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WELLNESS REPORT

Daily Coffee Tied to Lower Risk for Heart Failure

By Robert Preidt and Ernie Mundell

Fill up that mug: Having one or more cups of caffeinated coffee a day may reduce your risk of heart failure, new research suggests.

There was one caveat, however: Decaffeinated coffee doesn't appear to provide the same protection as caffeine-rich blends.

"The association between caffeine and heart failure risk reduction was surprising," admitted study senior author Dr. David Kao. "Coffee and caffeine are often considered by the general population to be 'bad' for the heart because people associate them with palpitations, high blood pressure, etc."

However, "the consistent relationship between increasing caffeine consumption and decreasing heart failure risk turns that assumption on its head," said Kao, who is assistant professor of cardiology and medical director at the Colorado Center for Personalized Medicine at the University of Colorado School of Medicine. His team published their findings Feb. 9 in the journal *Circulation: Heart Failure*.

Still, the findings can't prove cause and effect, and they also don't mean that coffee is any substitute for healthy living when it comes to your heart, Kao said.

"There is not yet enough clear evidence to recommend increasing coffee consumption to decrease risk of heart disease with the same strength and certainty as stopping smoking, losing weight or exercising," he said in a journal news release.

In their study, Kao and his colleagues analyzed data from more than 21,000 U.S. adults who took part in three major studies: the Framingham Heart Study, the Atherosclerosis Risk in Communities Study and the Cardiovascular Health Study. Participants were followed for at least 10 years.



In all three studies, drinking one or more cups of caffeinated coffee a day was associated with decreased long-term risk of heart failure.

In the Framingham Heart and the Cardiovascular Health studies, the risk of heart failure fell by 5%-12% per cup of coffee each day, compared with having no coffee.

The Atherosclerosis Risk in Communities Study found that the risk of heart failure didn't change with 0 to 1 cup of coffee per day, but was about 30% lower in people who had at least 2 cups a day.

The findings for decaffeinated coffee were different. The Cardiovascular Health Study found no link between decaf and heart failure risk, while the Framingham Heart Study found that decaf was associated with a significantly higher risk of heart failure.

Further analysis showed that caffeine from any source appeared to be associated with decreased heart failure risk, and that caffeine played at least some role in coffee's apparent heart benefit, according to the authors.

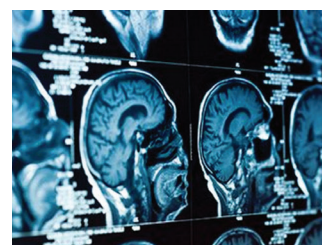
"While unable to prove causality, it is intriguing that these three studies suggest that drinking

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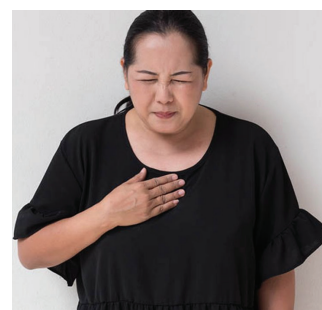
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**MEDICAL MILESTONES
IN HISTORY**



MEDICAL MILESTONES IN HISTORY



1937

Dr. Bernard Fantus establishes the first hospital blood bank in the United States at Cook County Hospital in Chicago



1995

The nation's first triple-organ transplant, removing three organs from a single donor—two lungs and a heart—and transplanting them into three individual patients is performed by surgeons at Brigham and Women's Hospital in Massachusetts



1999

FDA approves the first device for continuously reading blood glucose levels – CGM manufactured by Medtronic Minimed in Northridge, CA

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coffee is associated with a decreased risk of heart failure and that coffee can be part of a healthy dietary pattern if consumed plain, without added sugar and high fat dairy products such as cream," said Penny Kris-Etherton, immediate past chairperson of the American Heart Association's Lifestyle and Cardiometabolic Health Council Leadership Committee.

"The bottom line: enjoy coffee in moderation as part of an overall heart-healthy dietary pattern that meets recommendations for fruits and vegetables, whole grains, low-fat/nonfat dairy products, and that also is low in sodium, saturated fat and added sugars," Kris-Etherton advised in the release.

"Also, it is important to be mindful that caffeine is a stimulant and consuming too much may be problematic -- causing jitteriness and sleep problems," she added.

Two other heart specialists -- both unconnected to the new study -- weighed in on the findings.

Dr. Michael Goyfman directs clinical cardiology at Long Island Jewish Forest Hills in New York City. He said the study had a few flaws.

"Coffee intake was self-reported, and thus prone to many inaccuracies," Goyfman noted. "Furthermore, the amount of coffee was not standardized. Does one cup mean 8 ounces of coffee, or 20 ounces?"

He pointed out that prior studies have shown that too much coffee was tied to a "stiffening" of a key part of the heart's aorta. On the other hand, numerous studies have shown that America's

favorite morning brew appears linked to a lowered odds for Parkinson's disease.

So, "until further studies are performed to directly address this question, I would recommend for patients to use common sense with respect to their coffee consumption and to consult with their physician regarding specific intake limits," Goyfman said.

Dr. Guy Mintz directs cardiovascular health at Northwell Health's Sandra Atlas Bass Heart Hospital in Manhasset, N.Y.

He largely agreed with Goyfman, saying the new findings show "an interesting association" but are not strong enough to warrant any recommendation to support upping your coffee intake.

Mintz noted that there are different types of heart failure, so "what type of heart failure does caffeine affect?" he asked.

"Caffeinated coffee in moderation can be part of a heart healthy diet without deleterious effects," he said, but beyond that, the new study is merely "a starting point" for further investigation.

"Patients who do not drink coffee should not start," Mintz believes, "and patients should certainly not start consuming supplements with caffeine such as 5-Hour Energy or Red Bull, etc., to reduce their risk of heart failure."

In the meantime, he said, "the research and the story need to continue."

Type 2 Diabetes Drug Metformin Could Help Prevent Some Breast Cancers

By Denise Mann

Women with type 2 diabetes may be more likely to develop breast cancer, but taking the diabetes drug metformin appears to reduce their risk for the most common type, new research finds.

Compared to women without diabetes, risk for estrogen-positive breast cancer was 38% lower among women with type 2 diabetes who had used metformin for 10 years or more.

Metformin did not protect against estrogen receptor-negative breast cancer and may increase risk for triple-negative breast cancers, the study found.

"Women with type 2 diabetes and their doctors should consider whether their type 2 diabetes

diagnosis and treatment should influence how frequently they are screened for breast cancer," said study author Dale Sandler, chief of the epidemiology branch at the U.S. National Institute of Environmental Health Sciences in Research Triangle Park, N.C.

In diabetes, metformin reduces blood sugar (glucose) levels by decreasing the amount of glucose produced in the liver. Exactly how this drug may protect women with diabetes from breast cancer is less clear.

"Metformin can improve insulin sensitivity and correct high insulin levels by reducing the amount of insulin and insulin-like growth factor circulating in the body, which may activate cell signals involved in cancer," Sandler said.

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Metformin may also slow breast cancer growth by activating an enzyme called adenosine monophosphate activated protein kinase (AMPK), she said. It blocks a pathway involved in spread of cancer cells.

Or, Sandler said, metformin may inhibit estrogen receptors that play a role in the development and progression of breast cancer.

The new study included more than 44,000 women who were followed for more than eight years. They ranged from 35 to 74 years of age.

Though they had never been diagnosed with breast cancer when the study began, they were sisters or half-sisters of women diagnosed with breast cancer. Participants completed questionnaires every three years.

While women with type 2 diabetes who took metformin were protected against estrogen receptor-positive breast cancer, they had a 74% higher risk of developing triple-negative breast cancer, the study found. Only a handful of participants developed this type of breast cancer, so it is too early to jump to any conclusions, researchers said.

More study is needed to better understand whether there is a cause-effect relationship between metformin and cancer or whether the increased risk owes to an absence of protection from metformin, Sandler said.

The findings were published Jan. 29 in the *Annals of Oncology*.

Metformin has been hailed as something of a miracle for many diseases other than diabetes. Some research has linked it to a longer life span, reduced risk of vision loss and improved fertility in men and women.

The new study does not suggest that women without diabetes should take metformin to reduce breast cancer risk, said Dr. Pamela Goodwin, co-author of an editorial that accompanied the study. She's a professor of medicine at the University of Toronto and former director of the Marvelle Koffler Breast Centre at Toronto's Mount Sinai Hospital.

More research is needed to fully understand the link between diabetes and breast cancer and clarify what role metformin may play, Goodwin said.

Losing weight and engaging in regular physical activity can help lower diabetes risk, she said, adding this may have spillover benefits for breast cancer risk as well.

"If you have type 2 diabetes, get properly treated and in many cases, this means taking metformin. Make sure to get regular mammograms, too," Goodwin said.

Dr. Sarah Cate, director of the special surveillance and breast program at the Blavatnik Family-Chelsea Medical Center at Mount Sinai in New York City, reviewed the findings.

"Certainly, metformin helps with weight loss, which is linked with estrogen-driven breast cancers, so this may explain why fewer patients on metformin got this type of breast cancer," she said. Both Cate and Goodwin noted that the finding on triple-negative breast cancer needs to be fleshed out.

"The number of patients who were found to have triple-negative breast cancer was small, so we cannot draw any practice-changing conclusions from it," Cate said.

FUS Subthalamotomy Studied in Asymmetric Parkinson Disease

Motor features improved with focused ultrasound subthalamotomy on the side opposite main motor symptoms

For patients with markedly asymmetric Parkinson disease, focused ultrasound subthalamotomy on the side opposite their main motor symptoms improves motor features, according to a study published in the Dec. 24 issue of the *New England Journal of Medicine*.

Raúl Martínez-Fernández, M.D., Ph.D., from the University Hospital HM Puerta del Sur in Móstoles, Spain, and colleagues randomly assigned patients with markedly asymmetric Parkinson disease to undergo either focused ultrasound subthalamotomy on the side opposite their main motor signs or a sham procedure. Forty patients were enrolled, and 27 and 13 were assigned to active treatment and sham procedure (control), respectively.

The researchers found that the mean Movement Disorder Society-Unified Parkinson's Disease Rating Scale motor score for the more affected body side decreased from 19.9 at baseline to 9.9 at four months and from 18.7 to 17.1 in the active-treatment and control groups, respectively (between-group difference, 8.1 points). In the active-treatment group, adverse events included dyskinesia in six patients in the off-medication state and six in the on-medication state, which persisted in three and one patients, respectively, at four months. Five patients in the active-treatment group also experienced weakness on the treated side, which persisted at four months in two patients.



"Longer-term and larger trials are needed to determine the role of focused ultrasound subthalamotomy in the management of Parkinson's disease and its effect as compared with other available treatments, including deep-brain stimulation," the authors write.

The study was partially funded by Insightec. Several authors disclosed financial ties to Insightec and other medical technology and pharmaceutical companies.

5-Step 'Healthy Living' Plan May Ease Chronic Heartburn

By Steven Reinberg

For some people with gastroesophageal reflux disease (GERD), also known as chronic heartburn, a switch to a healthier lifestyle could offer real relief from symptoms.

New research shows that following a five-step plan -- not smoking, eating well, exercising, limiting coffee, tea and soda, and maintaining a healthy body weight -- may relieve reflux in many patients. Others may have less need for medications such as proton pump inhibitors (PPIs), researchers found.

Studying more than 9,000 women who said they had heartburn or acid reflux at least weekly, researchers found that adherence to the lifestyle guidelines cut symptoms almost in half.

"It's possible that observing an anti-reflux lifestyle could eliminate the need for medications in general or at least substantially reduce someone's dependence on them, such that they might only need to take them in a sparing way," said senior researcher Dr. Andrew Chan, of Massachusetts General Hospital in Boston. That dramatically lowers the potential for any long-term health consequences, he added.

Close to 30% of Americans suffer from chronic acid reflux, the researchers noted. It happens when your esophagus -- the tube that carries food to your stomach -- doesn't close properly. This enables your stomach contents to leak back into the esophagus, irritating it.

Smoking and obesity are known contributors to reflux, as are coffee, tea and soda, Chan said.

In terms of food, the study authors recommend a Mediterranean-style diet -- one rich in whole grains, fruits and vegetables and low in sugar and red meat.

The sum total of the lifestyle components may reduce the physical causes of reflux by improving the tone of the esophagus and relaxing the lower esophageal sphincter.

Although the study was limited to women, Chan thinks men will also respond to this program. "We have every reason to believe this is some-



thing that would be effective in reducing the risk of reflux in both men and women," he said.

Among nearly 43,000 women who took part in the Nurses' Health Study II, the researchers identified nearly 9,300 cases of chronic GERD. Those participants who adhered to a healthy lifestyle had nearly 40% fewer GERD symptoms, and many of those who followed all of the guidelines had no symptoms, the researchers found.

Each of the five lifestyle factors was independently associated with GERD symptoms.

Researchers also found that those who kept to an anti-reflux lifestyle needed to take fewer PPIs and/or H2 receptor antagonist drugs (H2RAs, which include Pepcid, Calmicid and Tagamet). PPIs such as Nexium, Prilosec and Prevacid are effective, but the results of long-term use aren't known, Chan said.

If a lifestyle change can relieve or eliminate your symptoms, Chan said that approach is preferable to relying on medications.

The drugs can be reserved for times when GERD symptoms occur, which can happen even while maintaining an anti-reflux lifestyle, he said.

Another GI expert not involved with the study agreed that lifestyle is a big influence on reflux symptoms.


"This study is a great effort at understanding how an anti-reflux lifestyle affects GERD," said Dr. Elena Ivanina, a gastroenterologist at Lenox Hill Hospital in New York City.

"The fact that these measures can prevent 40% of GERD symptoms means you could keep many patients off antacid suppressive medications," she said.

Not smoking, increased physical activity and maintaining a healthy weight are protective in many conditions, and it's important to counsel patients on these at every visit, added Ivanina.

"It is always best to prevent disease or treat with lifestyle and diet changes before medications; therefore, this study further supports a doctor's ability to convey that message," she said.

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