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Successful Prevention

Question & Answer

Janelle asks: "I am going through menopause and have been prescribed Menopausal Hormonal Replacement Therapy (HRT). Will this increase my risk of a heart attack?"

This is a very simple and important question with a not so simple answer. On the basis of observational studies, it initially appeared that post-menopausal hormone replacement therapy not only decreased hot flashes and sweats, but also improved cholesterol, protected blood vessels and reduced the risk of heart attack. Subsequent randomized clinical trials have either shown no benefit or have shown some slight increase in risk for a heart attack. I would suggest that if you have known heart disease, or have had a stroke, that HRT is not indicated and should not be used. If you have severe vasomotor flushing and sweats but no known heart disease or stroke and are not at increased risk for the same, HRT at the lowest effective dose may be considered. In making a decision to take HRT it is important to specifically ask the prescribing physician to clarify what they have determined your baseline risk for heart attack or stroke to be.

Maquita asks: "I have a history of obesity in my family. I am 120 pounds overweight and I am afraid that my children are trending toward the same problem. How can I change the cycle of obesity?"

As we all have become painfully aware, there is no single easy answer to the problem of obesity. But, potential solutions must address specific habits of energy intake and energy expenditure. Moreover, potential solutions developed within the social context of the family may have the best chance of bringing about long term improvement. Parents may sacrifice and change behavior for the good of their children, even when they find making personal changes difficult. I believe the prevention of childhood obesity begins with the example set by the parents, especially if the parents are initially obese.

New habits of energy intake must be established by the parent for the household. Soft drinks, candy, cookies, pies, ice cream, and chips should not be routinely brought into the house. While this may seem draconian, you cannot overeat what you do not have. Going out for an ice cream cone with your children on occasion assures them the enjoyment of this treat without allowing unhealthy access. Otherwise, the only time such treats should find their way into the house is at holiday time. Treats must not be daily fare. Fresh fruit and jello may be used for dessert. Parents who address their own weight problems in this way establish, for their children, the importance of working for a normal weight, and demonstrate the concrete steps needed to achieve a goal.

New habits of energy expenditure must also be established by the parent, for the household. This starts with the parents setting an example. Children, from a small age, must see their parents involved in daily exercise. If a parent walks or jogs for exercise, infants and small children can be brought along in an appropriate wheeled carrier. If a parent rides a bicycle for exercise, suitable attached child carriers may be used. If the parent goes to the gym, the children should be brought when at all possible. Children who see exercise as a valued adult activity will try to emulate it. Parents, in turn, must demand that schools which use their tax money have one hour of gym or supervised exercise each day as well as afterschool sports.