

The right stuff



THE OBLIQUE VIEW

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We continue our series in which Consultant Interventionist Dr Michael Norell takes a sideways look at life in the cath lab...and beyond. In this column, he considers the world of dietary advice.

Just imagine it: a transatlantic flight, a family pilgrimage to Disneyworld, Florida (hence economy seats) and lunch is being served. I say lunch, by which I mean a hot combination of shapes, colour and texture that fits exactly into a one inch deep, ten by six, plastic rectangle, along with a paper napkin, transparent cutlery, a moistened clean-up tissue and a toothpick.

The dexterity and spatial awareness of a neurosurgeon is required to separate these various elements so as to ensure that only the more edible components find their way into your gob. That is because your personal space is confined by your tray table, the back of the seat in front (which is now in your lap thanks to the guy ahead deciding to recline and have a snooze), the plane's fuselage and window on one side and an enormous bloke next to you on the other. And remember, you still have to make space for the bread roll, blue cheese wedge and accompanying crackers, the chocolate cream desert thing, sachets of salt, pepper, sugar and milk substitute and the ubiquitous after-dinner chocolate mint.

But I digress. This was not intended to be a rant about air travel, but it is just so easy to slip into that well-trodden path once the muse is on. Perhaps I should save that for another column...

Special consideration

So, where was I? Oh yes, lunch. A few rows away a rotund American lady with horn-rimmed glasses and bedecked with at least four kilos of assorted jewellery, has summoned an airhostess (sorry – cabin attendant).

"Excuse me, Miss, we pre-ordered (sic) a low-cholesterol meal for my husband." She indicates an emaciated and slightly embarrassed looking chap sitting next to her who is trying to bury his ruby face deep inside a copy of the *Wall Street Journal*. Abner (for I expect that was his name) catches the attendant's eye and smiles sheepishly.

The attendant gives a warm grin, full of reassurance and perfect teeth. "Ma'am, you have a low-

cholesterol meal." On closer inspection, although the chicken, mashed potato and peas are identical to everyone else's, the cheese has been replaced by a stick of celery, and the chocolate cream desert by an apple.

The wife looks crestfallen, while hubby is still studiously attempting to follow the fortunes of Rio Tinto Zinc (up three cents, apparently). Was she disappointed that Abner's repast was not sufficiently different, thereby marking him out as in someway special? Or was it because she feared that a potential lapse in his otherwise strict dietary regime might result in a massive in-flight myocardial infarct?

What difference?

Would one airline meal really make that much difference? Surely it is not *what* we eat (or drink, come to that) but just *how often* we eat it. I doubt that Abner had been allowed many opportunities to sample high-cholesterol fare, or indeed anything else vaguely pleasant for that matter, but it does make you wonder just how carefully we monitor our intake. While cardiologists might be careful to scrutinise their consumption of saturated fats in order to ward off the development of atherosclerosis, do other specialties focus on different elements of their diet, more relevant to their own line of work?

One might imagine a hepatologist being particularly cautious with alcohol intake, a urologist ensuring a sufficient daily volume of fluid, and a gastroenterologist consuming less red meat and more fibre. A behavioural psychologist would best avoid the multitude of 'E' numbers used increasingly as colourings or preservatives, a geneticist should keep well clear of GM foods and I suggest a consultant who specialises in treating the increasing array of allergy related conditions should probably eat nothing at all.

The latest

The understanding that our future may depend on what we consume is a sobering thought. It is the Friday morning edition of Radio Four's flagship *Today* programme, which highlights the latest news-breaking medical publication on this subject, usually from the *Lancet* or *BMJ*. For instance, "A group of Swedish researchers have discovered that

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one to two cups of espresso in the morning can increase life expectancy by up to three years". Or, "Scientists in Buenos Aires have found that chocolate can actually protect against heart disease, cancer and athletes' foot".

How are we to respond to such sound bites? (My apologies for a cheap turn of phrase there). Well, personally I enjoy proper coffee a bit more and don't feel so bad when I snap off the terminal segment of a Toblerone. But what about garlic, tomatoes, celery, oily fish, tea, cranberry juice, pomegranates, almonds, honey, natural yoghurt, fibre (in its various guises), broccoli; the list of foods that may have 'health benefits' goes on and on. We all seem to have a fair idea of what does us harm, e.g. excessive amounts of salt, sugar and animal-derived fats. Yet there are so many other foodstuffs that are linked to claims of increased well-being or longevity, it is impossible to cram them all into a daily eating schedule.

Oranges are an example; a good source of Vitamin C and ideal in terms of antioxidant

properties (let alone protecting against the common cold). It then turns out that in order to derive the benefits of said fruit you have to consume at least 20 of the blasted things on a daily basis. If we accept the premise that 'an apple a day keeps the doctor away', then the natural conclusion is that two apples should be twice as good, and thereby allow you to nonchalantly discontinue your annual BUPA premiums.

The result is that people turn yellow as a result of drinking nothing but carrot juice, and wander around with litre bottles of water in an attempt to maintain their presumably precarious fluid balance. (As an aside, I was pleased to see that recent research has indicated that there is no evidence whatsoever to support the notion that we need to consume four litres of water per day; not least it resonates with the sentiments of a previous *Oblique View*, 'Keeping up with the fluids'. Remember: you heard it here first!)

Befuddling avoidance

As medical professionals, we must be careful of mixed messages; the whole cholesterol-

lowering agenda was befuddled – if not, impeded – by the concern that an excessively low level might make you more likely to fall under a tube train or hang yourself. There are other examples in which the benefits of certain types of grub are extolled as the best thing since sliced bread one week (that's not one of them, by the way), only to be condemned as the closest substance to potassium cyanide, the next. Of course, as scientists we should seek the truth, but as a profession we should provide clear and unambiguous guidance to the public.

Finally, does intake of a recognised 'good' ingredient compensate for either a previous dietary indiscretion or an injudicious – but intended – gustatory diversion from the straight and narrow? If so, might fruit compote for breakfast heal the metabolic damage of a bender the previous night? Would an early four-mile romp with the dog mitigate the risk of a subsequent Sunday morning fry-up, or two to three glasses of red wine counteract the potentially lethal effects of steak and chips? Answers welcome, but preferably before next weekend please.

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