



May, 2008

Volume 8, No. 2

The healing heart - a review of psychological treatments for cardiac patients

Dr. Wolfgang Linden and colleagues from the University of British Columbia Department of Psychology report on a review of 43 randomized trials of the effectiveness of psychological treatment for cardiac patients. They found that treatment beginning at least two months after a cardiac event showed greater mortality benefits than treatments right after the event and that decreased death rates occurred even though patients still reported experiencing negative affect. Dr. Linden concludes, "Mortality benefits due to PT (psychological treatment) were achieved despite small concomitant changes in negative affect. PT of cardiac patients reduces mortality and event recurrence... The timing for the initiation of PT may be a critical mediating variable for mortality outcomes."

European Heart Journal 2007, 28(24), 2972-2984

Folic acid and women of childbearing age

Dr. J.R. Petrini of the March of Dimes Foundation reports that despite the 1992 U.S. Public Health Service recommendation that women of childbearing age should consume a minimum of 400 micrograms of folic acid daily to reduce the risk in pregnancy of neural tube defects, anencephaly or spina bifida, that 18-24 year old women—who make up 61% of all child-bearing aged women were the least knowledgeable regarding folic acid consumption and had the lowest reported daily use of the supplement. Dr. Petrini concludes, "...Because women in this age group account for nearly one third of all births in the United States, promotion of folic acid consumption should be targeted to this population."

Morbidity and Mortality Weekly Report 2008, 57(1), 5-8

The hard sell of preventative medicine

Dr. Linwood Watson, a family practice physician in North Carolina writes that due to many physicians shying away from emphasizing prevention with their patients (e.g., inquiring about a flu shot, pap smear, or tetanus shot), he recommends using several strategies to "sell" the patient on the benefits of preventative medicine. For example, he stresses the extra benefit of a diabetic patient getting their preventative flu shot in light of their greater general vulnerability due to elevated sugar levels or problematic cardiac functioning which could make fighting off an infection difficult. Dr. Watson also suggests that the physician know their patient and tailor making a pitch for prevention to the patient's family, age or cultural demographic needs. "Knowing your product," and being "passionate" about preventative medicine, followed by honing "your delivery," are the remaining steps that Dr. Watson recommends for getting the patients to adopt and implement preventative medical interventions. Dr. Watson concludes, "Try these strategies for yourself, and you may wind up selling your patients on preventive measures that could significantly improve their health and well-being."

Family Practice Medicine 2008, 15(1), 22-24

Pregnancy nutritional counseling for vegetarian moms

Debra Penney, Certified Nurse Midwife at the University of Utah writes that vegetarian diets are frequently made up of plant-based foods in addition to variations that may include eggs, grains, legumes, seeds, fruits and nuts. About 2.5% of adults in the U.S. follow a vegetarian diet and about one percent are vegan (no animal sources of food). Ms. Penney reports that demographically, vegetarians typically live in large cities, in costal areas and are female. Although the public frequently misunderstands the nutritional soundness of a vegetarian diet, Penney states that the American Dietetic Association, as well as the American College of Obstetricians and Gynecologists state that a balanced vegetarian and vegan diet is adequate to maintain health for all stages of life including pregnancy and lactation.

Penney points out that few studies exist that look at vegetarian nutrition and pregnancy outcomes. Therefore, for pregnant or lactating vegetarian mothers, Penney recommends that health professionals take a three to seven day diet history and particularly assess for vitamin B-12 (newly absorbed B-12 may cross the placenta vs. maternal tissue sources of stored B-12 which don't), vitamin D, calcium, iron, essential fatty acids, and protein - all of which are essential during pregnancy and lactation in order to meet energy demands. Specifically, low maternal serum levels of B-12 during the first trimester is an independent risk factor for neural tube defects as well as macrocytic anemia.

Vitamin D deficiency during pregnancy has been associated with neonatal hypocalcemia and issues with tooth enamel. To ensure adequate calcium intake during pregnancy, Penney recommends that pregnant women who are vegetarians should consume 1200 to 1500 mg/day of calcium from such food choices as bok choy, broccoli, kale, okra, turnip greens and soy products.

Iron is also important and studies cited by Penney show that iron deficient related low hemoglobin in the first trimester is associated with preterm birth and fetal growth restriction.

Finally, essential fatty acids and sufficient protein intake are important as well, especially for cell membrane and nervous system functioning. Penney writes that sources of essential fatty acids include flaxseed, walnuts, soybeans and mungo beans. Protein sources include tofu, nuts, legumes and eggs.

Penney concludes, "...Pregnant and lactating vegetarians require acceptance for their choices, education, and resources to address their nutritional needs. Vegetarians may feel defensive and misunderstood because of their food choices. Establishing a trusting, nonjudgmental attitude toward the health practices and beliefs of the client will facilitate effective counseling. The use of food lists and menus for vegetarians may be helpful resources for the health care provider when discussing diet selections with the client..."

Journal of Midwifery and Women's Health 2008, 53(1), 37-44

Greater risk of heart problems for women with poor sleep

Dr. Edward Suarez at Duke University reported in the on-line journal, *Brain, Behavior and Immunity*, reports results of a sleep study showing that poor sleep in general is associated with greater psychological distress and elevated risk for heart disease and type 2 diabetes. However, in the Duke study it was discovered that these risk associations were found to be

stronger for women than for men. Suarez and his colleagues studied 210 healthy middle-aged men and women without histories of sleep disorders and found that for women, poor sleep is strongly associated with high levels of emotional distress and greater feelings of hostility, anger and depression with concomitant higher levels of C-reactive protein, interleukin-6 and insulin - all associated with inflammation-related risks of heart disease and diabetes. Sleep onset insomnia symptoms were more associated with this elevated profile than sleep maintenance insomnia. Suarez concludes, "Good sleep is related to good health. More research needs to be done to define gender-linked responses to poor sleep, including the role that sex hormones play over a lifetime and how sleep needs and responses change from childhood to maturity.

"Poor Sleep More Dangerous for Women," online publication, *Science Daily*, March 11th, 2008.

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