

Do You Have the Terrible Threes - High Blood Pressure, High Cholesterol and Diabetes?

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Do you have the terrible threes –high blood pressure, high cholesterol and diabetes? All of these conditions are caused by poor lifestyle choices when it comes to eating, exercising and getting enough sleep.

More than likely if you have one of these diseases or illnesses, you have the other two. Not only can all of these diseases be deadly but what's really alarming is that many people are ending up in nursing homes partially or totally disabled in their 40s and 50s because of these illnesses.

Your goal should be to cure each illness and get off any medications while you educate yourself and create a healthier lifestyle. Soon you will feel better and so will the people you love and care for.

HIGH BLOOD PRESSURE

A normal blood pressure is below 120/80. Pre-hypertension is 120 to 139 (systolic) and/or 80 to 89 (diastolic). "Hypertension" also known as "high blood pressure" is 140 or higher (systolic) and 90 or higher (diastolic) or 140/90.

Blood pressure is represented as a pair of numbers. The first is the systolic pressure, which is the pressure exerted by the blood when the heart beats, forcing blood into the blood vessels. This reading indicates blood pressure at its highest. The second reading is the diastolic pressure, which is recorded when the heart is at rest in between beats, when the blood pressure is at its lowest. An ideal blood pressure is 115/75. If your blood pressure reaches 140/90 it is high and you need to seek medical help. If the bottom number reaches over 100, then you need to seek out help immediately, because there's a good chance you might have a stroke. Stroke is brain damage caused by a blocked blood vessel or bleeding in the brain. The signs of a stroke may include weakness, numbness, blurred vision, confusion, and slurred speech. Getting to a hospital quickly is vital for a good outcome with a stroke. Gingko Biloba is an herb that promotes brain circulation for anyone recovering from a stroke.

Hypertension is directly related to a number of other conditions such as arteriosclerosis, cardiovascular disease, heart attack, and high cholesterol. In other words hypertension (high blood pressure) is often a precursor to heart problems and it can take 10 years off your life.

An estimated 15 million are not aware that they are hypertensive, and of the people who do know that they have a problem, only two out of every five receive adequate

treatment for this potentially dangerous condition. According to the U.S. Public Health, hypertension affects more than half of all Americans over the age of sixty-five. The percentage of African American with high blood pressure is approximately one-third higher than that of whites. African Americans between the ages of 24 and 44 are eighteen times more likely than whites to develop kidney failure due to hypertension.

Because high blood pressure usually causes no symptoms until complications develop, it is known as the “silent killer.” Warning signs associated with advanced hypertension may include headaches, sweating, rapid pulse, shortness of breath, dizziness, and visual disturbances.

Blood pressure is usually divided into two categories: designated primary and secondary. Primary hypertension is high blood pressure that is not due to another underlying disease. Risk factors in primary hypertension include cigarette smoking, stress, obesity, excessive use of stimulants such as coffee or tea, drug abuse, and high sodium intake. Oral contraceptives use to be considered a contributing factor but now many of these pills are now low-dosed. Elevated blood pressure is common in people who are overweight.

When elevated blood pressure arises as a result of another underlying health problem, such as hormonal abnormality or an inherited narrowing of the aorta, it is called secondary hypertension. A person may also have lost elasticity from a buildup of fatty plaque on the inside walls of the vessel, a condition known as atherosclerosis. Arteriosclerosis and atherosclerosis are common precursors of hypertension.

Ways to Lower Blood Pressure:

- **Check Blood Pressure:** Have blood pressure checked every four to six months especially if you are in high risk category. It is impossible for a health care provider to make a correct diagnosis of high blood pressure with a single reading. The test must be repeated throughout the day to be accurate. You can take the test: 1) At a doctor’s office, 2) At a fire station, 3) In drug store for free, or 4) buy a digital or hand-held blood pressure kit from a drug store.
- **Follow a Salt-Free Diet:** This is essential in lowering blood pressure. Lowering your salt intake is not enough; eliminate all salt from your diet. Read labels carefully and avoid those food products that have “salt,” “soda,” “sodium,” or the symbol “Na” on the label. Some foods and food additives that should be avoided on this diet include monosodium glutamate (Accent, MSG; baking soda, canned vegetables (unless marked sodium-or salt-free); commercially prepared foods; over-the-counter medications that contain ibuprofen (such as Advil or Nuprin); diet soft drinks, foods with mold inhibitors, preservatives, and/or sugar substitutes; meat tenderizers; softened water; and soy sauce.
- **Keep Your Weight Down:** If you are overweight take steps to lose weight. Get regular light to moderate exercise.

- ***Eat Things that Are Good for You:*** Eat a high fiber diet, with plenty of fruits and vegetables; juice live juices; take flaxseed oil; Garlic is effective in lowering blood pressure.
- ***Avoid the Following:*** Animal fats, aged cheeses, aged meats, chocolate, avocados, fava beans, pickled herring, sherry, sour cream, wine, and yogurt.

HIGH CHOLESTEROL

High cholesterol is also known as “hypercholesterolemia.” Abnormal cholesterol levels such as high LDL cholesterol or low HDL cholesterol are a major risk factor for heart disease and stroke. An unhealthy diet can cause high cholesterol. Sometimes high cholesterol runs in families. A low-cholesterol diet can help improve cholesterol levels. If the low-cholesterol diet does not work to lower bad cholesterol and increase good cholesterol, your doctor may prescribe medications.

A “Lipid Panel” is needed to read your cholesterol numbers. A lipid panel is a blood test that measures lipids-fats and fatty substances used as a source of energy in your body. To get good results make sure you go on a 12 hour fast (nothing but water) before the test.

Adults 20 years old and older should get a lipid profile every five years. Then after a certain age they need the lipid profile every year or every 6 months.

Cholesterol isn't all bad -- it's a type of fat that's actually a nutrient. But as you've probably heard, there's "good cholesterol and "bad" cholesterol.” When we measure cholesterol and blood fats, we're really talking about three different numbers: HDL, LDL, and triglycerides. They combine to give you a "lipid profile" score, but the three individual scores are most important.

Here are the numbers to strive for:

- ***Total cholesterol:*** Your total cholesterol should be 200 mg/dL or lower.
- ***HDL (the “good cholesterol” or high-density lipoprotein):*** The HDL should be of 50 mg/dL or higher, if you're a woman, or 40 mg/dL or higher, if you're a man. Cholesterol helps remove fat from the body by binding with it in the bloodstream and carrying it back to the liver for disposal. It is sometimes called "good cholesterol.” A high level of HDL cholesterol may lower your chances of developing heart disease or stroke.
- ***LDL (the “bad cholesterol” or low-density lipoprotein):*** The LDL should be 100 or lower. If you have other major risk factors, like pre-existing cardiovascular disease or diabetes, your doctor may want your LDL closer to 70. Cholesterol carries mostly fat and only a small amount of protein from the liver to other parts of the body. It is sometimes called "bad cholesterol.” A high LDL cholesterol level may increase your chances of developing heart disease. LDL is the number most doctors and heart health programs focus on in particular. Every single point of LDL decrease makes a difference. If your LDL is at 140 and you

get it down to 130, that's great, even if you haven't reached optimum levels yet.

- **Triglycerides less than 150 mg/dL:** Triglycerides are the main form of fat in the body. Triglycerides are a type of fat the body uses to store energy. Only small amounts are found in the blood. Having a high triglyceride level along with a high LDL cholesterol may increase your chances of having heart disease more than having only a high LDL cholesterol level. When you think of fat developing and being stored in your hips or belly, you're thinking of triglycerides. Consider these things: Triglyceride levels are checked after an overnight fast. Fat from a meal or other parts of the meal that get converted into triglycerides can artificially raise the triglyceride levels on the test.

The National Cholesterol Education Program sets guidelines for triglyceride levels:

- Normal triglycerides means there are less than 150 milligrams per deciliter (mg/dL).
- Borderline high triglycerides = 150 to 199 mg/dL.
- High triglycerides = 200 to 499 mg/dL.
- Very high triglycerides = 500 mg/dL or higher.

Other numbers to strive for are listed below. Remember some of the numbers and desirable ranges change with age so have your doctor explain each after you take a Lipid Panel with a 12 hour fast:

- **Cholesterol** (Desirable range is lower than 200 mg/dL)
- **HDL (Good Cholesterol)** (Desirable range higher than 40 for men and 50 for women)
- **LDL (Bad Cholesterol)** (Desirable range is less than 100)
- **Triglycerides** (Desirable range less than 150)
- **High Blood Pressure** (Desirable range is less than 130/80)
- **Glucose for Diabetes** (Desirable range is 65-99) (Prediabetes is a fasting blood sugar of 100 to 125 mg/dL)
- **Iron (Hemoglobin)** (Desirable Range 11.7 - 15.5 & **(Hematocrit)** 35.0 - 45.0)
- **Potassium** (Desirable range is 3.5- 5.3)
- **Kidneys (Creatinine)** (Desirable range is 0.60 - 1.10)
- **Thyroid** (Desirable range is 0.40-4.50)

DIABETES

Diabetes occurs when the body does not use food as it should. The body needs sugar for energy. When you eat, most of the food is changed into glucose, a form of sugar. The glucose (sugar) made by the food you eat goes into your bloodstream, but it does not need to stay there. Sugar needs to get inside the cells so it can burn up as energy. To get sugar into the cells, insulin must be present and working. Insulin is a hormone made by the pancreas, and it acts as a key to allow sugar to enter the cells. If you have diabetes, the sugar inside your body is unable to get into the cells where it can be used.

This is because there is either too little insulin or your body cannot use the insulin as it should. If there is too little insulin, or if the insulin is not being used correctly, sugars build up in your blood. This is called “high blood sugar” or “hyperglycemia.” In the black community many elderly people refer to this condition as “Sugar.”

First of all to keep down some of the misinformation and misdiagnosis when you are diagnosed with diabetes make sure you are diagnosed by an endocrinologist, not just a regular doctor, especially if your insurance allows you to go to these specialists. An endocrinologist is a physician (MD or DO) who after graduating from medical school, receives three years of rigorous training in Internal Medicine and then completes another two years of in-depth special training in diabetes and other endocrine disorders.

What you need to understand is that diabetes is one of those diseases where it is extremely hard to diagnosis. According to CDC, over 40% of people are walking around unaware that they have diabetes. Millions of people are walking around with diabetes with its effects already ravaging their bodies. Diabetes is sometimes not detected until something terrible happens such as a heart attack, stroke, or kidney failure. A problem is “prediabetes.” The big problem is telling a patient they have prediabetes sometimes releases responsibility from living a healthier lifestyle, so they won’t come down with diabetes. Prediabetes, also known as "impaired glucose tolerance," is a health condition with no symptoms. It is almost always present before a person develops the more serious type 2 diabetes.

There are Two Main Types of Diabetes:

- **Type 1:** Many people are born with Type 1 diabetes and will have to take insulin for their entire life. Type 1 diabetes means: 1) The body makes little of no insulin, 2) It usually appears suddenly, and 3) It usually appears before age 30.
- **Type 2:** Many people with type II diabetes will: 1) Need no medicine at all, 2) Need diabetes pills, 3) Need insulin, or 4) Need pills and insulin.

Type II diabetes is more common than Type 1 diabetes and other facts include: 1) The body makes insulin, but it doesn’t work as it should, 2) It usually appears after age 30, 3) It usually appears slowly, 4) You may have mild or no signs of diabetes, 5) Most people diagnosed with Type 2 diabetes are overweight, and 6) Many have a family history of diabetes.

Who Gets Type 2 Diabetes?

The cause of Type 2 diabetes is unknown, but we do know that certain people have a greater chance to develop it. Major risk factors for developing Type 2 diabetes:

- 1) Family history
- 2) Over age 40
- 3) Overweight
- 4) Certain Ethnic-Groups

- African American
 - Latin-American
 - Asian-American
 - Native-American
 - Pacific-Islander
- 5) History of gestational diabetes or delivery of a baby over 9 lbs.
 - 6) History of polycystic ovary syndrome (PCOS)
 - 7) High blood pressure of 140/90
 - 8) HDL cholesterol of 35 mg/dl or less
 - 9) Triglycerides of 250 mg/dl or greater

Signs of High Blood Sugar (hyperglycemia) include:

- Frequent urination
- Excessive thirst
- Lack of energy (fatigue)
- Weight loss
- Blurred vision
- Hunger
- Frequent infections
- If you heal slowly

Test for Diabetes:

Blood glucose tests are done to: 1) Check for diabetes, 2) Monitor treatment of diabetes, 3) Check for diabetes that occurs during pregnancy, and 4) Determine if an abnormally low blood sugar level hypoglycemia is present.

If you have type 2 diabetes, there are two numbers you need to watch: 1) your blood sugar, and 2) your hemoglobin A1c levels.

Numbers you need to watch out for:

- A normal fasting blood sugar is less than 100 mg/dL.
- Prediabetes has a fasting blood sugar of 100 to 125 mg/dL.
- You may have diabetes if your fasting blood sugar is 126 mg/dL or greater and you've gotten that result two or more times

The American Diabetes Association has specified three (3) tests that can be used by doctors to diagnose diabetes. A repeat test on a different day should be done to confirm the diagnosis:

- 1) Fasting (no food or drink for 8 hours) Plasma Glucose - best way to diagnose – greater or equal to 126mg/dl.
- 2) Casual (anytime) Plasma Glucose - greater or equal to 200 mg/dl and having symptoms of thirst, frequent urination and weight loss.

3) Oral Glucose Tolerance Test - greater or equal to 200 mg/dl two hours after drinking glucose.

Glycosylated Hemoglobin (A1c)

Another way to determine if you are on track with your diabetes management is the hemoglobin A1c. This test gives you a measure of your average blood sugar for a two to three month period.

Hemoglobin is a protein in the blood. When blood sugar is high, sugar sticks to the hemoglobin. The higher the sugar, the more it will stick to the hemoglobin. This test is done at your doctor's office. It is recommended that you have this test every three to six months.

Know What Your A1c Results Mean: *Your A1c should be less than 7 percent. Aim for an A1c of 6 percent.*

- 4% = 60 mg/dl - Best
- 5% = 90 mg/dl - Best
- 6% = 120 mg/dl - Best
- 7% = 150 mg/dl – Good
- 8% = 180mg/dl - Good
- 9% = 210mg/dl - Good
- 10% = 240mg/dl - Good
- 11% = 270mg/dl - Good
- 12% = 300mg/dl – Worst

Even though many cholesterol lowering drugs and other drugs are major successes today, you still need to avoid going on any type of medications. Medication ravages your internal organs while keeping your liver busy with the detoxification process. If your liver is busy detoxifying medications, then it will not be able to give you the energy you need or help you fight obesity. So try to limit and eliminate all over-the-counter and prescribed medications.

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