

PEOPLE'S PHARMACY



JOE AND TERESA GRAEDON

Coumadin, cranberries don't mix

Q: I am having trouble leveling out my Coumadin. Many foods are not included on the list the dietitian gave me. Cranberries are a puzzle, for instance. The nurse says eat them; the doctor says don't. Can I?

A: Trying to maintain a steady anticoagulant effect from Coumadin (warfarin) can be like walking a tightrope. Too much medicine can lead to bleeding, while too little may permit blood clots to form. Coumadin interacts with many foods. Several cases in Great Britain led

health authorities there to warn against combining cranberries or cranberry juice with the anticoagulant.

We suggest you follow your doctor's recommendation and avoid cranberries and cranberry juice while taking Coumadin.

Q: Every winter, my skin gets dry and itchy. My hands and fingertips really suffer. Can you send me any information you have?

A: As indoor heating systems come on, humidity drops. That may be why dry skin is worse in the winter. Washing hands frequently to avoid colds or flu also aggravates dry skin. Readers have suggested a variety of solutions, including O'Keeffe's Working Hands Cream, TheraSeal Hand Protection and Lotil Cream. Inexpensive farmers' moisturizers such as Bag Balm, Corn Huskers Lotion and Udder Cream also are popular.

Q: I have an elderly dog suffering from painful arthritis in knee and hip. Can I use the gin-soaked golden raisins with her safely?

A: Do not give your dog raisins, gin-soaked or otherwise! Although humans may benefit from this remedy, veterinarians have found that raisins and grapes are dangerous for dogs and may cause kidney problems.

Glucosamine and chondroitin first became popular in treating dogs with arthritis, so it makes sense to use that supplement. Your vet might be able to prescribe an anti-inflammatory drug such as meloxicam or a pain reliever like tramadol to ease your dog's discomfort.

Q: I have a 17-year-old son. For years, I have suspected that he has a mild form of ADD. He tells me he seems to be bombarded with information, like hundreds of highways leading to his brain at one time. Where can I get information on natural remedies with this issue?

A: Diagnosing attention-deficit disorder is not simple. There's no blood test or questionnaire that will definitively determine that a person has this condition.

Although there are medications that can help focus attention, they don't work for everyone, and they do have side effects.

We have interviewed Dr. Edward Hallowell, one of the world's leading experts on ADD and author of *Delivered From Distraction: Getting the Most Out of Life With Attention Deficit Disorder*. He suggests dietary supplements such as fish oil, grape seed extract and pine bark extract (Pycnogenol).



EXTREME MAKEOVER FOR YOUR ARTERIES

PAUL DiMeo likes to talk about his arteries. Recently, the carpenter and designer¹ from *Extreme Makeover: Home Edition* was in Houston to talk about his battle with high cholesterol, which can lead to plaque buildup in arteries as well as heart disease or stroke. When not working on television dream houses, DiMeo travels the country speaking on behalf of the drug company AstraZeneca and the American Heart Association. DiMeo, 50, talked with *Chronicle* reporter Tara Dooley about death, diet, high cholesterol and keeping healthy on the job.

Q: What did you think when your doctor said you had a serious problem with high cholesterol?

A: The biggest thing that stuck in my mind was that heart disease is the leading killer among Americans. Bar no other thing, cancer, put

them all together, most of us are going to die from heart disease. That is what I remember him saying to me.

Q: Did that freak you out?

A: Of course, because I was also learning about my own mortality.

was turning 44 or 45 realizing, "OK, I'm not going to live forever." I thought for sure I was going to live forever until about then (laughs).

Q: So what did you do?

A: At first I tried to do it all by myself. I tried to eat better, I tried to exercise more. It was like, "My parents take pills every day, not me." I tried to do it on my own, and my cholesterol numbers did not change.

Q: What were you eating?

A: I was eating crap. I was eating what most of us eat.

Q: Like what? Mac 'n' cheese?

A: Certainly a lot of pasta, being Italian. But I was stopping by the local fast food to grab a bite to eat or having two or three eggs in the morning with bacon. But I tried to cut that out and eat more fish, more chicken, more vegetables. Again, my numbers changed by, like, one.

Q: Did that mean you had to get used to the pills?

A: I got used to it. Every night before I go to bed, I take my Crestor. I worked with my doctor on a targeted goal and getting my numbers where they are supposed to be.

Q: Is it hard to keep up the healthful diet on a TV-show set?

A: Everyone comes out, and they want to feed us. They give us cookies. They give us biscuits and gravy. But it is no good. You have to get in control. My schedule is such that there are meals you miss, where all of a sudden it is 11 at night and you are pounding down a cheeseburger because you are starving. Do I still do that sometimes? Of course I do. Do I know it's wrong? Of course I do. Do I try not to do it? Yes.

Q: So why are you so interested in heart-disease education?

A: You don't feel any different apparently until you have the stroke or the heart attack, and at that point it is too late. My biggest goal is just to get people to go to their doctor and get tested. It is the only way you can find out if you have high cholesterol.

tara.dooley@chron.com

Cholesterol: What it is and how it works

Our relationship with cholesterol is as complex and contradictory as our relationship with every other form of fat: We need it, but too much of the wrong kind can clog the arteries and do harm. A look at cholesterol's function in the body — for better and for worse:

'Good' and 'bad' cholesterol

Cholesterol is a fatlike substance the body needs to build cells, make hormones and process fats; it travels inside lipoprotein molecules; LDL (low-density lipoprotein) carries cholesterol to cells; HDL (high-density lipoprotein) carries excess cholesterol back to the liver, which disposes of it.



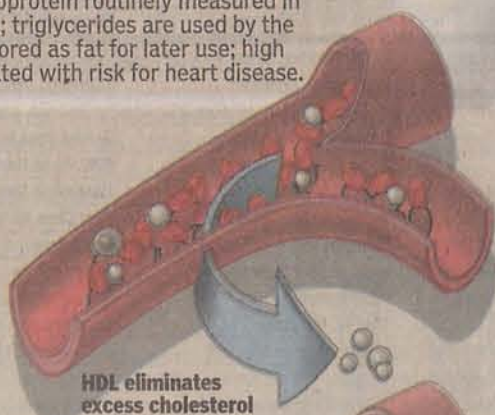
LDL cholesterol: Too much is considered bad because it is a major component of plaque that can form inside arterial walls, causing the arteries to narrow; high LDL levels are associated with heart disease.

HDL cholesterol: High levels are considered good because it is needed to rid the body of excess cholesterol; low HDL levels are associated with heart disease.

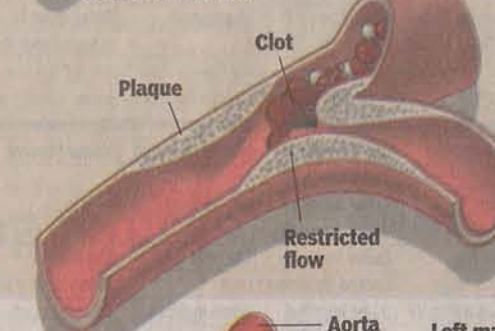
Triglycerides are the other lipoprotein routinely measured in evaluating heart disease risks; triglycerides are used by the muscles for energy and are stored as fat for later use; high levels in the blood are associated with risk for heart disease.

Cholesterol at work

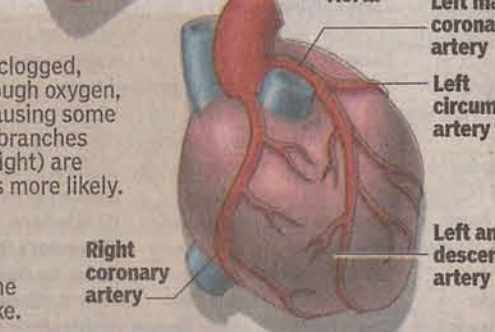
Healthy bloodstream (right) Cholesterol and triglycerides pass through without causing plaque to build.



Arteriosclerosis Cholesterol combines with other substances in the bloodstream to form plaque, which thickens arterial walls, narrowing the inner channel and impeding blood flow; plaque can rupture, encouraging blood clots that can block the vessel entirely.



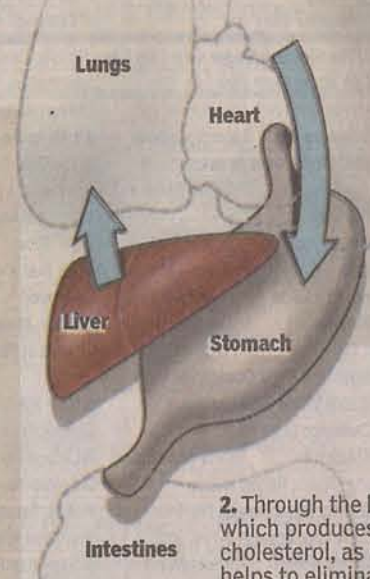
Heart attack When heart arteries become clogged, blood can no longer carry enough oxygen, nutrients to heart muscles, causing some muscle tissue to die; if major branches (such as the ones labeled at right) are blocked, a fatal heart attack is more likely.



Stroke When plaque clogs arteries leading to the brain, part of the brain dies — one form of stroke.

How cholesterol enters the bloodstream

1. Through the stomach as we digest foods that are high in saturated fats.



2. Through the liver, which produces cholesterol, as well as helps to eliminate it.

What the numbers mean

These are goals for the good, bad and borderline levels of lipids in your bloodstream. All figures in mg/dL (milligrams per deciliter of blood).

	Desirable	Borderline	High
Total cholesterol	Less than 200	200-239	240+
LDL	Below 130	130-159	160+
HDL	60 or higher	35-60	Below 35
Triglycerides	Below 200	200-400	400+

Source: U.S. Food and Drug Administration; American Heart Association; Heart Information Network; The Dorling-Kindersley Illustrated Guide to the Human Body

M-CLATCHY-TRIBUNE

7 8 9 10 11 12