

BY PAUL E. LEMANSKI, MD, FACP

Founder and Director, Center for Preventive
Medicine & Cardiovascular Health
400 Patroon Creek Blvd. • Albany, NY 12206
518 618-1100
www.CenterForPreventiveMedicine.com



SUCCESSFUL PREVENTION

QUESTION & ANSWER

Joshua asks: "I have been exercising and trying to lose weight for six months, but I can't seem to reach my target weight loss of 25 lbs. I am doing strength exercises, some cardio, and I have cut out drinking alcohol to no avail. I am a 55-year-old male and I am in decent health. I seem to carry my weight in my stomach. I have tried different diets but I can't seem to make any headway. What should I do?"

The basic strategies for effective weight loss involve decreasing calories consumed, increasing calories burned, or some combination of both. While implementation may seem simple, it is not. For example, exercise alone may not result in weight loss for several reasons. First, for exercise alone to be effective, caloric intake cannot be increased. One must know the exact number of calories consumed daily before the exercise program is begun and not increase intake at all after the exercise program has started. The body's natural tendency is to conserve fat stores. Thus, if one simply increases exercise without a conscious regard for caloric intake, the body will very slightly increase caloric intake at meals to keep up with caloric expenditures and little to no weight loss will result. Additionally, strength exercises may initially increase muscle mass which may increase total weight or mask/ mitigate losses from fat stores.

I would recommend a combination of modest caloric restriction and modest increase in caloric expenditures. Counting calories and restricting intake by 500 calories per day and brisk walking for one hour per day, thereby burning about 300 calories, will yield an 800 calorie daily deficit which will translate into about 1 and ½ pounds of fat loss per week. An appointment with a registered dietitian may be very helpful in defining and adjusting caloric intake. Your personal physician can determine if you may have any medical reason not to engage in this level of aerobic activity. Even with your physician's approval, individuals who have not walked for an hour per day regularly should take at least 8-12 weeks to work up to this level of activity in order to avoid injury.

Bob asks: "I am on medication for atherosclerosis and I seem to be having a problem with impotence. I do not know if this is a direct response to my medication Advicor or a related symptom. What would you suggest?"

Atherosclerosis is the process by which excess cholesterol in the blood stream gains access to the wall of an artery and may actually decrease blood flow through that artery. Such a process can certainly lead to impotence. Advicor is a combination of two medications used to lower and control cholesterol in the blood. When a symptom or side effect occurs soon after starting a medication, patients may question whether the medication may have been causative. The best person to address this concern is your personal physician who will review the medications known and most recently updated side effect profile with you. If it is plausible that a given medication may have caused the symptom or side effect, and if your physician feels that a temporary stopping of medication for several weeks is appropriate, such a holding of medication would be recommended. If the symptom or side effect resolved off the medication, your physician may then recommend a re-institution of the medication. A recurrence of the symptom or side effect when re-challenged would, indeed, suggest causality and the risk/benefits of permanent discontinuation of that medication should be discussed. I would suggest you discuss your concerns with your personal physician who knows your case best.