



Wellness Forum Health

not just *different* healthcare,
but healthcare that *makes a difference!*



We believe that it is a fundamental right of all consumers to have a complete analysis of the risks and benefits of any test, drug, supplement, procedure or medical practice of any type before making a decision to proceed. This is not currently the way medicine is practiced, and we intend to change it.

Issues With the Current Healthcare System

- Expensive
- Impersonal
- Usually not evidence-based
- Not collaborative
- Patients have difficulty accessing information and understanding options
- Both patients and practitioners are frustrated and unhappy
- The system needs to change

How Do We Change This?

- The system is too profitable to change from within
- The consumer must be well-informed and have:
 - Objective information about tests, health conditions, and treatment options
 - Clear understanding of both risks and benefits
 - Freedom to choose the best option for achieving long-term health improvement and maintenance
- Changes the concept of “informed consent”
 - Previously meant doctor tells patient what to do (called “informing”) and patient agrees (called “consenting”)
 - New definition - doctor makes recommendations, patient looks at evidence, and *informs doctor of decision and plan of action*

The Patient Should Be In Control

“Taking control of your health is not doing what I say instead of what others say, it’s doing what you think is best for you after reviewing objective information.”

Dr. Pam Popper

Test Your Knowledge

True or False:

Olive oil promotes better health

Answer

FALSE

- Oils (including olive oil) are pure, liquid fat, and high in calories
- Each tablespoon contains 120 calories and 14 grams of fat
- Oils contributes to weight gain, the development of atherosclerotic plaques, and coronary artery disease

Blankenhorn D, Johnson R, Mack W, El Zein H, Vallas L. "The Influence of Diet on the Appearance of New Lesions in Human Coronary Arteries."
JAMA. 1990;263(12):1646-1652

Test Your Knowledge

True or False:

PSA testing and mammograms
reduce your risk of dying of prostate
and breast cancer

Answer

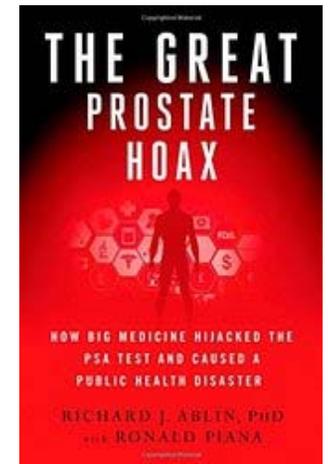
FALSE

- A Cochrane review showed that to save one life, 2000 women have to be screened for 10 years; 10 women would endure unnecessary and potentially life threatening over-diagnosis and overtreatment
- They concluded: “there is no reliable evidence from large randomized trials to support screening mammography at any age.”

Olsen O, Gotzsche P. “Cochrane review on screening for breast cancer with mammography.” *Lancet* Oct 20 2001;358(9290)1340-1342

Answer

- According to the researcher who discovered prostate specific antigen (PSA), Richard Ablin Ph.D., the false positive rate for PSA testing is 78%; the Gleason score is meaningless; and most men who are treated for “prostate cancer” do not have it
- The US Preventive Services Task Force recommends against PSA screening for men of all ages



Ablin Richard, Piana Ronald *The Great Prostate Hoax* Palgrave MacMillan New York 2014
<http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/prostate-cancer-screening>

Test Your Knowledge

True or False:

Losing bone mineral density is a normal marker of aging

Answer

True

- All humans lose bone mineral density as they age
- Women have very high peak bone density to support pregnancy and breastfeeding, and lose bone mineral density more rapidly than men at menopause

Test Your Knowledge

True or False:

It is a good idea to have your vitamin D levels tested every year because low vitamin D levels cause disease

Answer

FALSE

- Normal vitamin D levels are 20-30 nn/dL
- Most people can achieve these levels with limited sun exposure
- Low vitamin D levels do not cause disease; they are a result of disease, making vitamin D supplements worthless and potentially harmful for most people

<http://www.iom.edu/Reports/2010/Dietary-Reference-Intakes-for-Calcium-and-Vitamin-D/Report-Brief.aspx>

Autier P, Boniol M, Pizot C, Mullie P. "Vitamin D status and ill health: a systematic review."

Lancet Diabetes and Endocrinology Jan 2014;2(1):76-89

Test Your Knowledge

True or False:

Genetic predisposition is a strong determinant of health

Answer

False

- Migration Studies
 - When people move from a country with low disease rates to a Westernized country, their disease and obesity rates are the same as their adopted country within only 15 years
 - The reason – they adopt the diet and lifestyle habits of their adopted country
- Studies of identical twins show that diet and lifestyle differences account for differences in health outcomes

Haenszel W and Kurihara M. "Studies of Japanese migrants: mortality from cancer and other disease among Japanese and the United States."
J. Natl. Cancer Inst. 40 (1968):43-68

Knip M, Veijola R, Virtanene S, Hyoty A, Vaarala O, Akerblom H. "Environmental Triggers and Determinants of Type 1 Diabetes."
Diabetes 54, suppl 2 (December 2005):S125-36

Haas, C, Creighton, C, Pi, X, et al. "Identification of genes modulated in rheumatoid arthritis using complementary DNA microarray analysis of lymphoblastoid B cell lines from disease-discordant monozygotic twins" *Arthritis and Rheumatism* July 2006;54(7):2047-2060.

Genes: The Pima Indians

- Mexican Pima: grain and starch-based diet with vegetables and fruit, very physically active
- Arizona Pima: diet high in animal protein and fat, significantly less physically active
- Mexican Pima diabetes rate 6.9%
- Arizona Pima diabetes rate 38%

Schulz L, Bennett MB, Ravussin E, Kidd J, Kidd K, Esparza J, Valencia, M. "Effects of Traditional and Western Environments on Prevalence of Type 2 Diabetes in Pima Indians in Mexico and the U.S." *Diabetes Care* August 2006 vol. 29 no. 8 1866-1871

Test Your Knowledge

True or False:

Flu vaccines reduce the risk of getting the flu or dying from it

Answer

FALSE

According to the Cochrane Collaboration:

- Flu virus rarely leads to death or serious illness
- At best, vaccines may only be effective against influenza A and B, which represent about 10% of all circulating viruses
- At least 40 people have to vaccinated to prevent 1 case of influenza-like illness
- 71 people would need to be vaccinated to prevent one case of influenza
- Vaccination shows no effect on working days lost or hospitalization
- The benefit of flu vaccines for pregnant women is not known and the effect on newborns is not statistically significant

Demicheli V, Jefferson T, Al-Ansary LA, Ferroni E, Rivetti A, Di Pietrantonj C. "Vaccines for preventing influenza in healthy adults." Cochrane Database of Systematic Reviews 2014, Issue 3. Art. No.: CD001269. DOI: 10.1002/14651858.CD001269.pub5

Learn Anything New?

Why Doesn't Everyone
Know These Things?

Misinformation!

- Americans are deluged every day with misinformation about diet and health, often due to financial conflicts of interest:
 - Government
 - Health professionals organizations
 - Disease groups
 - The media
 - Food, drug, device makers
 - Well-meaning but misinformed health professionals



- The USDA was formed as an advocacy organization for farmers BUT is also responsible for setting dietary guidelines for Americans
- Agricultural organizations have always influenced the development of nutritional guidelines and they favor industry, not optimal health for Americans



2015 annual report lists these sponsors:

- The Coca-Cola Company Beverage
- General Mills
- Kellogg Company
- McCormick
- PepsiCo
- Unilever

Event sponsors:

- Campbell Soup Company
- ConAgra Foods
- Nature Made®

Academy National Sponsor

National Dairy Council

Premier Sponsor:

Abbott Nutrition

Total sponsorship revenue 2015 1,184,727

<http://www.eatrightpro.org/~media/eatrightpro%20files/about%20us/annual%20reports/annualreport2015.ashx#page=5> accessed 9.25.2016
<http://www.eatrightpro.org/resources/about-us/advertising-and-sponsorship/meet-our-sponsors> accessed 9/25/2016

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Sponsors:

- Anacor Pharmaceuticals
- Pfizer
- Merck
- Novartis
- Meda Pharmaceuticals
- Three makers of baby formula – Mead Johnson, Abbot Nutrition and Nestle
- Boehringer Ingelheim Pharmaceuticals Inc.
- Sanofi Pasteur
- Johnson and Johnson
- Astra Zeneca

<http://www.aap.org/en-us/about-the-aap/corporate-relationships/Pages/Friends-of-Children-Fund-President%27s-Circle.aspx> accessed 9.25.2016

Kimberly Seals Allers "Does the AAP Logo Belong on Formula Gift Bags?"

http://parenting.blogs.nytimes.com/2013/12/19/does-the-a-a-p-logo-belong-on-formula-gift-bags/?_r=0



Sponsors:

- AstraZeneca
- Boehringer Ingelheim Pharmaceuticals
- Eli Lilly
- GlaxoSmithKline
- Janssen Pharmaceuticals
- Johnson & Johnson Diabetes Solutions
- Merck
- Novo Nordisk
- Pfizer
- Sanofi
- Dannon
- Nutrisystem

<http://www.diabetes.org/about-us/corporate-support/our-corporate-supporters.html#sthash.AXCKSPeh.dpuf> accessed 9.25.2016

The American Heart Association



Approved Products

37 pages of animal food products including:

- Boar's Head Old Fashioned Canadian Style Bacon With Natural Juices
- Kretschmar Sweet Smoked Uncured Ham
- Butterball Naturally Roasted Deep Fried Honey Turkey Breast
- Kroger Moist & Tender Pork Tenderloin
- Top Sirloin Strips (Select Grade) (National Cattlemen's Beef Association)

http://www.heart.org/idc/groups/heart-public/@wcm/@fc/documents/downloadable/ucm_474830.pdf accessed 9.25.2016

The FDA

- Most people think FDA-approved means safe and effective
- Approval rate for drugs:
 - In 2008, the approval rate was almost 50%
 - By 2011 the approval rate increased to 86%, partly due to the fact that several previously rejected drugs were approved for sale
 - In 2014 the approval rate hit 88%
 - In 2015 the approval rate was 96%
- Why? Because in 1992 Congress passed the Prescription Drug User Fee Act allowing the FDA to charge drug companies to have their products reviewed
- Fees billed to drug companies for 2016 - \$718,669,000

“The FDA Is Basically Approving Everything. Here's The Data To Prove It.”

<http://www.forbes.com/sites/matthewherper/2015/08/20/the-fda-is-basically-approving-everything-heres-the-data-to-prove-it/>
<https://www.federalregister.gov/documents/2015/08/03/2015-18914/prescription-drug-user-fee-rates-for-fiscal-year-2016>

The Centers for Disease Control

- The CDC receives millions of dollars in donations and gifts each year.
- According to CDC Director Tom Frieden “Public-private partnerships allow CDC to do more, faster. The agency’s core values of accountability, respect, and integrity guide the way CDC spends the funds entrusted to it.”
- The money is passed through the CDC Foundation, which has collected \$620 million dollars since it was created by Congress in 1995
- Contributors included Abbott, Abbvie, Amgen, Bristol Myers Squibb, Coca Cola, Genentech, Johnson and Johnson, Pfizer, Proctor and Gamble, Sanofi-Aventis, and the Sugar Association of El Salvador

Lenzer J. “Centers for Disease Control and Prevention: protecting the private good?” *BMJ* 2015;350:h2362

<http://www.cdcfoundation.org/FY2015> accessed April 21 2016

Exaggerated Benefits

- According to a presentation made by Jack Cuzick, Ph.D. at the 2014 San Antonio Breast Cancer Symposium, Tamoxifen reduces the risk of breast cancer by 29% compared to placebo for at-risk women
 - After an average of 16 years of follow-up:
 - 7% of the women taking Tamoxifen
 - 9.8% of the women taking placebo had developed breast cancer
 - This is a reduction of 2.8% for the individual taking the drug, not 29%

Exaggerated Benefits

- Risks associated with taking Tamoxifen:
 - Decreased incidence of breast cancer, but higher risk of death from breast cancer
 - Increased risk of endometrial cancer
 - Increased risk of non-melanoma skin cancer

Note: Dr. Cuzick is on the speaker's bureau for Astra Zeneca, maker of Tamoxifen

Cuzick J, Sestak I, Cawthorn S et al. "Tamoxifen for prevention of breast cancer: extended long-term follow-up of the IBIS-I breast cancer prevention trial." Published Online: 11 December 2014 [http://dx.doi.org/10.1016/S1470-2045\(14\)71171-4](http://dx.doi.org/10.1016/S1470-2045(14)71171-4)

Misinformation

- Blurred line between advertising and health messages; there *is* a difference between advertising and research-based information
- Misreporting by the media
- Misinformed but well-meaning health care professionals:
 - Training does not include InforMED Medical Decision-Making
 - Influence of drug companies, device makers, food companies and others
 - Institutions that profit from traditional treatment, regardless of outcomes
 - Doctors have little nutrition training

Become an Informed Consumer With



Wellness Forum Health

Next: An Informed Discussion
About Coronary Artery Disease

Traditional Treatment: Statin Drugs

- Crestor reduces the risk of major cardiovascular events by only 1.2%
- Lipitor reduces the risk of major cardiovascular events by 1.6%
- Statins do not reduce mortality when used for primary prevention, even with high-risk patients
- Less than 50% of patients continue to take statins over the long –term; the biggest drop is in the first 6 months

<http://www1.astrazeneca-us.com/pi/crestor.pdf>
<http://labeling.pfizer.com/ShowLabeling.aspx?id=587>

Ray K, Seshasai S, Erqou S et al. "Statins and all-cause mortality in high-risk primary prevention: a meta-analysis of 11 randomized controlled trials involving 65,229 participants." *Arch Intern Med* 2010 June 28;170(12):1024-2031

Benner J, Glynn R, Mogun H, Neumann P, Weinstein M, Avorn J. "Long-term Persistence in Use of Statin Therapy in Elderly Patients." *JAMA* July 24 2002;288(4):462-467

Statin Drugs

- In a double-blind, placebo-controlled study including 194 adults with high LDL cholesterol levels (160 mg/dl or higher), participants were randomized to take 20 mg per day of Lipitor or placebo for 6 months
- Cognitive function, attention, memory, mental flexibility evaluated
- Conclusion: 100% of statin drug users can expect some loss of cognitive function
- Same research group repeated this study using simvastatin (Zocor), with similar results

Muldoon MF et al "Effects of Lovastatin on cognitive function and psychological well-being."
Am J Med 2000 May;108(7):538-546

Statin Drugs and Musculoskeletal Effects

- Study including 6967 patients taking statins and 6967 matched controls
- Taking statins was associated with a 19% increased risk of all types of musculoskeletal injuries; 13% increased risk of dislocations, strains, and sprains; and a 9% increased risk of pain
- No association between the length of time on the drugs and the risk of injuries
- 1 person is harmed for every 37 to 58 people who take the drugs, depending on the outcome measured

Mansi I, Frei CR, Pugh MJ, Makris U, Mortensen EM. Statins and musculoskeletal conditions, arthropathies, and injuries. *JAMA Intern Med* 2013; DOI:10.1001/jamainternmed.2013.6184

Other Side Effects of Statin Drugs

- Increased risk of moderate or severe liver dysfunction
- Acute renal failure
- Moderate or serious myopathy
- Cataracts
- Esophageal cancer
- Women: NNT to prevent one case of CVD over 5 years 37
- Men: NNT to prevent one case of CVD over 5 years 33
- Authors concluded claims of unintended benefits of statin drugs “remain unsubstantiated”

Hippisley-Cox J. “Unintended effects of statins in men and women in England and Wales: population based cohort study using the Q Research database.” *BMJ* 2010;340:c2197

An Unexpected Side Effect of Statin Drugs

- Average person taking a statin drug increases calorie intake by almost 10% and fat intake by 14%
- People taking statins have larger increases in their BMI than those who do not take the drugs
- Dr. Rita Redberg, editor of JAMA attributes this to "false reassurance" - patients often think that "statins can compensate for poor dietary choices and a sedentary life" and "cholesterol levels can be distracting from the more beneficial focus on healthy lifestyle to reduce heart-disease risk."
- Taking statins incentivized patients not to change their diet and lifestyle habits

Sugiyama T, Tsugawa Y, Tseng CH, et al. "Different time trends of caloric and fat intake between statin users and nonusers among US adults." *JAMA Intern Med* 2014; DOI:10.1001/jamainternmed.2014.1927. Available at: <https://archinte.jamanetwork.com/journal.aspx>

Redberg RF. "Statins and weight gain." *JAMA Intern Med* 2014; available at: <https://archinte.jamanetwork.com/journal.aspx>

Aspirin

- Patients with risk factors, including high blood pressure, diabetes, and high cholesterol, do not benefit from taking a low-dose daily aspirin for primary prevention of a cardiovascular event
- Taking aspirin can increase the risk of major bleeding events - for every 1000 people taking aspirin for five years, 2.9 events would be prevented, but 2.8 major bleeds would occur

Ikeda Y, Shimada K, Teramoto T, et al. "Low-Dose Aspirin for Primary Prevention of Cardiovascular Events in Japanese Patients 60 Years or Older With Atherosclerotic Risk Factors: A Randomized Clinical Trial." *JAMA* Published online November 17, 2014. doi:10.1001/jama.2014.15690

US Food and Drug Administration "Can an Aspirin a Day Help Prevent a Heart Attack?" May 5 2014

<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm390539.htm>

Berger J, Lala A, Krantz M et al. "Aspirin for the Prevention of Cardiovascular Events in Patients Without Clinical Cardiovascular Disease: A Meta-Analysis of Randomized Trials" *American Heart Journal*. 2011;34(3):115-124.e2.

Treating Hypertension

At this time, the target level for drug treatment is unknown

"And there is the big problem of the target for BP treatment that everybody has alluded to. Despite decades of trials, we are still uncertain as to what level we should lower BP to achieve maximal cardiovascular protection. And remember we have absolutely no information on the BP value to be achieved when ambulatory or home BP is considered."

European Society of Hypertension Meeting 2012

http://www.theheart.org/article/1392925.do?utm_campaign=newsletter&utm_medium=email&utm_source=20120503_EN_Heartwire_2

Treating Hypertension

According to some health authorities, many patients with hypertension should not be medicated:

- People over the age of 60 should not be medicated until their blood pressure reaches 150/90
- Medications for hypertension should be prescribed only when blood pressure reaches and remains at 160/100 mmHg and does not respond to diet and lifestyle changes and weight loss

Williams B, Poulter N, Brown M, et al. "British Hypertension Society Guidelines for hypertension management 2004" (BHS-IV). *BMJ* 2004;328:634-640

Messerli F, Mancia G, Conti R. "Dogma Disputed: Can Aggressively Lowering Blood Pressure in Hypertensive Patients with Coronary Artery Disease Be Dangerous?"
Ann Int Med June 20 2006 144:884-893

James P, Oparil S, Carter B et al. "2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8)." *JAMA*. 2014;311(5):507-520

Treating Hypertension

Many hypertension patients are overmedicated:

- Reducing blood pressure to below 140/90 mmHg with medication increases risk of heart attacks, strokes, death
- Cochrane Collaboration – “Treating patients to lower than standard BP targets, $\leq 140\text{-}160/90\text{-}100$ mmHg, does not reduce mortality or morbidity.”

Arguedas JA, Perez MI, Wright JM. Treatment blood pressure targets for hypertension.
Cochrane Database Syst Rev. 2009 Jul 8;(3):CD004349

Treating Hypertension

- Benefit of treatment affected by degree of hypertension
- People with milder abnormalities benefit less from treatment

Degree of hypertension	5-yr risk No treatment	5-yr risk treatment	Chance of benefit	NNT
Severe Diastolic BP 115-129	80%	8%	72%	1.4
Moderate Diastolic BP 105-114	38%	12%	26%	4
Mild Diastolic BP 90- 104	32%	23%	9%	11
Very Mild Diastolic BP 90- 100	9%	3%	6%	18

Welch HG, Schwartz L, Woloshin S *Overdiagnosed: Making People Sick in the Pursuit of Health* Beacon Press Boston MA 2011 p 8

We Call This Success?

- Study including 26,875 people over the age of 45
- 4 classes of medication used: one drug, two drugs, three drugs, 4 or more drugs
- During 6.3 years of follow-up:
 - 823 strokes occurred in the study population - 46.0% of them involved patients who were treated “successfully” with drugs, meaning their systolic blood pressure was lowered to 140 mm Hg or lower
- Even worse, stroke risk increased for each added medication
- The more medications patients took, the higher their risk of stroke

Howard G, Banach M, Cushman M et al. “Is Blood Pressure Control for Stroke Prevention the Correct Goal? The Lost Opportunity of Preventing Hypertension.” *Stroke* June 15;46(6)

The SPRINT Trial

- Research study to determine if more aggressive treatment with drugs to lower systolic blood pressure would reduce the risk of cardiovascular events like heart attack, stroke, and death; and complications of hypertension such as kidney disease and decline in cognitive and memory skills
- Referred to in numerous articles as a “landmark study,” stopped early because the benefits were so great
- Early news stories reported that giving patients more medications in order to reduce systolic blood pressure to lower levels reduced the risk of heart attack and stroke by almost one third, and the risk of death by almost 25%
- “This is likely the most important blood pressure study in the last 40 years. It’s one that should and will change the practice of treating high blood pressure around the world.”

Dr. Daniel Jones at the University of Mississippi Medical Center

The SPRINT Research Group “A Randomized Trial of Intensive versus Standard Blood-Pressure Control”
NEJM 2015 November 9;373:2103-2116

The SPRINT Trial

The real story:

- Results were reported in relative rather than absolute terms
- Incidence of events dropped from 6.8% to 5.2% over a 3.2 year period
 - actual risk reduction of 1.6%**
- For every 1000 persons treated during a 3.2 year period to a goal of systolic blood pressure of 120 mm Hg (compared to 140 mm Hg):
 - **16 people would benefit**
 - **22 people would experience serious harm**
 - **962 would not be helped or harmed**
- Side effects included hypotension, syncope, electrolyte abnormalities, acute kidney injury, acute kidney failure, bradycardia, injurious falls, and more frequent emergency room visits

Angioplasty

- Involves risk – often the inflating of the balloon “nicks” the plaque and causes the toxic ingredients to be released, activating clotting mechanism; result is between 15,000 and 20,000 heart attacks per year and 10,000 deaths
- Within a few months, 50% of arteries are blocked again

Nordmann A, Hengstler P, Harr T, Young J, Bucher H. “Clinical outcomes of primary stenting versus balloon angioplasty in patients with myocardial infarction: a meta-analysis of randomized controlled trials.” *Am J Medicine* Feb 15 2004;116(4):253-62
<http://www.nhlbi.nih.gov/health/health-topics/topics/angioplasty/risks>

Angioplasty

The AVERT study:

- Patients were randomized to take Lipitor or have angioplasty
- The patients who just took Lipitor experienced fewer heart attacks, less chest pain, and made fewer visits to the hospital than those who had angioplasty

Waters, D. "Aggressive lipid-lowering therapy compared with angioplasty on stable coronary artery disease."
NEJM 1999 December 9;341(4):1853-1855

Bypass Surgery

- Limited efficacy – does not address the entire cardiovascular system
- Bypasses large stable, plaques and calcified arteries close to the heart – less likely to rupture
- Cannot reach volatile plaques in the arteries throughout the rest of the body
- When the right diet and lifestyle changes are made plaques become stable within a few weeks, actually reducing the risk of a heart attack or stroke

Bypass Surgery

Three major studies:

1. Veterans Administration Coronary Artery Bypass Surgery Cooperative Study Group 1984
2. European Coronary Surgery Study Group 1988
3. Coronary Artery Surgery Study 1990

All three studies showed that outcomes for patients who have bypass surgery are not better than for patients who only take drugs

Some patients do benefit from bypass surgery, but most do not

The Veterans Administration Coronary Artery Bypass Surgery Cooperative Study Group. "Eleven-Year Survival in the Veterans Administration Randomized Trial of Coronary Bypass Surgery for Stable Angina." *NEJM* November 22 1984;311:1333-1339
Varnauskas E and the European Coronary Surgery Study Group. "Twelve-Year Follow-up of Survival in the Randomized European Coronary Surgery Study." *NEJM* August 1988;319:332-337
Chaitman B, Ryan T, Kronmal R, Foster E, Frommer P, Killip T. "Coronary Artery Surgery Study (CASS): comparability of 10 year survival in randomized and randomizable patients." *J Am Coll Cardiol* Nov 1990;16(5):1071-1078



Compare and Contrast:
Traditional Treatment vs
Dietary Intervention:
Which Would You Choose?

An InforMED Doctor

Caldwell Esselstyn, M.D.

Enrolled 24 patients in a study in 1985 who had collectively experienced 49 cardiovascular events:

15 cases of angina

7 bypass surgeries

3 strokes

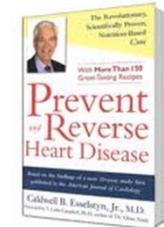
2 worsening stress tests

13 cases of disease progression

4 heart attacks

2 angioplasties

Dr. Esselstyn's Results



After dietary intervention:

- Cholesterol lowered from an average of 246 mg/dl to below 150 mg/dl
- Disease progression had been stopped and many patients experienced reversal
- Angina improved or eliminated
- Exercise capacity increased, sexual function restored
- No further cardiovascular events, drugs or procedures required

Dr. Esselstyn's Results

6 patients left the study and experienced:

- 4 cases of angina
- 2 cases of ventricular tachycardia
- 4 bypass surgeries
- 1 angioplasty
- 1 case congestive heart failure
- 1 death

***13 events in 6 patients who quit, vs.
no events in 18 patients who were compliant!***

Dr. Esselstyn's Newest Results

- 198 patients
- 90% compliance rate
- 0.6% incidence rate in compliant patients
- 62% incidence rate in non-compliant patients

Esselstyn C, Gendy G, Doyle J, Golubic M, Roizen M. "A Way to Reverse CAD?" *The Journal of Family Practice* 2014 Jul;63(7):356-364b.

An UnInforMED Consumer

- Tim Russert, host of *Meet The Press*, was a wealthy man with excellent insurance
- He visited the best doctors, had all the right tests, and was diagnosed “early” with his conditions
- He took medications for his high blood pressure, high cholesterol and pre-diabetic condition, and took an aspirin every day - his biomarkers were excellent!
- None of the tests or drugs addressed what ultimately killed Tim Russert – an unstable arterial plaque that ruptured and caused the heart attack that ended his life
- Dietary supplements would not have helped either
- Adopting the right diet *could have* prevented his death
- You do not want to be a dead person with great blood test results!



An InforMED Consumer



An InforMED Happy Ending

- Coronary artery disease progressed while in the White House under the care of the “best” doctors in the U.S.
- Endured a useless bypass surgery; he continued to eat the Standard American Diet and the arteries clogged up again
- Angioplasty recommended because the bypass did not work
- Became frightened and decided to take matters into his own hands
- Read *The China Study* and *Prevent and Reverse Heart Disease*, changed his diet, lost weight, and got well
- Note: *President Clinton was not informed by his doctors that changing his diet could stop the progression of his heart disease – he learned this on his own!*

Which Would You Choose?
InforMED Decision-Making
Leads to Better Choices

You Should Have InforMED Discussions About...

- Dietary choices
- Supplements
- Diagnostic tests
- Procedures
- Psychological issues
- Musculoskeletal pain and injury
- Vaccinations
- Pregnancy

Any and all health-related issues!

An Interesting Perspective

“...While patients are grateful for new drugs and operations, what they really want is not to be patients at all. In this we are failing them.”

David Barker, M.D.

How to NOT be a Patient

Reactive/Episodic vs Proactive/Intentional Healthcare

Reactive/Episodic

- Wait until sick
- Suppress symptoms with drugs and surgery
- Change nothing – wait for next episode

Proactive/Intentional

- Make health a priority
- Resolve health issues by addressing cause
- Work at maintaining health

And practice InforMED Medical Decision-Making!

Become Informed With



Wellness Forum Health is not funded by food manufacturers, agricultural organizations, or other institutions. The information presented is based on independent research and is not influenced by advertising or other forms of remuneration.

Wellness Forum Health is supported by fees for services delivered.

Become Informed With Wellness Forum Health

Free Resources

- Dr. Pam Popper's weekly newsletter
- Video Clips

Become Informed With Wellness Forum Health

Starts With Membership:

- Personalized Assistance
- InforMED Health 101
 - Science-based information about health
 - Information to guide InforMED Medical Decision-Making
 - Skills for adopting and maintaining optimal diet and lifestyle habits
- Members-Only Website with over 100 audio and video workshops, recipes, and other tools
- Preferred pricing for additional educational programs and special events

Become Informed With Wellness Forum Health

Concierge Health Consulting includes:

- One-on-one appointments, email, phone calls
- Discussions to facilitate informed decisions
- Q&A sessions monthly
- Advanced Study classes monthly
- Access to the Health Briefs Online Library
- Things You Should Know series

Become Informed With Wellness Forum Health

Permanent Weight Loss: new ideas for addressing a persistent problem

- For people who know the right things to do but have difficulty following through and doing them
- Education about numerous influences on eating behaviors and tools for addressing them
- Monthly support teleconference calls
- Includes workbooks, educational support tools, and twice-monthly interactive conference calls

Become Informed With Wellness Forum Health

Athletics:

- Hot Yoga at The Wellness Forum
- Personalized training at the Wellness Forum Health gym
- The Virtual Workout with Chris Dorka

Become an Informed Health Professional!

- Training programs for health professionals and people who want to become health professionals
- Certification courses in topics like Weight Loss, Women's Health, Food Over Medicine, Personal Chef
- Formal education through The Wellness Forum Institute for Health Studies
- Professional development courses
- CME and CE programs for doctors, nurses, dietitians
- Business training for health practitioners
- Learn to build a practice on your own or join our provider network



Wellness Forum Health

The place where consumers and practitioners meet for collaborative, evidence-based discussions leading to informed decisions about diet, health, and medical care.



Wellness Forum Health

**not just *different* healthcare,
but healthcare that *makes a difference!***

Corporate Office

510 East Wilson Bridge Road, Ste. G

Worthington, Ohio 43085

614 841-7700

Toll Free: 800-761-8210

www.wellnessforumhealth.com