
The information contained in this book provides a general overview of many health-related topics. It is not intended to substitute for advice that you might receive from your physician, whether by telephone or during a direct medical evaluation. Furthermore, health-care practices are continually updated as a result of medical research and advances in technology. You should therefore check with your doctor if there is any question about current recommendations for a specific problem. No book can substitute for a direct assessment by a qualified health-care professional.

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Complete Guide to Family Health, Nutrition, and Fitness

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Table of Contents

<i>Foreword by Dr. James Dobson</i>	<i>vii</i>
<i>Acknowledgments</i>	<i>xi</i>
CHAPTER 01 In Pursuit of Health	1
CHAPTER 02 How Are We Doing? Assessing Your Family’s Health . . .	15
CHAPTER 03 Three Common Health Problems You Want to Avoid (If at All Possible . . .)	41
CHAPTER 04 Health Screening in Adults	77
CHAPTER 05 Some Food for Thought on Food	119
CHAPTER 06 Dealing with Excess Weight	189
CHAPTER 07 Born to Move: Exercise and Physical Fitness	275
CHAPTER 08 The Emotional Weather	315
CHAPTER 09 More Than Molecules: Spiritual Health	379
CHAPTER 10 Bad Habits: Tobacco, Alcohol, and Drugs	427
CHAPTER 11 Safety First (and Last)	501
CHAPTER 12 Healthy Sexuality	573
CHAPTER 13 Selected Topics in Women’s Health	611
CHAPTER 14 Senior Maintenance	675
CHAPTER 15 To Sleep	735
CHAPTER 16 “Why Am I So Tired All the Time?” The Problem of Fatigue	783
CHAPTER 17 Health-Care Discernment: How to Be a Wise Consumer	811

APPENDIX A	<i>Abortion: A Risk for Breast Cancer? A Working Paper from Focus on the Family's Physicians Resource Council.</i>	865
APPENDIX B	<i>Vitamins and Minerals: What Each One Does and How Much We Need</i>	869
APPENDIX C	<i>Body Mass Index: Tables for Adults and Children</i>	923
APPENDIX D	<i>Strength Training and Stretching Exercises</i>	929
APPENDIX E	<i>Common Sexual Dysfunctions</i>	945
APPENDIX F	<i>Hormone Therapy Controversies: A Closer Look at the HERS and WHI Studies.</i>	953
APPENDIX G	<i>Chronic Fatigue Syndrome</i>	959
	<i>Endnotes</i>	967
	<i>Index</i>	985

Foreword by Dr. James Dobson

August 15, 1990, began much like any other day for me. I awoke early in the morning and headed to the gym for a game of basketball with a group of friends and colleagues—some of whom were as much as twenty or thirty years younger than I! Because I frequently hit the court with these “youngsters,” and because I had reached middle age with the lanky build that allowed me to still move easily, I assumed that I was in the prime of physical health.

A sharp pain in my chest on that late summer morning told me otherwise. I excused myself from the game and drove alone to the hospital (something I do *not* recommend to anyone who suspects he or she is experiencing a serious medical problem!). Hoping and praying that I was merely battling fatigue, I knew deep down that there was something else terribly wrong. It didn't take the doctors long to confirm that, sure enough, this “healthy” basketball enthusiast had transformed, in the blink of an eye, into a heart attack victim.

As I lay in the hospital in the days following that ordeal, I realized that, early-morning basketball games notwithstanding, my predicament was directly related to my lifestyle choices and, in particular, the fatty foods I was allowing in my diet. I asked the Lord to give me another chance, resolving to use every resource at my disposal to safeguard my heart and my health through a combination of healthy diet and exercise. Despite some setbacks (I suffered a stroke in 1998 but recovered from it almost immediately), I have endeavored to keep that commitment, and today I am feeling better than ever.

Like so many Americans, prior to my heart attack, I was extremely busy—but not necessarily *active* in a way that would ensure optimal physical health. Indeed, statistics show that, despite our frantic pace of living and continued advances in the medical field, Americans suffer from an alarming number of health problems, many of which could be prevented or at least decreased by changing bad habits.

Research confirms just how serious the situation has become. The latest figures from the American Heart Association show that 13 million Americans

have coronary heart disease; 5.4 million have suffered a stroke; and 65 million have been diagnosed with high blood pressure. Unfortunately, a large number of these cases are related, at least in part, to lifestyle choices. The AHA also reports that 48.5 million American adults (nearly 23 percent) are smokers. From 1995 to 1999, an average of 442,398 Americans died annually of smoking-related illnesses (32.2 percent of these deaths were cardiovascular related). The American Cancer Society estimates that 180,000 of the cancer deaths in 2004 could be attributed to smoking. Further, one-third of cancer deaths in 2004 were related to nutrition, physical inactivity, being overweight or obese, and other lifestyle issues. In other words, many of them were *preventable!*

As I suggested earlier, perhaps the biggest factors in maintaining proper physical health are diet and exercise. Unfortunately, a recent study revealed that a full 25 percent of Americans reported participating in *no* physical activity during their leisure time. Perhaps that is why more than 65 percent of adults in the United States are overweight, including 30 percent who are clinically obese. Between 1971 and 2000, the average daily caloric intake for men grew by about 7 percent, which translates into seventeen pounds of additional body fat per year. Obesity dramatically affects life span, as well. The life expectancy of a twenty-year-old white male who is clinically obese decreases by an estimated thirteen years, and for black males, an astonishing average of twenty years are lost due to obesity. One recent study revealed that the number of annual deaths attributable to obesity among adults in the United States is about 300,000. And perhaps most telling of all, airlines are telling us that they now have to carry additional fuel in order to transport more overweight customers.

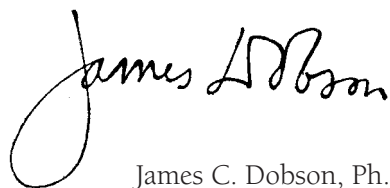
This situation is sobering, but I am living proof that a dramatic change in eating habits, combined with a focused regimen of heart-strengthening exercise, can significantly improve one's overall health. I'll admit that the prospect of making such radical lifestyle changes can be daunting, but let me assure you that it is worth the investment. Choosing a healthy lifestyle *now*, while you still can, is infinitely preferable to being sidelined by a stroke, heart attack, cancer, or some other health crisis in the future.

This excellent resource is designed to answer many of the questions that may arise as you endeavor to put you and your loved ones on the road to a healthier life. You'll find detailed chapters on the three most common health problems—cardiovascular disease, cancer, and diabetes—as well as practical advice on those critical disciplines that I have mentioned several times already: *diet and exercise*.

And that's only the beginning. This guide has been designed to be a comprehensive reference for your entire family. It can help you find a pediatrician for your kids; identify medical tests that might prevent health problems before they occur; foster *emotional* and *spiritual* health in addition to physical fitness; discover answers to specific health-related questions for women and seniors; understand our country's often-confusing health-care system, and so much

more. The information presented here is based on the most up-to-date medical research as well as the firsthand experiences of members of Focus on the Family's Physicians Resource Council. These experts will help you distinguish your triglycerides from your polyunsaturates and your cholesterol from your lipoproteins.

Perhaps you consider yourself generally healthy and are simply looking for a plan to help you stay that way. Or maybe you or someone you love is dangerously overweight or suffering from a serious health problem related to poor lifestyle choices in the past. Either way, the *Complete Guide to Family Health, Nutrition, and Fitness* will provide you with the tools you need—as a complement to the advice of your personal physician, of course—to live smarter and healthier. Change is never easy, but it is possible, and I pray that God will bless you as you endeavor to be a good steward of the body He has given you.

A handwritten signature in black ink that reads "James C. Dobson". The signature is written in a cursive style with a large, looping initial "J".

James C. Dobson, Ph.D.

In Pursuit of Health

Perhaps an unfamiliar ache made a “guest appearance” in your lower back as you got out of bed this morning . . .

. . . or your favorite belt just ran out of holes . . .

. . . or you heard about a new supplement that sounds as if it might replenish some of the energy you’ve been missing in your life lately . . .

. . . or you haven’t had a checkup in several years, and you’re a little concerned about what the doctor might find “under the hood” . . .

. . . or you *did* have that checkup and found out that your blood pressure, cholesterol, and blood sugar have risen to worrisome levels . . .

. . . or the kids just completed their health-ed class and are nagging you about having tobacco breath . . .

. . . or you just noticed that *they* have tobacco breath . . .

. . . or you’re wondering whether any of the twenty-five surefire weight-loss plans on sale at your local bookstore might actually work for you . . .

. . . or a close friend your age (or younger) has been diagnosed with a serious medical problem . . .

. . . or you simply feel a conviction that it’s time to start taking better care of yourself and your family.

Whatever the reason for your interest in improving your family’s health or preventing problems in the future, you can be certain of one thing: You’re not alone. Millions of people in the United States and around the world are pursuing better health—and spending billions of dollars every year doing so—through conventional or alternative health providers, in bookstores, on the Internet, in health-food stores, in gyms and spas, and even through personal trainers. Given the spectacular advances in medical science over the past several decades and the steady stream of health advisories we now receive on a daily basis, one might expect that good, or even great, health

would be the order of the day for just about everyone. But, in fact, this is not the case.

Good News and Bad News

“It was the best of times, it was the worst of times.”

The familiar declaration that opens Charles Dickens’s classic novel of the French Revolution, *A Tale of Two Cities*, could easily be applied to the state of health of the United States—or, for that matter, the entire world—in the third millennium.

For more than a half century following the Second World War, developed nations have enjoyed a sustained abundance of food, both in quantity and variety, that is unprecedented. *And yet* millions of Americans, and millions more in other countries that have adopted our eating habits, are mired in diet-driven epidemics of obesity, coronary artery disease, and diabetes, all of which claim hundreds of thousands of lives every year. Tragically and ironically, more than 840 million people in the world, nearly 800 million of them from developing countries, are malnourished. Of these, more than 150 million are under the age of five, and 6 million of these children die every year from hunger.¹

Many diseases and infections that terrified our ancestors just a few generations ago are no longer a concern for today’s American doctors or their patients. Smallpox, which for centuries claimed millions of lives and even destroyed entire civilizations, was eradicated from our planet by the late 1970s. New cases of polio, a disease that can paralyze the limbs of great and small alike, have been drastically reduced through extensive worldwide vaccination efforts. *And yet* other ancient infectious foes—malaria, cholera, typhoid, to name a few—continue to make their deadly rounds throughout the world, claiming the lives of millions every year and making millions more who survive them miserable for a season or a lifetime. Even technologically advanced cultures are not immune to the threat of serious epidemics. In fact, in recent times many Western countries, especially the United States, have been confronted with the horrifying prospect that highly lethal organisms—anthrax, pneumonic plague, Ebola, and even smallpox—could be used as weapons by terrorists bent on causing death on a monumental scale.

Immunization campaigns in the United States have made once-familiar diseases such as measles, rubella (German measles), and mumps so uncommon that primary-care physicians rarely have to deal with them. Within one generation, the introduction of routine childhood vaccinations against the bacteria *Haemophilus influenzae* has made a serious dent in the number of cases of pneumonia and meningitis among American infants and toddlers. *And yet* every year tens of thousands of children in North America are not immunized because their families lack the health-care coverage or funds to obtain vaccinations, or because their parents are convinced that immunizations represent an

Malaria alone causes 300 million acute illnesses and one million deaths every year. The World Health Organization estimates that a child in Africa dies of malaria every thirty seconds.²

unacceptable hazard. And millions of other children around the world are vulnerable to dangerous but preventable diseases primarily because they cannot get access to (let alone afford) the vaccines that would prevent them.

Modern biotechnology has created a host of antibiotics, which routinely vanquish infections that would have been lethal a few generations ago. *And yet* extensive and at times indiscriminate use of antibiotics by well-meaning physicians has led to the emergence of resistant strains of common bacteria (a few now sporting the nickname *superbugs*) that defy our medical armaments. And an alphabet soup of sexually transmitted infections and syndromes—HSV, HPV, PID, and the deadly HIV/AIDS, among others—continues to percolate through developed and developing nations alike, especially among the young.

HSV stands for herpes simplex virus, HPV for human papillomavirus, and PID for pelvic inflammatory disease. HIV stands for human immunodeficiency virus, the virus that causes AIDS (acquired immune deficiency syndrome). Some strains of HPV are implicated in nearly every case of cancer of the cervix (the opening of the uterus). HPV and cervical cancer are discussed in chapter 4 (see page 107).

FYI.

In sub-Saharan Africa, AIDS has become a modern-day plague. The leading cause of death in that region, this illness is wreaking personal, social, and economic havoc and has left millions of children orphans.

America's health-care system is arguably the most sophisticated in the world, as anyone who has been treated in an emergency room or critical-care unit can testify. *And yet* health-care costs have soared over the past half century, now amounting to well over a trillion dollars every year.

Between 1960 and 2000, the United States' gross domestic product increased from approximately \$526 billion to nearly \$8 trillion, about fifteenfold. At the same time, health-care costs soared from \$27 billion to \$1.12 trillion—more than a fortyfold increase. (The percentage of GDP spent on health care increased from 5.1 percent to 14 percent over this period.)³

FYI.

And partly as a reaction to skyrocketing costs, long waits, less-than-satisfactory interactions with harried practitioners, and a host of problems that conventional Western medicine has not been able to conquer, millions are turning to alternative therapies, some of which represent a radical departure from the most basic understandings of contemporary science.

A proliferation of books, magazines, videos, and Internet sites has given the average citizen unprecedented access to information about health and disease, wellness and illness, exercise and diet. *And yet* in many ways we seem to have an abundance of information and a shortage of discernment. Wheat mingles with chaff, fact and fancy compete for the limelight, and irrelevant details obscure what could be take-home lessons. So much of the current avalanche of facts and advice seems contradictory, especially in the realm of nutrition and weight loss. One day we hear that a particular food, drug, or supplement is the key to

health or a research breakthrough. And then within a month comes the somber news that it may cause irreparable harm.

Americans and our counterparts in developed nations enjoy a standard of living unprecedented in human history. By all rights we should be the happiest, healthiest, and most productive people on earth. *And yet* depression, anxiety, addiction, violence, sexual anarchy, broken families, and boredom abound. Tobacco, alcohol, and drug abuse claim hundreds of thousands of lives and cost billions of dollars in health care, loss of productivity, injury, and crime each year. We spend billions more every year evaluating symptoms—chronic fatigue, headache, abdominal pains, sleeplessness, and a host of others—that all too often arise from our stressful and discontented lifestyles. Our forebears worried about storing enough provisions to survive the winter. Far too many of us store enough provision for ten winters in our own body fat. Our ancestors thanked God fervently for daily bread. We complain when the line is too long at a fast-food restaurant. Too many of us are doing better by almost any comparison with most of the world (and human history), yet feeling worse.

Our lives and times prove that health is much more than the absence of disease, as wonderful as that absence might be. They also demonstrate that the most sophisticated technical developments of modern civilization still cannot prevent a host of serious disorders that afflict millions every year. Nor can these advancements automatically cause us to behave in ways that would maintain our health at optimal levels.

That brings us to the first of several basic questions as we begin this book.

What Exactly Is Health?

We might be at a loss to find the exact words to define health, but most of us would probably be willing to say that we know it when we see it. On a more personal level, some of us would say that we know it when we feel it. Health encompasses a broad range of functions and experiences, and we cannot truly grasp what it means to be healthy without considering all of them.

Physical functions usually come to mind when the word *health* is mentioned. We typically think of **physical health** as a state in which “all (or most) systems are go,” where a host of phenomenally complex organ systems function smoothly, if not at peak performance. These include:

The **nervous system**: the brain, spinal cord, sensory organs (for example, eyes and ears), and a network of nerves that send and receive information throughout the body. In a very real sense, all of the other systems exist to support this one, because through it we experience and express our very humanity—our thoughts and emotions, our prayers and our plans, and the actions that they generate.

The **circulatory system**: the heart and blood vessels, which deliver blood

to every tissue and cell in the body. The Old Testament declared with complete accuracy that “the life of a creature is in the blood” (Leviticus 17:11). Blood carries oxygen, without which no tissue can survive. The brain is particularly dependent on a steady supply; only a few minutes of oxygen deprivation to any part of the brain can cause irreparable damage. If the entire brain loses its supply for more than three minutes, damage is likely; after eight minutes, coma and death are virtually inevitable.

The **respiratory system**: the lungs and airways that provide oxygen carried by red blood cells throughout the body. The respiratory system also removes carbon dioxide generated by the metabolism of our cells. A well-functioning heart pumping blood that lacks oxygen will be working in vain and will not pump for long.

The **gastrointestinal system**: the esophagus, stomach, and intestines that swallow, break down, and absorb the food we consume, as well as the liver that further processes materials sent to it from the intestine. This system supplies and refines the fuel used by the rest of the body.

The **renal/excretory system**: the kidneys that filter the blood and excrete waste products into the urine, which in turn is removed from the body. The kidneys are far more than generators of liquid waste. Their ability to regulate body-fluid levels, maintain blood pressure, and control the levels of a number of critical elements (called electrolytes) and several other chemical compounds is a marvel of engineering.

The **musculoskeletal system**: the bones, joints, muscles, tendons, and ligaments that allow us to express ourselves through physical action: standing, walking, reaching, and a host of other functions.

The **hemapoietic system**: the tissue (called marrow) safely hidden within bones throughout the body that continuously produces red blood cells (which carry oxygen, as previously noted), white blood cells (which serve a vital role in immunity), and platelets (which begin the clotting process whenever a blood vessel is damaged).

The **immune system**: a complex network of specialized cells and proteins (called antibodies) that defend us from bacteria, viruses, fungi, and other invaders.

The **endocrine system**: a diverse collection of organs and tissues that manufacture compounds (called hormones), which in turn regulate a vast number of bodily functions, including growth, metabolism, and reproduction.

The **reproductive system**: the structures, organs, and hormonal interactions that allow us to create new human beings and to enjoy pleasure, intimacy, and bonding with another.

In the best of all worlds, these systems would perform perfectly prior to birth, grow and develop without a hitch, and continue to work unhampered by disease, injury, or destructive habits throughout a lifetime extending to a ripe old age. Of course, we live in anything but the best of all worlds, and we would

be hard-pressed to find anyone who, for eight or nine decades, has scaled such a pinnacle of physical perfection. Furthermore, as soon as we set forth a vision of what exceptional health might look like, we can begin to find any number of conspicuous exceptions.

For example, it is clearly possible for someone to live a productive, if not bountiful, life even though physically impaired in some significant way. Helen Keller lost her sight and hearing before the age of two but ultimately became a renowned and eloquent author and advocate for the blind. Joni Eareckson Tada suffered a devastating neck injury as a teenager, leaving her wheelchair-bound and dependent on others for the rest of her life. Yet she has flourished as an artist, speaker, musician, writer, and founder of a worldwide ministry serving the disabled. British theoretical physicist Stephen Hawking, author of the best-selling *A Brief History of Time*, has maintained a distinguished career despite being stricken with amyotrophic lateral sclerosis (or ALS, also known as Lou Gehrig's disease), which has severely impaired his ability to move and communicate.

We could use these and many other examples to illustrate another definition of health: making the most of the physical and intellectual resources available to us, regardless of how they have been shaped by our genetics, by events before and during our birth, by our upbringing, or by our experiences later in life. Just as a person with significant disabilities or other afflictions can still enjoy a fruitful life, it is also possible—indeed, all too common—for someone who is in good or even peak physical health to be sullen, lazy, hostile, or even dangerous to those around him. Clearly we cannot paint a picture of health using only the narrow brushstrokes of physical strength, attractiveness, a collection of normal organs, or an abundance of candles on a person's birthday cake. We need to consider other elements as well.

Emotional health, like physical health, may be easier to describe than to define precisely. We could propose a number of characteristics: stability and resilience; a positive but also realistic outlook on life; or a sense of humor, joy, contentment, and general calm in the face of difficulty, for example. Most of us could also suggest several indicators of problems with emotional health: persistent anxiety, depression, irritability, frequent outbursts of anger, overt hatred, pessimism, suspicion, and despair. Like physical health, our emotional well-being (or lack thereof) is a by-product of genetics, a certain degree of inborn temperament, childhood and adult experiences, personal habits, and everyday decisions.

Closely related to emotional health are a number of important arenas in life that we could evaluate for well-being or illness. We could speak, for example, of the health of one's relationships, including those with parents, friends, spouse, children, coworkers, and a community of faith. We could evaluate the quality of a person's work and career, not merely as a means of earning a living but as a source of fulfillment or frustration. We would be remiss if we did not

also consider the state of a person's **spiritual health**. Not only does the “faith factor” impact physical and emotional well-being, but at some point we must also address an all-important and universal issue. To paraphrase Jesus' timeless question, what does it benefit a person to enjoy a long lifetime of superb health, wonderful relationships, and a stellar career—and lose his or her soul?

Why Invest Time and Effort Pursuing Better Health?

Presumably if you have bought (or merely picked up) this book, you already have one or more reasons. But how compelling are they? So often it seems as if health advisories are little more than “fun regulators,” nudging us toward eating foods we don't like, spending endless hours in repetitive and boring exercise, subjecting us to medical pokings and proddings in areas we'd prefer be left alone, and generally disparaging anything that's remotely enjoyable. All the warnings about keeping track of cholesterol, blood pressure, and myriad other concerns seem oriented toward some vague and very distant problems that may or may not actually materialize. We wonder whether healthy habits really make a difference: *I really want that dish of ice cream sitting in front of me. It's calling my name, and I can taste it already. Will it really make that much of a difference in the long run? Will avoiding it really do anything for me, other than add a few minutes to my life when I'm eighty years old? By then I probably won't care or even notice, except perhaps to regret all of the pleasure I passed up!*

For many people, there are very obvious and immediate reasons to pay closer attention to health: a blood test showing elevated glucose (blood sugar), for example, or a bronchial infection aggravated by smoking. But even in the face of a clear and present danger, making meaningful changes can prove to be much easier said than done. No one begins his or her day with the specific objective of ruining body and mind, but it is often difficult to jettison long-established habits or simply make minor course corrections in lifestyle, even if the failure to do so may lead to an unpleasant payoff. But in the face of such obstacles, and many others we'll consider later on, there are some very important reasons to focus on maintaining and improving our health:

1. Life is a precious gift, and the meter is running. Our life and body are priceless and irreplaceable. In an eloquent passage in Psalms, King David praised both the intricacy of our earthly frame and the One who designed it.

*For you created my inmost being;
you knit me together in my mother's womb.
I praise you because I am fearfully and wonderfully made;
your works are wonderful,
I know that full well.*

(PSALM 139:13-14)

Furthermore, it is no secret that, no matter how indestructible we might feel (especially early in life), our days are numbered. David wrote in another psalm,

*For [the Lord] knows how we are formed,
he remembers that we are dust.
As for man, his days are like grass,
he flourishes like a flower of the field;
the wind blows over it and it is gone,
and its place remembers it no more.*

(PSALM 103:14-16)

Our bodies are indeed “fearfully and wonderfully made” and have fabulous powers of recuperation and regeneration. But those powers are limited in a number of ways. They do not work indefinitely. They cannot overcome years of bad choices (or in some cases, one bad choice). And, like it or not, maintaining them in optimal condition does not occur automatically but rather requires ongoing effort. Their proper maintenance is a lifetime project.

An example from a different realm might help to illustrate the implications of this reality. Imagine that the government decreed that every citizen capable of driving could receive, free of charge, a brand-new car of his or her choosing, loaded with every possible accessory. But this incredible, once-in-a-lifetime offer would come with a very important catch. If your fabulous free car should fall apart, suffer damage beyond repair, or simply wear out, you could never own another one. Furthermore, you could not borrow another person’s car. In fact, you couldn’t even ride in someone else’s car or in any other type of transportation. You would have to remain wherever your car “breathed its last,” whether in your own garage or by the side of the road.

If you were the proud owner admiring this vehicle on the day it was delivered, sleek and shiny, to your driveway, what sort of commitments would you make? Would you read the owner’s manual carefully or stash it in the glove compartment? Would you follow the recommended maintenance schedule to the letter or take your car to the mechanic only when you noticed some new and strange noise emanating from the engine? Would you buy the finest fuel to fill its tank, or would you look for the cheapest, no-name brand you could find? Would you leave it outside to brave the elements or keep it safely in the garage when you weren’t driving it? Would you let it sit for weeks or months at a time and then expect it to leap into traffic at a moment’s notice? And when you were behind the wheel, would you drive like a maniac, play chicken with other drivers, and generally disobey all of the rules of the road?

The point of this simple analogy should be obvious: The body you have been given can be repaired (to a degree) but cannot be replaced. Once it has worn out, you can’t use anyone else’s. So will you treat it with respect, protect it, maintain it, and give it the best fuel possible?

2. Health increases our degree of freedom. A healthy person nearly always has the capacity to do more, see more, experience more, and most important, serve God in more ways than the person whose health is significantly impaired. Some of the more effective appeals to quit smoking or other unhealthy habits focus on what can be gained by giving up the life-threatening pursuit: more sunsets, walks on the beach, trips to the park with children or grandchildren, books to read, opportunities to reach out and change another person's life, and so forth. Poor health ultimately translates into limitations of all sorts, not merely physical impairments (such as difficulty moving, poor vision, shortness of breath, low energy, and chronic pain), but also a host of other tethers such as doctors' visits, drugs and their associated side effects, and expenses that can be astronomical, even for those with health insurance.

All of us have observed, and some of us have already experienced, the numerous effects of advanced age on body and mind. All too often these are a sad sight: gnarled limbs that carry the body with difficulty (if at all), vision and hearing problems, and, worst of all, loss of memory, comprehension, or even total communication with family and friends. While these changes aren't inevitable, they occur often enough to inspire heroic efforts by researchers to find causes and cures for aging and to support a booming industry of would-be cures. What generates far more sorrow, however, is to behold someone who has suffered a catastrophic health problem at a young age, especially when the loss easily could have been prevented.

A CAUTIONARY TALE: THE RAVE DRUG

Eighteen-year-old Rona (not her real name), once an honor student and a proficient athlete, now struggles to walk, talk, and carry out such simple functions as working a zipper or telling the time of day. She spends most of her waking hours in a rehabilitation unit, and it is yet uncertain whether she will ever live independently.

The cause of this disaster: the drug **ketamine**, an animal tranquilizer identified on the street as "Special K" or "cat Valium," among other colorful nicknames. Ketamine has become a popular item at all-night dance parties known as raves, where Rona first tried it.

But several months ago when she and her boyfriend snorted ketamine, she convulsed and stopped breathing for eight very long minutes. Lack of oxygen resulted in a two-week coma. When she finally awoke, the severity of damage to her brain became all too apparent.

One needless drug exposure on one ill-fated night severely and permanently damaged a young woman's capacity to communicate, learn, run, travel, marry, and have her own children. Ketamine has made her the prisoner of her own body, in which she will now serve a life sentence.⁴ ■

3. We are accountable for the gift of life we have been given. We have just noted that good health allows greater personal freedom. But absolute autonomy—the freedom to do whatever we want, whenever we want—is a fantasy, one of many popular fairy tales for adults in which our culture remains heavily invested. The reality is that, whether we care to recognize it or not, we are accountable to a Higher Authority. The universe has a Boss, and we’re not here as a result of a long series of random coincidences. We’ve been given life for a purpose, that of knowing and serving the God who designed us. All of our resources, including our life, belong to Him. They are not ours to squander.

The apostle Paul made this elemental fact abundantly clear when he wrote to those in the city of Corinth who claimed to be followers of Christ but were not behaving accordingly. A number of them were willing participants in the worship at the temple of Aphrodite, where “religious services” involved consorting with temple prostitutes. He first reminded them that they were directly involving Christ in their activities. “Do you not know that your bodies are members of Christ himself?” he asked them. “Shall I then take the members of Christ and unite them with a prostitute? Never!” (1 Corinthians 6:15). He then addressed the issue of ownership: “Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore honor God with your body” (1 Corinthians 6:19-20).

It is not unreasonable to extend this notion of God’s ownership of our body—and our obligation to honor Him with it—into areas well beyond sexual behavior (although that one is of particular importance). We could easily apply it to the food we eat, the substances we ingest, the shape we allow our body to take over time, and our general presentability to the world around us. In another letter to the Corinthians, Paul described all who have entered into a relationship with Christ as His ambassadors, whom God is using to share His message. If that’s the case, how are we maintaining our individual embassy? Is it thriving and well-preserved, or crumbling, overgrown with weeds, and in dire need of a fresh coat of paint? Even if our body is relatively well-kept and attractive, is it being put to good use? Is it teeming with activity that advances the cause of the One it claims to represent, or is it bogged down in wasteful, or even destructive, pursuits?

Pursuing Health—Oblivious or Obsessed?

We all have known people who have earned the label “health nut” because of their obsession with foods, supplements, and bodily functions—often to a degree that seems motivated more by endless anxiety than by a positive outlook on life. We’ve also known people who have acted as if they were determined to end their lives as quickly as possible, consuming tobacco, alcohol, drugs, and calories in extraordinary quantities (or by starving themselves with an eating disorder).

While a few who read this book may actually be drawn to one of these extremes, most of us fall into a broad group of people who don't spend a lot of time thinking about health unless something goes wrong. "If it ain't broke, don't fix it"—or more specifically, "If it ain't hurting, don't go looking for trouble"—probably expresses the way we usually feel, whether we admit it or not.

Unfortunately, there are many ways that "doing what comes naturally" can get us into trouble. All too often our own appetites or the common routines of our culture lead to some unpleasant but avoidable problems. And even if we have exceptionally healthy habits, some diseases, both common and unusual, can literally sneak up on us unless we subject ourselves to basic screening on a regular basis.

The pursuit of good health, like any worthwhile project, needs to be carried out with wisdom and balance. We need to avoid extremes—whether they take the form of destructive habits, ignorance, food or fitness obsessions, or the mere disregard for well-established, well-grounded health recommendations that might give us an ounce of prevention and help prevent a pound (or a ton) of cure.

What This Book Is—and Isn't—About

With this in mind, the Focus on the Family *Complete Guide to Family Health, Nutrition, and Fitness* has been written with some very specific objectives:

It focuses on the promotion of health and prevention of illness—and thus it will not be a medical encyclopedia. We fervently encourage healthy lifestyles, and we also provide basic information about common health problems (for example, coronary artery disease and cancer) in order to explain how they might be prevented and detected. But this book does not contain hundreds of pages detailing diseases and syndromes. Nor does it outline all of the possible causes of symptoms, such as headache or abdominal pain. Such information is readily available in reference books or on the Internet. Including hundreds of pages of

AN INSPIRATIONAL TALE: ALIVE AND WELL IN THREE CENTURIES

Born in 1899, Helen witnessed the grand panorama of the entire twentieth century, from the horse and buggy to the space shuttle. At 102 she was still living independently in a retirement community, alert, keenly interested in other people, and an avid reader of the Bible.

Trained as a nurse, she spent many years organizing public-health programs in northern California. For those who had the time to ask and listen, she provided a wealth of stories about the delivery of health care decades ago.

She attributed her longevity to "good genes," but her abstinence from tobacco, her prudent diet, her sense of humor, and her rock-solid faith no doubt made a significant contribution not only to her many birthdays but also to her continued ability to enjoy them. ■

medical details here would reinvent a very large (and not particularly interesting) wheel.

It is both biblically sound and scientifically accurate, to the best of our ability.

There are many books on the market that are medically solid but presume that the physical world is all there is and that God does not enter the health equation in any way. Others seek to honor God and the Bible but unfortunately wander into the fringes of health care, often promoting questionable information or even irrational claims about the workings of our body and mind. A number of books—some of them best sellers—are literally out in left field both scientifically and spiritually. Some of these attempt to blend quasiscientific or even mythological ideas about health with spiritual teachings that are incompatible with, or vigorously hostile to, the teachings of the Old and New Testaments. While we cannot claim to have the last word on either medical research or biblical scholarship, we have attempted to be diligent in our pursuit of scientific accuracy, as well as to be workmen who correctly handle the word of truth (2 Timothy 2:15).

It focuses on the whole person—not only the physical body, but also emotions, relationships, and spiritual well-being as they impact health. An expanding body of research supports such an approach, not to mention timeless wisdom found in the Old and New Testaments, which lay the foundation for physical, emotional, and spiritual health.

It is practical. What good are health advisories that are so demanding that only the most enthusiastic or determined person can follow them? Most of us live with all sorts of demands on our time and energy, and spending hours every day doing vigorous exercise or in intricate preparation of “health-conscious” meals is simply not an option. This brings us to an important aspect of practicality.

It focuses on the process of change. A huge number of medical problems can be helped, or avoided altogether, by what medical journals politely call “lifestyle modification”: changing the way we eat, exercise, relate to other people, and generally order our life. Most of us have areas of health that need a tune-up, and some need a major overhaul. One week after any New Year’s Day, we can usually testify that making and sticking to changes is easier said than done. How do we rise above the ingrained habits, the inertia, the schedule, the false starts, the discomfort, the discouragement?

It is meant to be used as a hands-on resource by your family. Most medical guides are written for the individual; this book was written with families in mind. We hope it will serve as an aid when your family seeks to adopt healthy lifestyle habits or wrestles with a health issue.

It will help you become a wiser and more discerning consumer of health products and resources. Many people who are well-educated and savvy about everyday decisions sometimes seem to throw caution to the wind when dealing with their health. Because it is impossible to include information about the validity of every approach to promoting health, we hope to assist you in separating the wheat from the chaff. How can you determine whether a claim for a product or

Each chapter will end with some questions and suggested action items to help you in the process of change.

therapy is realistic or bogus? Is taking vitamins and supplements worthwhile? Are alternative therapies worth exploring? What about the endless flow of health advice from the news media and the Internet? In addition, navigating the health-care system can be a daunting task. How can you get the most for your money (and time!) when visiting a doctor, clinic, or emergency room? How do you deal with the alphabet soup of health-care insurance plans (PPOs, HMOs, etc.), and what do you do if you can't obtain insurance at all? We will attempt to address these and many other concerns related to the complexities of obtaining appropriate health screening and medical care.

An Important Reminder before We Begin . . .

Medical research and information continues to proliferate at a dizzying pace. While we always seek to provide the most current information on any given topic, it is quite possible that what was hot off the press when this book was published may be old news in a matter of months. Needless to say, it is very important that you build and maintain a relationship with a primary-care physician who can advise you—not only about any new developments in health promotion and prevention, but also about medical decisions in light of your own individual status and needs. No book, no matter how thorough, can substitute for the one-on-one assessment of a caring professional.

That being said, let's begin our journey, a step at a time, toward making the most of the body and mind that God has given us.

QUESTIONS TO PONDER:

1. What are *your* reasons for wanting to improve your family's health?
2. Why do these reasons matter to you?

Action item: If you keep a personal journal, write in it the answers to these questions (and others that you'll find later in this book). If you don't keep a personal journal where you take note of your experiences, thoughts, and prayers, it's never too late to start. Years from now, what you have written will be an irreplaceable gift to yourself (not to mention any future generations you permit to read it).

Abortion: A Risk for Breast Cancer?

A Working Paper from Focus on the Family's
Physicians Resource Council

Is there support for the claim that abortion is a risk factor for breast cancer?

Epidemiological evidence of an association between elective (induced) abortion and an increased risk of developing breast cancer first appeared in the Japanese medical literature in 1957.¹ (**Epidemiology** is the branch of medicine that studies not only specific epidemics but also the presence, distribution, causes, and control of all types of disease in populations.) Since that study was first published, more than fifty research papers in peer-reviewed medical journals and several others included in reviews or presented at scientific conferences have addressed this issue.

Among the many factors that impact a woman's likelihood for developing breast cancer are some that are related to her reproductive history. Specifically, the American Cancer Society notes that:

Women who have not had children, or who had their first child after age 30, have a slightly higher risk of breast cancer. Being pregnant more than once and at an early age reduces breast cancer risk.²

One or more abortions might play a role in a woman never having a child, having only one child, or delaying her childbearing (especially until after age thirty). In these situations, abortion is but one of many types of decisions that affect the number and timing of a woman's childbearing, and thus her risk of developing breast cancer. But some have raised a concern that abortion is an *independent* risk factor for breast cancer.

Consider this question: A childless woman who never became pregnant and a childless woman who aborted one or more pregnancies would both be considered to have a slight increase in breast cancer risk based on the fact that neither bore a child. But does the childless woman who had one or more abor-

Vitamins and Minerals: What Each One Does and How Much We Need

Did you chew (or gag) on a vitamin pill every day when you were growing up, cheered on by Mom's pronouncements that it would "help you grow big and strong"? Do you become glassy-eyed in the aisle at the supermarket where battalions of vitamins, minerals, and other supplements line the shelves? Do you wonder whether you can get all the vitamins you need from a bowl of fortified cereal, or if you need to spend a small fortune every month on a tackle box of supplements?

You've probably gotten an earful of advice on this subject from just about every direction—except one. If you haven't heard much from your doctor about vitamin and mineral supplements, you're not alone. Professional organizations and physicians have generally taken the "food is enough" approach: If you're a healthy individual consistently eating three square meals a day, all of the vitamins and minerals necessary for good health should be available on your plate. Taking a lot of supplements wastes money and may even risk toxicity.

Other voices argue that our food isn't as good as it used to be in the good old days: Modern technology, processing, and pollutants, the stresses of life, and fast-food eating habits have all conspired to downgrade what's on our daily table, so every day we need to take a comprehensive vitamin/mineral tablet or elixir, and perhaps a whole assortment of supplements, to stay healthy.

Which of these positions is right?

If sales figures mean anything, Americans are buying into the second approach. According to the American Dietetic Association, estimated U.S. sales of dietary supplements of all types increased from \$8.6 billion in 1994 to \$18.7 billion in 2002. Of this amount, 40 percent was spent on vitamins, 8 percent on minerals, and the rest on herbal and botanical products, sports supplements, and various specialty items—altogether some 29,000 different products.¹ An estimated 40 percent of Americans take at least one vitamin or mineral supplement regularly.²

Body Mass Index: Tables for Adults and Children

A simple but meaningful way to assess whether or not your weight may pose a health risk is by determining your body mass index (BMI), which is explained in chapter 6. The BMI figures correlate closely enough with body fat to serve as a general indicator of the health risk associated with your weight.

To determine whether or not your weight is in the normal range, refer to the BMI table on the next two pages. Find your height in the vertical column on the left, and then look across the row until you find the column that is closest to your weight. The number at the top of the column where your height and weight intersect is your BMI.

Remember, however, that the BMI calculation for an adult is based solely on height and weight. Age or gender is not a consideration. This makes the table easy to use; however, when classifying someone as normal, overweight, or obese, it can't take into account variables such as the higher percentage of body fat in most women and older adults.

These differences are much more significant in children and adolescents, which is why separate tables that consider age and gender have been created for them. (The normal amount of body fat not only differs between boys and girls but also changes as children grow and mature.)

The tables for children and adolescents from two to twenty years of age show a series of curved lines, each of which represents a certain **percentile** rank. Given a child's height and weight, a BMI can be calculated using the same formula as for adults (see page 193). By looking at the appropriate chart, one must then determine the percentile rank for that BMI, depending on age. If the child's BMI falls on the 50th percentile curve, it means that half of the children at his or her age have a higher BMI, while half have a lower one. For example, a five-year-old boy with a BMI of 18 would fall on the 95th percentile curve, and this would raise concerns about his weight. But the same BMI for a twelve-year-old boy falls on the 50th percentile curve, indicating a normal combination of height and weight.

Measuring a child's height and weight is an important component of every checkup, and a child's physician is likely to track a child's growth using this tool.

Strength Training and Stretching Exercises

As we described in chapter 7, strength training (also called resistance exercise) isn't just for young hunks looking to bulk up. For men and women of all ages, strength training helps maintain a healthy body weight and can be an effective component of any effort to lose excessive fat. As people approach and enter the senior years, resistance exercise helps maintain the muscles needed to perform ordinary tasks that require a modest degree of physical strength. It also maintains or increases bone density and physical coordination, thus reducing the risk for common strains, sprains, and falls—or the fractures that might result from them.

Resistance training doesn't require fancy equipment or the weight machines found in gyms (although there's nothing wrong with using these if you have access to them and know how to use them properly). Elastic exercise bands or tubes and free weights such as dumbbells or barbells are relatively inexpensive and can be a great investment in your health. However, almost anything around your house that can be grasped easily and lifted can provide resistance. For example, a beginner who wants to start strengthening muscles can lift soup cans or milk jugs. Other resistance exercises (such as push-ups) require only the weight of your body.

Do I Need a Personal Trainer?

Before you begin a resistance training program, you may wish to consider hiring a personal trainer, either to help you get started or for the long term. Even those who are relatively experienced with resistance exercises may find it helpful to work with a trainer, at least for a while. Not long ago, personal trainers were an option only for the wealthy. Today, not only are the rates charged by trainers more affordable, but hiring a personal trainer is also easier. In addition to assisting you at health clubs and gyms, many trainers will come to your home.

Common Sexual Dysfunctions

As we mentioned in chapter 12, both men and women can experience sexual dysfunction. This can arise from medical, physiological, psychological, or relational causes, or a combination of factors. Our intention here is to provide a basic overview of the more common sexual dysfunctions and to help an individual or couple begin a conversation with a counselor, physician, or both to find help and healing.

Sexual Dysfunction in Men

Sexual dysfunction is estimated to affect nearly one in three men between the ages of eighteen and fifty-nine.¹ The three most common types of problems are decreased sexual desire, erectile dysfunction, and ejaculatory disorders.

About one in seven men will admit to feeling **decreased desire** for sex, a problem that becomes more common with age.² Poor general health, fatigue, emotional stress, lack of sleep, and overuse of alcohol can have a negative impact on a man's sexual desire. Disturbances in levels of various hormones—especially low **testosterone** or thyroid levels, or increased secretions of a pituitary hormone called **prolactin**—can cause decreased libido. (More on low testosterone levels in a moment.)

In addition, many types of medications can cause not only decreased libido but other sexual problems as well, especially erectile dysfunction. (See sidebar on the next page, “Medications That May Cause Sexual Dysfunction.”) Childhood molestation or sexual activity with another male (past or present) may have an impact on marital sex later in life. Finally, a decrease in sexual desire is a hallmark of depression for both men and women. Unfortunately, while antidepressants often help improve mood, with one notable exception (bupropion, or Wellbutrin) they often have a negative impact on both erectile function in men and libido in both sexes.

A low level of testosterone affects approximately 2 to 4 million men in the United States and becomes more common with advanced age. When associated with specific symptoms, this condition is called **hypogonadism**, and when it occurs in an older man it is often called **andropause**. Strictly speaking, this is

Hormone Therapy Controversies: A Closer Look at the HERS and WHI Studies

Until the 1990s, most of the conclusions about hormone therapy (HT) and its effects on women were drawn from **observational studies**. These gather information about people's lives and habits in order to determine how various factors impact health or disease, without attempting to influence what happens. They can provide illuminating information about health matters—for example, they have established the link between tobacco use and many forms of cancer and heart disease—but they are not considered the gold standard in research. That title is reserved for what is called a **randomized placebo-controlled double-blind study**, which theoretically can control more variables than an observational one. (For a more detailed look at this important aspect of medical research, see the section in chapter 17, “A Primer on Research and Evidence: How Do We Know What Causes What?”) As it turns out, two studies of the latter type have had a profound effect on attitudes regarding HT among women and their physicians over the past few years. Because of their impact on the use—or non-use—of hormones after menopause in the United States (and elsewhere), we are going to examine these studies in some detail.

In 1998 the *Journal of the American Medical Association* published the **Heart and Estrogen/Progestin Replacement Study (HERS)**, a randomized, placebo-controlled, double-blind study that was intended to address the effects of hormone therapy on women with known coronary heart disease (CHD). More than 2,700 women with CHD were recruited, with an average age of sixty-seven at the beginning of the study. Half of these received a combination estrogen/progestin pill and the other half a placebo. (Remember that progestin is a synthetic form of the hormone progesterone.) They were followed for an average of about four years, and while several outcomes were evaluated, the primary focus was on nonfatal heart attack and death due to CHD.

As we just mentioned, previous observational studies suggested that taking HT from the onset of menopause would cut a woman's risk of a future heart at-

Chronic Fatigue Syndrome

In 1984, internists Paul Cheney and Daniel Peterson, who practiced in the resort community of Incline Village, Nevada, noted an unusual influx of patients complaining of profound fatigue, often accompanied by low-grade fever, sore throat, swollen lymph nodes, and a variety of psychological disturbances. Their physical examinations were not particularly striking, laboratory studies were usually normal, and various attempts at straightforward treatment were unsuccessful. Most significantly, the patients had previously been in excellent health and did not seem to be candidates for depression or other psychological disorders that might present as fatigue.

The apparent epidemic of severe fatigue at Incline Village became a national news item, and by 1985 the medical literature began reporting this and other instances of similar cases. Because in some ways the illness reminded clinicians of infectious mononucleosis, and because some of the patients had unusually high blood levels of antibodies against the **Epstein-Barr virus (EBV)**, which is the most common cause of mononucleosis, a cause and effect relationship was assumed prematurely. Word spread through the lay and professional press that the Incline Village outbreak and others like it represented “chronic Epstein-Barr virus syndrome.” In a way this sounded plausible, since EBV is a member of the herpesvirus family, whose members are notorious for living permanently (although usually dormant) in the people they infect. If the lowly chickenpox virus (varicella) can reactivate and cause shingles, could the equally common EBV come to life in some people and wreak havoc in its own way?

Before long, tired patients all over the country were asking for blood tests for EBV antibodies, and many of them were given the diagnosis of chronic Epstein-Barr virus syndrome.

Because no cure appeared to be at hand, some practitioners became self-appointed EBV “specialists” offering unproven, unorthodox, and often expensive treatments. Meanwhile, rank-and-file physicians began to notice that virtually every adult they screened had antibodies against EBV. Furthermore, more careful analysis revealed that the antibody patterns of people diagnosed

Endnotes

Note: All information from Web sites was originally accessed between January 2002 and September 2005. Links have been updated whenever possible.

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Index

Note: Page numbers in italics refer to charts and tables.

A

- AA. *See* Alcoholics Anonymous
- abdominal fat 195
- abortion, possible link to breast cancer 865–867
- accidental injury 501
 - preventing 501–504
- AcipHex 792
- activated charcoal 514–515
- Actonel 722
- Actos 209
- adequate intake (AI) 161, 871
- adipose tissue 147
- adjustment disorder 328
- adolescence
 - eating disorders 331–334
 - medical checkups 32–33
 - overweight and obesity 260–273
 - sexually transmitted infections 581–582
 - sleep 779–781
 - substance abuse 454–456, 489–499
- adolescent medicine 845
- adrenaline 338
- adult-onset diabetes. *See* diabetes, type 2
- Advisory Committee on Immunization Practices 559
- aerobic exercise. *See* exercise, aerobic
- affective disorders. *See* mood disorders
- Age-Related Eye Disease Study (AREDS) 711
- aging 675–678
- agoraphobia 321
- AIDS (acquired immune deficiency syndrome) 3
- air bags 533–534
- Al-Anon 487
- Alateen 487
- albuterol 748
- alcohol abuse 452–454
 - by college students 455
- alcohol dependence 453–454
- alcoholic cardiomyopathy 457
- alcoholic encephalopathy 459
- alcoholic hepatitis 456
- alcoholic liver disease 456, 458–459
- Alcoholics Anonymous 480–483
- alcoholism. *See* alcohol dependence
- alcohol problem
 - helping someone with 485–489
 - treatment for 478–489
- alcohol-related neurodevelopmental disorder 454
- alcohol use
 - excessive 450–459
 - history of 447
 - identifying problem with 457
 - limits of for at-risk individuals 448–449
 - long-term health effects of 456–457
 - mineral deficiencies and 903, 907
 - potential health benefits of 449
 - risky patterns of 450

- vitamin deficiencies
 - and 872, 879, 881, 893
- Aldomet 790
- alendronate 665
- Allegra 790
- allergies, milk 132–133
- allergy/immunology 845
- allicin 181
- alprazolam 343, 470, 752, 791
- alternative medicine 819
 - evaluating 821–829
 - types of 820–822
- Alzheimer's disease 692–694
 - management 695
 - risk factors 696–698
 - symptoms and stages 694–695
- Ambien 753
- Amen 671
- American Academy of Allergy, Asthma & Immunology 840
- American Academy of Dermatology 65
- American Academy of Family Physicians 65, 840
- American Academy of Pediatrics 840
- American Academy of Sleep Medicine 754
- American Association of Christian Counselors 486
- American Association of Pro Life Obstetricians and Gynecologists 650
- American Cancer Society 64, 446, 840
- American College of Obstetricians and Gynecologists 65
- American Dental Association 840
- American Diabetes Association 73, 840
- American Dietetic Association 840
- American Heart Association 446, 840
- American Lung Association 65, 446, 840
- American Occupational Therapy Association 720
- American Podiatric Medical Association 73
- American Society for Bariatric Surgery 257
- amino acids 157
- amlodipine 208
- amphetamines 461
- anaphylactic shock 20
- anaphylaxis 20
- andropause 945
- anemia 34
- anencephaly 882
- aneurysm 45
- angina pectoris 42
- angioedema 20
- anhedonia 324
- anorexia nervosa 331, 334
- anovulatory cycles 615
- Antabuse 479
- anthocyanins 181
- anthrax 2
- antibiotics 552
- antibodies 155, 556
- antidepressants 341–346, 462, 658, 791
- antigens 556
- antihypertensive drugs 47
- antioxidants 180, 884
- antipsychotics 342
- antivirals 550
- anxiety
 - effect of exercise on 280
- anxiety disorders 316
 - generalized anxiety disorder 318–319
 - obsessive-compulsive disorder 319–320
 - panic disorder 320–321
 - phobias 322–323
 - post-traumatic stress disorder 321–322
 - social anxiety disorder 322
 - symptoms 317–318
 - treatment 339–351
- anxiolytic medications 321, 791
- appearance, improving through
 - resistance training 300
- appendicitis 146
- Area Agency on Aging 687
- AREDS formulation 711
- Aricept 695
- arousal disorders 950–951
- arthritis 293
- Arthritis Foundation 840
- artificial sweeteners 134–135
- aspartame. *See* artificial sweeteners
- asthmatic bronchitis 435
- atenolol 790
- atherosclerosis 45
 - risk factors 46–47
- Ativan 343, 752
- Atkins, Robert 235
- atorvastatin 48
- atrophic vaginitis 657

- ATV safety 545–546
 autoimmune diseases 556
 Avandia 209
 Avodart 97
 Axid 792
ayurveda 380, 824
- B**
- back belts 527
 back injuries 526–527
 bacteria 550–551
 bacterial meningitis 558
 baptism 400
 barbiturates 460
 bariatric surgery 255–258
 for adolescents 273
 barium enema (BE) 103
 basal cell carcinoma. *See* cancer, skin
 basal metabolism 202
 bedtime routine
 for preschoolers 778–779
 for toddlers 772–775
 Benson, Herbert 384–385
 benzodiazepines 343–346, 460, 752, 791
 beriberi 782
 beta-blockers 790
 Bible study 413
 bicycle safety 539–543
 bidis 431
 Billings Ovulation Method Association 652
 bioelectrical impedance 192
 biotin 876–878
 bipolar disorder 330–331
 birth control 642–653
 effectiveness rates of different
 methods of 645
 birth defects, use of folic acid
 to help prevent 882
 bisphosphonates 665
 black cohosh 659
 blood alcohol concentration
 (BAC) 451, 535–536
 blood count 34–35
 blood pressure
 diastolic 52
 high 47, 52–55
 lowering 53–55
 measuring 80
 systolic 52
 blood sugar. *See* glucose
- BMI. *See* body mass index
 boating safety 549
 body fat percentage 191
 body mass index 22, 82, 193–194, 197, 260
 calculating 193–184, 923–927
 children and adolescents 260
 bone density
 increasing with resistance
 training 300
 maintaining 278
 boundaries 367–368
 brain attack. *See* stroke
 bran 174
 BRCA genes, altered 89
 bread 174–175
 breast cancer. *See* cancer, breast
 breast exams
 clinical (CBE) 90
 self-examination (BSE) 91
 bronchitis 435
 BSE. *See* breast exams, self-examination
 bulimia nervosa 332–334
 bupropion 342, 445
 BuSpar 346, 791
 buspirone 346, 791
- C**
- CA-125 106
 caffeine content of common foods
 and beverages 633
 calcitonin 665
 calcium 626–627, 701, 922
 calories 125, 158
 number burned by various
 activities 280
 cancer 60–69, 199
 breast 88–93, 278
 cervical 107–110, 581
 childhood 62
 colon 97–104, 278
 lung 87–88
 ovarian 105–107
 prostate 94–97
 risk factors for 64–69
 screening for 86–116
 skin 111–113
 smoking and 433
 testicular 110–111
 cancer of the cervix. *See* cancer, cervical
Candida albicans 243, 551, 794–795