obtained by measuring bronchoalveolar lavage fluid from the lung."

Source: medicalnewstoday.com



RESPIRATORY DISEASES LIKE ASTHMA 'UNDERTREATED' IN THE USA

Many patients in the USA with asthma or chronic obstructive pulmonary disease (COPD) do not receive the recommended levels of care, researchers have found.

Appropriate disease management has been shown to reduce illness, disability and death rates from asthma and COPD, but it is not clear to what extent patients receive the recommended levels of care, say Dr Richard Mularski, from Kaiser Permanente Northwest in Portland, Oregon, USA, and colleagues.

To investigate, the researchers studied the medical records of, and conducted a telephone survey with, 260 patients with asthma and 169 with COPD.

In all, just 55% of the participants received the recommended levels of care.

Asthma patients received 54% of the recommended levels of care, at 67% for routine care and 48% for exacerbation management. Meanwhile, COPD patients received 58% of the recommended levels of care, at 46% for routine care and 60% for exacerbation management.

"The deficits and variability in the quality of care for obstructive lung disease present ample opportunity for quality improvement," Dr Mularski and colleagues write in the journal Chest. "To begin to improve the deficits identified in this study, broad-based and widely available evaluation of healthcare processes is required," the researchers add.

They suggest that care could be improved by "increasing the use of information technology, increasing quality improvement and continuous assessment, better chronic disease management, improved care coordination [and] establishing performance measures with active monitoring".

Source: SpiritIndia.com



100 PERCENT JUICES FOUND AS BENEFICIAL TO HEALTH AS FRUITS AND VEGETABLES

When it comes to some of today's health issues, 100 percent fruit and vegetable juices do help reduce risk factors related to certain diseases.

This conclusion is the result of a European study designed to question traditional thinking that 100 percent juices play a less significant role in reducing risk for both cancer and cardiovascular disease than whole fruits and vegetables.

Juices are comparable in their ability to reduce risk compared to their whole fruit/vegetable counterparts say several researchers in the United Kingdom who conducted the literature review. The researchers analyzed a variety of studies that looked at risk reduction attributed to the effects of both fiber and antioxidants. As a result, they determined that the positive impact fruits and vegetables offer come not from just the fiber but also from antioxidants which are present in both juice and the whole fruit and vegetables.

This 2006 review of the literature states, "When considering cancer and coronary heart disease prevention, there is no evidence that pure fruit and vegetable juices are less beneficial

than whole fruit and vegetables." The researchers add that the positioning of juices as being nutritionally inferior to whole fruits and vegetables in relationship to chronic disease development is "unjustified" and that policies which suggest otherwise about fruit and vegetable juices should be re-examined.

The researchers who authored the paper "Can pure fruit and vegetable juices protect against cancer and cardiovascular disease, too? A review of the evidence" suggest that more studies in certain area are needed to bolster their findings. The study was published in the International Journal of Food Science and Nutrition (2006).

"Although this independent review of the literature is not designed to focus on any particular 100 percent juice, it does go a long way in demonstrating that fruit and vegetable juices do play an important role in reducing the risk of various diseases, especially cancer and cardiovascular heart disease," says Sue Taylor, RD, with the Juice Products Association, a non-profit organization not associated with this research. She adds that appropriate amounts of juices should be included in the diet of both children and adults, following guidelines established by leading health authorities.

Taylor also points to a large epidemiological study, published in the September 2006 issue of the Journal of Medicine, which found that consumption of a variety of 100 percent fruit and vegetable juices was associated with a reduced risk for Alzheimer's disease. In fact, that study found that individuals who drank three or more servings of fruit and vegetable juices per week had a 76 percent lower risk of developing Alzheimer's disease than those who drank juice less than once per week. Source: medicalnewstoday.com



CONCORD GRAPE JUICE HAS HEART-HEALTH BENEFITS LIKE RED WINE

Many studies have suggested that moderate red wine consumption is beneficial to cardiovascular health. But what if you'd like to skip the alcohol? Take heart: in a laboratory study, just published in the January 2007 issue of Cardiovascular Research, Concord grape juice worked in a similar fashion to red wine to promote healthy arterial function.

Dr. Valorie Schini-Kerth and a team of researchers of the Universit e Louis Pasteur de Strasbourg found that Concord purple grapes stimulated the production of nitric oxide in endothelial cells and produced a vasorelaxation effect. It is known that nitric oxide is important in the body's natural system for maintaining healthy, flexible blood vessels and helps support healthy blood pressure. The findings in this study are particularly noteworthy because the beneficial effects of Concord grape juice were observed in arteries of the heart.

Researchers further discovered that Concord purple grape juice - available as Welch's Purple Grape Juice in the UK - produced this relaxation effect by stimulating the same chemical reactions in the arteries that are activated by red wine - showing that it's the components of the grape, rather than alcohol, that produces this beneficial effect for the heart.

This study supports other preliminary research in which Concord grape juice had a blood pressure-lowering effect as it provides a possible mechanism for the effect. So, for those looking for an alternative to red wine, grape juice made from Concord grapes provides a delicious, family-friendly, heart-healthy alternative. Source: medicalnewstoday.com



THE LOOPHOLES OF FOOD LABELING

What Food Manufacturers Don't Want You to Know

When you're shopping in the grocery store, you may notice that food packages are always labeled with the latest buzz words. When the new food guide pyramid touted the importance of whole grains for example, suddenly words and logos for "whole grains" plastered the fronts of cereal boxes, crackers, breads and even cookies! Now with the media's attention on the harmful effects of trans fats, many food manufacturers are trying to draw your attention to the fact that their product is free of trans fats. No matter what the fad is—low-carb, fat-free, organic, or heart-healthy—manufacturers will try to lure you into buying their product. But, while food manufacturers can't lie to you about the nutrition and ingredients of their products, they can easily mislead you into thinking something is healthier than it really is.

Reading and understanding a nutrition label doesn't require a degree in nutrition, but it does require that you look beyond the fancy claims on the front of the box. If you know how to read between the lines of the marketing spin, you too can know how to make the most nutritious choices without having to read the fine print. By law, food labels must be truthful. But manufacturers can pick and choose which facts to highlight and spin. As a consumer, your best option is to disregard the claims on the front of the package because, while they may be true, it may not tell you the whole story. Here's a list of the most popular food package claims used by food manufacturers—and what they really mean for you and your health.

"Natural"

The word "natural" is not regulated by the FDA and therefore is very misleading. Sure "natural" brings to mind thoughts of fresh, minimally processed and healthy food, but it means nothing about a food's nutritional content, ingredients, safety, or health effects. Almost all packaged foods today are processed in some way. Natural potato chips may use real potatoes (instead of flakes), for example, but like regular potato chips, they are still a high-fat food choice with little nutritional content. Natural candy may be sweetened with cane juice (instead of white sugar), but it can still contribute to weight gain when eaten in excess.

"Made with Real Fruit" or "Contains Real Fruit Juice"

You see "made with real fruit" frequently on fruit snacks, fruity cookies and cereals, and fruit drinks. Since there is no law that requires how much real fruit has to be included in a food that uses this claim, the sugary treat could contain just one grape or one drop of orange juice to be accurate. However, a quick look at the ingredients list will show you what you need to know. When high fructose corn syrup and/or sugar are listed as the first ingredients, you know that the "real fruit" content of the product

isn't significant. This is sugary junk food that is trying to masquerade as healthy—but now you know better!

"Whole Grains"

This is one of the most popular marketing claims of late, and the most confusing. Today we see "whole grain" logos on almost all grain products, including sugary breakfast cereals. The reality is that refined white flour—with just a touch of whole wheat added back in—can be listed as "whole grain." A food manufacturer can use the term "whole grain" no matter how much whole wheat the product contains. What the various "whole grain" terms actually mean may surprise you:

"Made with Whole Grains": All it needs is one tiny bit of whole grains to use this claim, which means nothing for your health.

"Wheat flour" or "100 percent wheat": Again, this is a ploy that tries to fool consumers. You want to look for "whole wheat flour" or "100 percent whole wheat", not just the word "wheat."

"Multigrain": This doesn't explain whether the grains are refined or whole, just that there is more than one type of grain. Multigrain has no proven health benefits, especially if all those grains are refined, and they probably are (unless the ingredients list proves otherwise).

"Whole grain": This term is also misleading, because whole grains can contain various blends of grains that are refined. You want to avoid words like enriched and bleached on the ingredients label. You can only trust the term "100 percent whole grain" to be a healthy choice.

"X Grams of Whole Grains": Don't let the grams of whole grains in a food confuse you. A food can claim that it's a "Good Source" of whole grains, but that does not mean it's high in fiber (it may have little to none).

When it comes to grain-based foods, you can't trust the words on the face of the package. Double-check and look at the ingredients list every time, looking for keywords like "whole wheat flour" to be first on the list. Additives like sugar and corn syrup shouldn't appear in the top of the ingredients list of a healthy food. If a food is high in whole grains, it'll have protein and fiber to boot. Be aware that manufacturers won't necessarily call their processed flours "refined" on the label. Anything that is listed as corn, rice, wheat, or oat flour IS processed and refined unless it specifically tells you that it is "whole".

"Fat Free"

"Fat-free" food labels may also tempt you to believe these are healthier food selections. Sometimes this can be helpful, like when choosing skim milk over higher fat varieties. But take the time to read labels. When a meat label boasts that it's 95% fat free, it sounds like a healthy choice since only 5 percent of it is fat. But fat contains a lot of calories, so check out the nutrition facts label for the actual number of calories and fat grams per serving.

An example of an unhelpful fat-free claim is a carton of 100% orange juice. Here, a fat-free claim isn't helpful labeling, even though it is truthful. Oranges are naturally fat-free, so 100% orange juice always has and always will be

fat-free, regardless of whether it is highlighted on the label or not.

"Zero Trans Fats"

Thanks to recent media attention, you probably know that trans fats are bad for your health. Experts recommend that people avoid trans fats, which are created when oils are hydrogenated during food processing. But you can't trust a product's claim of zero trans fats, nor can you trust the nutrition facts label on this one. Always read the ingredients list. If the words "partially hydrogenated" appear in it at all, then the food DOES contain trans fats. But thanks to labeling guidelines, any food that contains 0.5 grams or less of a nutrient can be listed as zero grams on the nutrition facts label.

This may seem insignificant, but it does add up. Think about a box of cookies. It says "zero trans fats" on the front of the box and on the nutrition facts label, but it lists "partially hydrogenated oils" in the ingredients list. This food can contain up to 0.5 grams of trans fats per serving, yet the labeling is legit. Over time, when you consume the 6, 10, or 20 servings of cookies in the box, you'll consume 3, 5, or 10 grams of trans fats. Since there is no safe level of trans fat consumption, this food is not good for your health.

Making Healthy Choices

Most of your food choices should come from whole, unprocessed sources: fresh meat, beans and legumes, real fruits and vegetables, calcium-rich foods like dairy, oats and other whole grains. Remember that you can't make nutritious food selections based solely on the marketing phrases on the front of a package. These buzz words are meant to catch your attention and are put there by marketing gurus so that you'll buy their product. Once you've looked at the package, ask yourself, "Does this food company have my health in mind?" The more processed a food is, the less reliable the claims on its package become.

Source: SparkPeople.com



FRESH APPLE CAKE

2 cups sugar
 1-1/4 cup salad oil
 2 large eggs
 3 cups flour
 1 tsp salt
 1 tsp baking soda
 2 tsp cinnamon
 2 tsp vanilla
 3 - 4 cups apples, pared, cut into pieces

Mix all ingredients by hand in order as they appear till well blended. Add apples last. Mixture will be stiff. Spread in a greased 9 x 13" baking pan. Bake at 350N for 50 minutes or till done. Remove from oven.

Combine 1/2 cup confectioners sugar with 1 - 2 tsp milk until smooth. Drizzle over cake while still warm.





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