



The Bill Edwards Heart Beat

Newsletter of the North Vancouver Recreation Commission, North Shore Cardiac Rehab

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Cyberchondria: just a click away.

The Internet is a magnificent advance -- a huge, multinational, multilingual electronic library open to everyone with access to a computer and a few basic skills. It's a bottomless mine of medical information. And like other mines, it can be treacherous. There's even a newly coined term for one of the pitfalls: *cyberchondria* (hypochondria in cyberspace), which means searching the Internet for a diagnosis of your symptoms -- and confirming your own worst fears.

You are not sleeping well, perhaps, and your head hurts. Pain relievers don't help. You open your favorite search engine and begin clicking around. Half an hour later you are hot on the trail, and the news is ominous. It could be a brain tumor. You visit a site where people diagnosed with brain tumors talk about their pre-diagnosis symptoms -- these match your own. After two or three days of nonstop worry, you see your doctor. You happened to mention in the course of the discussion that in hope of curing your insomnia, you gave up coffee. This, of course, is one logical explanation for your headaches: caffeine withdrawal. And your anxiety is certainly not helping your insomnia.

One fact you might never have unearthed on the Internet is this: the odds of persistent headaches being caused by a brain tumor is about 1 in 10,000.

A dangerous place

A recent study by researchers at the Microsoft Corporation looked at how more than 500 people did searches using Microsoft's Live Search. The report begins with a few facts:

- Millions of us -- eight in 10 American adults -- look for medical information on the Internet. In 2007 the Pew Internet and American Life Project found that the great majority of searchers do not know how to evaluate the quality and validity of the source. For example, they don't notice the date the information was posted.
- People with no medical training exposed to complex medical terminology may be harmed by self-diagnosis and self-treatment. Thus the Internet is "a potentially dangerous place for health seekers."
- Misinformation can affect whether people see a doctor, and which one they see, as well as all else they do to protect their health. People wrongly convinced they have a serious disorder may turn to quackery -- richly promoted on the Internet, often on the same page with the scary information.

How common is it?

Needless to say, not everybody looking for health and medical information on the Internet is a cyberchondriac. (And of course, hypochondria can feed on printed books as well as the Internet). The Microsoft researchers, who are seeking ways to design better search tools, found that about one-third of their study sample "escalated" their searches to track down a serious illness as the explanation for their symptoms. They also found that many of these people reported severe anxieties afterward.

If you take to the Internet to find out what's wrong, keep the following in mind:

- You're more likely to find bad news by fishing around with a search engine than by looking at a website sponsored by the government or a major hospital.
- Far more Internet content is indexed to serious disorders than to simpler explanations

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of symptoms. The abundant content on rare diseases leads many people astray. It's much easier to find bad news than good news.

Words to the wise.

The Internet is a fine source of medical information, but don't believe everything you read. And beware of testimonials and personal stories. They may be pure fiction -- and even if true, may not apply to you. While the Internet is a poor tool for self-diagnosis, it can be a magnificent source of information if you know what your problem is. Start with addresses ending in ".gov" and ".edu". For example, for cancer information start with the National Cancer Institute (www.cancer.gov) and also investigate the websites of research centers such as M. D. Anderson, Sloan-Kettering, and the Mayo Clinic. Check out major organizations -- the American heart Association, the American College of Gastroenterology, and other scientific groups. More important, if you are under treatment, make your doctors your partners in your quest for information. Tell them what you have found out before you take any major steps on your own.

University Of California, Berkeley, Wellness Letter, April 2009.

Get Informed to Help Lower Your Risk of Blood Clots

Deep vein thrombosis (DVT) may affect as many as 2 million Americans each year, according to the American Heart Association (AHA). And figures from the US surgeon general's office suggest that up to 600,000 people are hospitalized annually with the condition, in which a blood clot forms in one of the deep veins typically in the legs. "A DVT can result in potentially deadly complications," says Jeffrey Olin, DO, professor of medicine and director of vascular medicine at Mount Sinai's Zena and Michael A. Wiener Cardiology Institute. "However it's a very preventable condition as long as you and your doctor are well-informed about the risk factors.

Who is at risk? The major complication

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associated with DVT is pulmonary embolism (PE), says Dr. Olin. "This happens if a fragment of blood clot breaks loose, travels through the veins to the lungs, and blocks an artery." That very scenario proves fatal for as many as 200,000 Americans annually. However DVT remains one of the most under-recognized health issues, with American Public Health Association (APHA) surveys suggesting that up to 74% of us are largely unaware of the problem and 57% don't know the most common risk factors.

"DVT can affect anyone," says Dr. Olin.

"However, certain individuals, including those 65 and older, and those who have already had DVT or have a family history of it, are at higher risk." Blood circulation is impaired during long periods of immobility, he adds. "This means that people who spend most of their time sitting, or need bed rest, also are vulnerable. Surgery can also raise the risk, as it slows blood flow."

Other health conditions also have an impact. Heart failure makes blood clots more likely, causing an increase in blood clotting, especially in people with leg swelling. Some cancers (ovarian, lung, pancreatic), as well as some chemotherapy medications and the hormone drug tamoxifen (Nolvadex) can promote blood clotting.

Spotting the signs. Symptoms of DVT include swelling of the affected leg (including the ankle and foot), as well as tenderness, typically in the calf. You also may notice redness. However, Dr. Olin warns that in many cases the DVT has no symptoms, or they are dismissed as non-important by healthcare providers. "If you suspect you may have DVT or experienced PE symptoms -- for example sudden, unexplained shortness of breath, chest pain or discomfort that worsens on coughing or inhaling deeply, and coughing up blood -- go to the ER," he advises. The presence of a clot usually can be verified with an ultrasound scan and you'll be given blood thinners to stop it from increasing in size, prevent further clots from forming and prevent clots that are present from moving to the lungs. "Heparin or low molecular weight heparin is given first,"

says Dr. Olin, “as it works faster than warfarin (Coumadin), which is generally used as an oral follow-on treatment. If these drugs are ineffective or you have a PE, you may be given other drugs to break up the clot.”

Protecting yourself. If you have already had a DVT and are taking blood thinners, it’s vital to take them as directed. Warfarin works by inhibiting the actions of vitamin K, which is vital to the blood-clotting process so keep your consumption of vitamin-K rich foods (including liver, kiwi fruit, blueberries and green leafy vegetables) consistent, to avoid interfering with the medication. “And always be sure to tell your doctor about any other medications -- including over-the-counter drugs and herbal supplements -- you take, as these may interfere with blood thinners,” Dr. Olin says.

Aside from drug treatments, self-help measures can help you avoid blood clots. Keep as mobile as you can, as inactivity is associated with higher levels of clotting factors in the blood. If you’re driving long distances, plan rest stops so you can get out of your vehicle and stretch your legs. If flying, get up and walk around the aircraft frequently. “You especially need to be vigilant if you’re confined to bed after surgery or due to illness,” says Dr. Olin. “although it’s recommended that doctors prescribe blood thinning medications in these cases, there is evidence that many don’t. Ask your doctor if he or she is taking this precaution.”

Lifestyle changes can also lower your risk. Being obese is a risk factor, so make dietary changes and get plenty of exercise to lose weight. Smoking also causes the blood to clot more easily, so get help to quit. “And get cancer screening checks depending on your risk factors,” Dr. Olin adds. “Tumors cause the blood to clot up normally.” Your doctor also may advise you to wear compression stockings. The pressure they exert reduces the risk of blood pooling and clotting in the leg veins. They also help prevent DVT after-effects such as persistent edema (swelling), pain, purpura (bleeding into the skin), dermatitis, itchiness, ulceration, and cellulitis

(bacterial infection just below the skin).

What you can do:

- If sitting for long periods is unavoidable, do foot circling exercises and raise your legs up from the hip to get blood flowing
- Discontinue smoking
- If you are in the hospital for any reason, ask your doctor to prescribe medication or pneumatic compression stockings to prevent blood clots
- If you are unable to exercise due to surgery, ask for a nurse or physical therapist to do range-of-motion exercises on your legs.

Mount Sinai School of Medicine, Focus on Healthy Aging, March 2009

Magnetic Heart Valves May Ease Replacement Surgeries

March 2009

Researchers at Cleveland Clinic are investigating new technology to make repeat heart valve operations faster and safer.

As heart valve patients continue to live longer, healthier lives after surgery, the need for subsequent valve replacement procedures continues to grow. An artificial valve may last 10 or 12 years, or longer, though in some difficult cases, a valve may need to be replaced in a matter of months.

Researchers at Cleveland Clinic are working on a device that would make that follow-up valve replacement surgery easier and faster. And the keys to the new technology are magnets.

Kiyotaka Fukamachi, MD, PhD, is developing a new heart valve that uses a magnetic coupling to keep the valve in the proper position. But another big advantage is that when it comes time to replace the valve, only part of it has to be removed and no stitches have to be taken out or sewn back in.

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“Traditionally, when the valve has to be replaced, they have to remove old sutures and stitch the new valve into place,” says Dr. Fukamachi. “It’s time consuming because the heart has to be stopped and the patient is on a heart bypass machine, and there is a risk because the procedure can damage the coronary arteries. But with this (magnetic) one, the second surgery can be easier than the first.”

How it Works

To put it simply, the magnetic valve has two parts—a base magnet that is connected to heart tissue with sutures and a magnetic ring that holds the actual valve. Both magnets are made of neodymium iron boron and are encased in very thin stainless steel. Once the base magnet is sewn into the tissue surrounding the opening where the faulty valve had been, the ring containing the new artificial valve is “mated” to the base without sutures or other permanent attachment methods. The simple force of magnetic attraction keeps the two parts together.

Dr. Fukamachi’s team has also created a special tool that can be placed in between the beveled edges of the ring and the base to separate the two parts—think of a small pair of scissors spreading open. A new ring and replacement valve can then be quickly mated to the base, which has remained in place. And because the two parts fit so tightly together, there is little chance of tissue growing in between the rings, Dr. Fukamachi says.

Applications

Dr. Fukamachi says magnetic valves one day could be used in any of the heart’s four valves—the tricuspid valve (between the right atrium and right ventricle); the pulmonary valve (between the right ventricle and the pulmonary artery); the mitral valve (between the left ventricle and left atrium); and the aortic valve (between the left ventricle and the aorta). Healthy valves that allow blood to flow in only one direction through the heart’s chambers are critical to cardiovascular health.

Valvular disease, in which the valves either fail to close completely (which leads to regurgitation of blood back into a chamber) or fail to open properly (which forces blood through a smaller opening), can lead to heart failure, heart enlargement, blood clots and other serious, potentially life-threatening complications. In some cases, valves can be repaired, but often the defective valve is removed and a mechanical or tissue valve is put in its place.

Dr. Fukamachi says he and his team first began developing the magnetic heart valve while they were working on a mechanical heart and had to replace one of the valves.

The Future of Magnetic Valves

The development of magnetic valves is still in the experimental phase and Dr. Fukamachi hopes that more funding becomes available to continue his research, so that the valves can begin to be used in wide clinical application. He adds that the new valves may also one day be put in place using minimally invasive procedures, rather than open heart surgery. The need continues to grow for advancements that reduce time on heart-lung equipment for older and more frail patients. “Reducing the length of surgeries and the amount of time on heart bypass machines is especially important for high-risk patients, whose risk of death is increased in those situations,” Dr. Fukamachi says.

Cleveland Clinic, Heart Advisor, March 2009

Another Reason to go Easy on the Salt Shaker.

You know that cutting back on salt is good for your blood pressure, but now there’s evidence it also prevents heart attack and stroke and death from cardiovascular disease.

Blood pressure levels tend to increase with higher intakes of sodium. By limiting your salt

intake, you may be able to lower your systolic blood pressure by 2-8 mm Hg.

Salt added to foods during cooking and at the table makes up only about 10% of the sodium consumed in the typical American diet. A much larger proportion of the salt we consume comes from the sodium in processed foods like cold cuts; canned vegetables, meats, and soups; frozen dinners; cheeses; salad dressings; snack foods (such as potato chips); and fast food. Thus, reducing your salt intake means not only avoiding the saltshaker while cooking and at meals, but also reading food labels and choosing foods that are low in sodium.

And now there's even more reason to go easy on the salt shaker, according to a study reported in the journal *BMJ* (volume 334, page 885). Researchers followed more than 3,100 adults with prehypertension. Participants who cut their sodium intake were 25% less likely to suffer a cardiovascular event (heart attack, stroke, or need for angioplasty or bypass surgery) or die of cardiovascular disease than those who stuck with their regular, often salt-laden diets. The findings come from two clinical trials that involved men and women 30-54 years old with high-normal blood pressure.

The participants were randomly assigned to either follow their usual diets or learn how to cut salt from their meals; those in the latter group lowered their sodium intake by 25-35%. During the five-year follow-up period, which began 10-15 years after the trials ended, the salt reducers had fewer heart attacks, strokes, and heart procedures, as well as a lower death rate.

Bottom line: These new findings show that the

benefits of salt reduction extend beyond lowered blood pressure. So it's even more important to follow experts' advice on sodium: no more than 2,300 mg per day, and less than 1,500 mg if you have high blood pressure. Since processed foods are a major sodium source, always read product labels and opt for low-sodium versions whenever possible.

Johns Hopkins Health Alerts

Keeping Tabs on Your Glucose 24-7

April 16, 2009

Several high-tech devices can monitor glucose levels 24 hours a day rather than at just one point in time, giving you unprecedented information on how well you are managing your diabetes. Most useful to avoid hypoglycemic episodes in those whose diabetes requires insulin, continuous monitoring can benefit all individuals with either type 1 or type 2 diabetes. But is a continuous glucose monitor really right for you? Here's information to help you decide.

Continuous glucose monitors can enable you to spot general trends in how well you are controlling your blood glucose, recognize whether it is on its way up or down, and help determine adjustments in your treatment. Better yet, the new sensors even include alarms that can warn you if your blood glucose is too low or too high. Such continuous glucose monitoring has been compared to having your own security camera rather than just occasional snapshots of your home. Whereas traditional finger-prick blood tests give a snapshot of your blood sugar levels, continuous glucose monitors track fluctuations continuously over several days.

Six continuous glucose monitors are approved by the U.S. Food and Drug Administration (FDA): CGMS System Gold, Guardian REAL-time System, Guardian RT, MiniMed Paradigm REAL-Time System (all from Medtronic), DexCom STS,

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and The Abbott FreeStyle Navigator.

All of the devices use a tiny, flexible sensor that is inserted via a needle under the skin of your abdomen to measure blood glucose levels in the fluid outside of cells (extracellular fluid). The sensor connects to a transmitter that is attached to the skin by an adhesive patch; the transmitter sends real-time data every one to five minutes to a pager-sized receiver with a visible display that attaches to your belt or the waistline of your pants.

The amount of glucose in the extracellular fluid reflects the level in your bloodstream, although there is a lag time of 20-30 minutes before changes in blood glucose are reflected in the extracellular fluid. The readings can be downloaded later to a computer to produce charts that show the average trends of a person's glucose levels over three days. As with other home glucose tests, all continuous glucose monitors must be calibrated with a finger-prick blood test and checked to make sure they are working properly.

Unfortunately, continuous monitors are costly and health insurance coverage is presently a real problem. The few successes in obtaining coverage have required strong advocacy by the prescribing physician. You will definitely need a doctor's prescription and a strong letter of medical necessity before you can expect coverage. So carefully consider the cost not only of the device, which can run in the thousands, but also of the disposable supplies. The sensors may cost about \$35 a day, which is a big expense over the course of a year.

Our recommendation: At the moment, we consider continuous monitoring most useful for people who have had severe swings in their blood glucose despite good self-care patterns and, especially, for those who have been troubled by severe hypoglycemia. We are aware that insurance coverage is still spotty but hope that it will improve.

By Johns Hopkins Health Alerts, www.johnshopkinshealthalerts.com

A-B-Cs of Heart Health: Know Which Vitamins You Need Most

October 2008

Eat a variety of whole foods to boost your vitamin intake and help protect against cardiovascular disease.

A heart-healthy diet involves more than reducing your intake of saturated fats and trans fats, both of which increase the levels of artery-clogging cholesterol. Certain vitamins play key roles in protecting your heart. If you have heart disease—or hope to prevent it—eating foods that contain these beneficial vitamins is an easy way to give your heart a natural boost.

“You don't have to obsess over whether you're eating enough of specific foods to get the vitamins you need. It's all about eating a variety of whole foods,” says Cleveland Clinic dietitian Melissa Ohlson, MS, RD, LD.

Here's what the latest research says about vitamins and your heart:

Vitamin A

Vitamin A is an antioxidant, but impacts mostly the eyes, skin and immune system. The recommended daily allowance (RDA) of vitamin A for adult women is 700 micrograms (mcg) or 2,333 international units (IU). This amount is easily obtained by eating eggs, milk, fortified cereals, dark-orange and red vegetables, and non-citrus fruits. Studies have shown that beta-carotene supplements are not generally beneficial, and they also have been associated with increased risk of lung cancer in smokers.

Folic acid, a B vitamin

High levels of homocysteine are associated with increased risk of coronary artery disease (CAD), and a form of vitamin B known as folic

acid reduces homocysteine levels. For unknown reasons, however, folic acid supplements do not reduce the risk of CAD and may increase the risk of restenosis (re-narrowing of an artery) in people who have undergone revascularization (a procedure to restore blood flow to the heart or other organs).

“In addition to being safer, whole foods are a better source of B vitamins than supplements, because they also provide other heart-friendly nutrients, such as dietary fiber and antioxidants,” says Ohlson.

The RDA for folic acid for adult women is 400 mcg. You can get this vitamin from dark leafy greens, lentils, split peas, enriched breads and cereals, and citrus fruits, such as oranges and orange juice. There is reason to get plenty of B: although the vitamin does not lower cardiovascular risk, it may help preserve cognitive function and prevent macular degeneration (a disease that causes central vision loss).

Vitamin C

No randomized clinical trials have been performed to gauge the effects of vitamin C supplements on cardiovascular disease. However, in the large Nurses Health Study, women with the highest consumption of vitamin C had the lowest risk of cardiovascular disease and nonfatal heart attack.

“The current consensus does not recommend vitamin C supplementation,” says Ohlson. “It’s better to eat citrus, tomatoes, broccoli, bell peppers, leafy greens, kiwi and cantaloupe.”

The RDA for vitamin C for adult women is 75 mg, which can be found in 6 oz. of orange juice.

Vitamin D

When it comes to heart health, vitamin D is the clear leader. If you get too little vitamin D, you are more likely to have risk factors for heart disease, such as hypertension, diabetes, high triglycerides

and obesity. Studies also have shown that having low levels of vitamin D can double the risk of heart disease, heart attack, heart failure, stroke or peripheral arterial disease in five years, particularly in people with hypertension.

In animal studies, a powerful form of activated vitamin D has been shown to slow the progression of heart failure and may prevent its development. In this case, vitamin D acts more like a hormone than a vitamin.

Just how much vitamin D we need is under debate. The RDA is 200 to 600 IU, but some researchers recommend 1,000 to 2,000 IU. More than 2000 IU may be dangerous, since excess vitamin D is stored in the body, and large amounts can be toxic.

The best sources of vitamin D are oily fishes such as herring, salmon and eel; egg yolks; liver; and fortified breads, cereals and milk. Vitamin D is found in a few plant foods, but the body does not absorb this form as well.

“If you are vegetarian, talk with your doctor about vitamin D supplements and fortified foods,” Ohlson advises.

Depending on where you live, exposing your skin to the sun for five to 30 minutes twice a week (without sun block) will provide you with plenty of vitamin D. People who are bedridden or live in less-sunny climates may need to obtain sufficient vitamin D through foods and supplements.

Vitamin E

The antioxidant qualities of vitamin E looked promising, but supplementation with this vitamin failed to reduce CAD risk in clinical trials. Moreover, there was some evidence that vitamin E supplements may slightly increase the risk of death among people with CAD. Fortunately, foods containing vitamin E are safe and good for you. The best sources of vitamin E for obtaining the RDA of 15 mg for adults are olive oil, nuts, seeds and dark greens.

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Vitamin K

This vitamin plays a key role in blood clotting. It is found primarily in cheese and green vegetables. The RDA is 65 mcg for adult women, and you can get five times that amount in one serving of broccoli or spinach. People who take anticoagulants (“blood thinners”) should not take vitamin K supplements.

“What it all boils down to is that our bodies generally prefer the vitamins from foods than those from supplements, although we don’t know why. We should try to protect our heart health with a balanced diet of fresh, whole foods and only use supplements if we fall short,” says Ohlson.

The Cleveland Clinic, Women’s Heart Advisor, October 2008

Wake-Up Routine May Also Reduce Stroke Risk

A new study published by the American Heart Association shows coffee may reduce the risk of stroke in women.

The 24-year study analyzed 83,000 women who had no history of stroke. Women who drank four cups of coffee per day had a 20 percent reduced risk of stroke compared to those who had less than a cup a month.

“If you love coffee, there you go -- some reassurance,” said Dr. Karla Lee, a cardiologist at Baylor Grapevine.

The study also found that the benefits of coffee were much greater for nonsmokers. The women who drank four cups a day and were not smokers saw a 43 percent reduction in stroke risk. But drinking too much coffee can also have adverse effects, Lee said.

“It increases the risk of insomnia, which is prevalent, (and) increases your risk of palpitations, which I see quite a few of,” she said. Lee recommends drinking two to three cups of joe -- coffee, not other caffeinated drinks -- a day.

Courtney Buzbee, who drinks three cups of coffee a day, said the study was good news.

“I don’t plan on drinking anymore, but it just

validates that I need it,” she said. “I don’t plan on stopping.”

<http://www.nbcdfw.com/health/women/>

Coming Events

LIONS GATE HOSPITAL CARDIAC REHAB – CARDIO METABOLIC PROGRAM

Education Schedule--2009

Monday June 8th

Risk Factors – How to reduce them and live longer
Dr. Kevin McLeod, Internal Medicine Specialist

Monday June 22nd

Exercise and Heart Health, Min van Velzen, Exercise Specialist

Monday July 6th

CARDIAC REHAB CHAMPIONS, Jennifer, Monique and Guest Speakers

Monday July 20th

Heart Physiology and Heart Disease
Dr. Kevin McLeod, Internal Medicine Specialist

Classes Held in the Lions Gate Hospital Auditorium
(ground Floor) at 7:00 PM

PLEASE NOTE: Nutrition education and counseling is available through Lions Gate Hospital. Please let us know if you would like to be directly referred to this program.

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RECIPES

Country Potato Salad

This updated picnic potato salad gets subtle flavor from smoked ham. If you can find them, small, thin-skinned early potatoes are best in this salad.

Makes 8 servings, about 1 cup each

2 pounds small potatoes, preferably heirloom
1 cup chopped celery
2 ounces smoked ham, sliced into strips
1/4 cup chopped fresh parsley
2 tablespoons chopped fresh chives or scallions
2 tablespoons chopped fresh mint or dill
3/4 cup nonfat buttermilk
1 tablespoon lemon juice
1 tablespoon peanut or canola oil
1/2 teaspoon salt

Freshly ground pepper to taste

2 large hard-boiled eggs (see Tip), peeled and coarsely chopped

1. Place potatoes in a large saucepan, cover with water and bring to a simmer over medium-high heat. Reduce heat to medium and cook, partially covered, until just tender, 12 to 20 minutes, depending on their size. Drain and let cool for about 15 minutes.

2. When the potatoes are cool enough to handle, taste a bit of potato skin—if it's bitter or tough, peel the potatoes. Otherwise, leave the skins on. Cut the potatoes into bite-size pieces and put them in a large salad bowl.

3. Add celery, ham, parsley, chives (or scallions) and mint (or dill) to the potatoes. Toss to combine. Add buttermilk, lemon juice, oil, salt and pepper; stir to combine. Gently stir in chopped egg. Serve at room temperature or chilled.

NUTRITION INFORMATION: Per serving: 138 calories; 4 g fat (1 g sat, 2 g mono); 58 mg cholesterol; 20 g carbohydrate; 6 g protein; 2 g fiber; 272 mg sodium; 643 mg potassium.

Nutrition bonus: Vitamin C (25% daily value), Potassium (18% dv).

1 Carbohydrate Serving

Exchanges: 1 starch, 1/2 lean meat, 1 fat

TIP: Tip: To hard-boil eggs: Place eggs in a single layer in a saucepan; cover with water. Bring to

a simmer over medium-high heat. Reduce heat to low and cook at the barest simmer for 10 minutes. Remove from heat, pour out hot water and cover the eggs with cold water. Let stand until cool enough to handle before peeling.
MAKE AHEAD TIP: Cover and refrigerate for up to 1 day. Taste and adjust seasoning if desired

From EatingWell Magazine July/August 2008

Potato-Horseradish-Crusted Mahi-Mahi

Simple yet special enough to serve for company - even when you're in a hurry. Make it a Meal: Serve with steamed carrots tossed with dill and green beans.

Makes 4 servings

1 cup precooked shredded potatoes (see Note)
1 shallot, finely chopped
1 tablespoon prepared horseradish
1 teaspoon Dijon mustard
1/2 teaspoon garlic salt
1/4 teaspoon freshly ground pepper
1 1/4 pounds mahi-mahi, skin removed, cut into 4 portions
4 teaspoons reduced-fat mayonnaise
1 tablespoon canola oil
1 lemon, quartered

1. Combine potatoes, shallot, horseradish, mustard, garlic salt and pepper in a medium bowl. Spread each portion of fish with 1 teaspoon mayonnaise, then top with one-fourth of the potato mixture, pressing the mixture onto the fish.
2. Heat oil in a large nonstick skillet over medium-high heat. Carefully place the fish in the pan potato-side down and cook until crispy and browned, 4 to 5 minutes. Gently turn the fish over, reduce the heat to medium and continue cooking until the fish flakes easily with a fork, 4 to 5 minutes more. Serve with lemon wedges.

NUTRITION INFORMATION: Per serving: 205 calories; 6 g fat (1 g sat, 3 g mono); 105 mg cholesterol; 9 g carbohydrate; 27 g protein; 1 g fiber; 311 mg sodium; 623 mg potassium.

Nutrition bonus: Selenium (74% daily value), Potassium (18% dv).

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1/2 Carbohydrate Serving

Exchanges: 1/2 starch, 4 very lean meat
TIP: Note: Look for precooked shredded potatoes in the refrigerated section of the produce department--near other fresh prepared vegetables

From EatingWell Magazine October/November 2006

Salt & Vinegar Roasted Potatoes

We love salt-and-vinegar potato chips; why not use the same flavor combination when roasting potatoes?

Makes 6 servings

ACTIVE TIME: 10 minutes

TOTAL TIME: 45 minutes

EASE OF PREPARATION: Easy

2 pounds russet potatoes, peeled and cut into 3/4-inch chunks

1 tablespoon extra-virgin olive oil

1/4 teaspoon freshly ground pepper

White vinegar to taste

Kosher salt to taste

1. Preheat oven to 450°F and place a rack in the upper third of the oven.

2. Toss potatoes in a large roasting pan with oil and pepper.

3. Roast potatoes, turning occasionally with a metal spatula, until golden brown and tender, 30 to 35 minutes. Sprinkle with vinegar and salt to taste, toss and serve.

NUTRITION INFORMATION: Per serving:

141 calories; 2 g fat (0 g sat, 2 g mono); 0 mg cholesterol; 27 g carbohydrate; 3 g protein; 2 g fiber; 31 mg sodium; 630 mg potassium.

Nutrition bonus: Potassium (18% daily value).

2 Carbohydrate Servings

Exchanges: 2 starch, 1/2 fat

From EatingWell Magazine January/February 1999

Loaded Twice-Baked Potatoes

Makes 4 servings

4 medium russet potatoes

8 ounces 90%-lean ground beef (see Variation)

1 cup broccoli florets, finely chopped

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1 cup water

1 cup shredded reduced-fat Cheddar cheese, divided

1/2 cup reduced-fat sour cream

1/2 teaspoon salt

1/4 teaspoon freshly ground pepper

3 scallions, sliced

1. Pierce potatoes all over with a fork. Place in the microwave and cook on Medium, turning once or twice, until the potatoes are soft, about 20 minutes. (Or use the "potato setting" on your microwave and cook according to the manufacturer's directions.)

2. Meanwhile, brown meat in a large skillet over medium-high heat, stirring often, about 3 minutes. Transfer to a large bowl. Increase heat to high, add broccoli and water to the pan, cover, and cook until tender, 4 to 5 minutes. Drain the broccoli; add to the meat.

3. Carefully cut off the top third of the cooked potatoes; reserve the tops for another use. Scoop out the insides into a medium bowl. Place the potato shells in a small baking dish. Add 1/2 cup Cheddar, sour cream, salt and pepper to the potato insides and mash with a fork or potato masher. Add scallions and the potato mixture to the broccoli and meat; stir to combine.

4. Evenly divide the potato mixture among the potato shells and top with the remaining 1/2 cup cheese. Microwave on High until the filling is hot and the cheese is melted, 2 to 4 minutes.

NUTRITION INFORMATION: Per serving: 274 calories; 10 g fat (5 g sat, 4 g mono); 52 mg cholesterol; 24 g carbohydrate; 22 g protein; 2 g fiber; 514 mg sodium; 740 mg potassium. Nutrition bonus: Vitamin C (42% daily value), Zinc (27% dv), Potassium (21% dv), Calcium (19% dv).

2 1/2 Carbohydrate Servings

Exchanges: 2 1/2 Starch, 3 lean meat

TIP: Vegetarian variation: Replace the ground beef with a soy-based substitute or omit the beef altogether and increase the broccoli to 1 1/2 cups and the cheese to 1 1/4 cups.

MAKE AHEAD TIP: Prepare and stuff potatoes. Cover and refrigerate for up to 2 days. Microwave and serve.

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