

Executive Health Report

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Exposing 6 Popular Myths About Aging

By the year 2050, the number of persons 85 and older will have increased eight-fold, from the present 2.3 million to about 16 million. As the United States citizenry ages, our popularly-held myths about aging warrant a closer look.

For example, many assume that

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progress in biomedical science will extend the human life span beyond 115 years. In fact, there's no evidence to support such a hope. Humankind has long expressed the symbolic desire for immortality through story and poem. Yet today, we are not prepared to cope even with changes that would result from extended average life expectancy, let alone longer-maximum life spans.

Accurate knowledge about growing old can help you make realistic plans.

Here are six popular myths about aging, and how to tell fact from fiction.

Myth #1: At Age 65, The End Begins

Many small businesses, corporations, and educational institutions no longer mandate retirement at age 65. Yet still—as if we flip off a switch—it is considered the time when vitality and skills begin to fade away.

This myth has nothing to do with actuarial tables. Instead, it derives from

the world of Machiavellian politics.

Before his rise to power in the last century, Germany's Chancellor Bismarck observed that all his closest political competitors were over the age of 65. He cleverly orchestrated an ordinance that effectively retired all citizens who reached 65. With his competitors sidelined by the new law, Bismarck

IN THE NEWS

Passive Smoke Promotes Cancer and Heart Disease

Two new studies show passive smoke—inhaling someone else's tobacco smoke—increases your risk for heart disease and cancer.

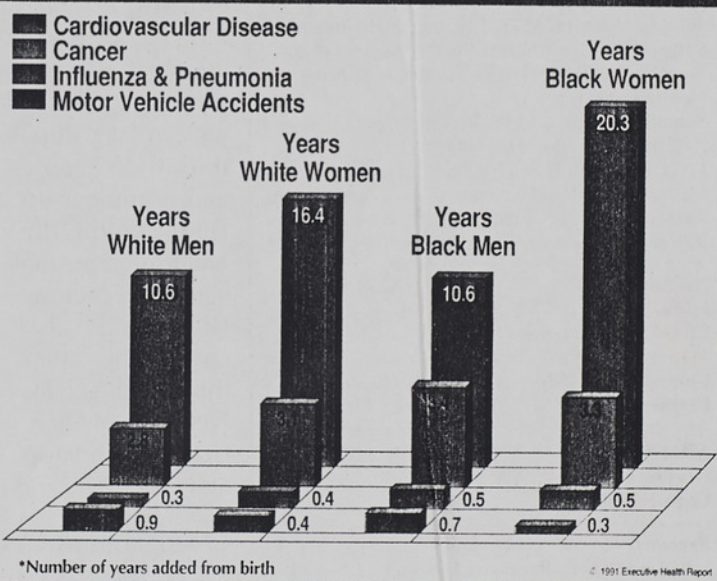
At the University of North Carolina School of Public Health, Chapel Hill, researchers found that mothers' smoking during pregnancy may cause up to 6% of all childhood cancers and 17% of acute lymphocytic leukemia. The study, reported in the January 15 *American Journal of Epidemiology*, also implied that children, exposed only in the womb to their fathers' smoking, were more likely to develop brain cancer and leukemia.

A University of California-San Francisco study showed that a non-smoker was 30% more likely to die of heart disease if the spouse smoked. Cancers were also tied to passive smoking, according to the report in the January issue of *Circulation*.

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If These Killers Were Eliminated How Many More Years Might You Live?*



rose to power. As other countries followed, age 65 became the benchmark for retirement.

Malcolm Forbes and Armand Hammer, two executive giants, showed the world how capable one can be after 65. In addition to their respective responsibilities as publisher of *Forbes* and CEO of Occidental Petroleum, the two men also engaged in celebrated recreational and diplomatic activities. Malcolm Forbes rode motorcycles and ballooned

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FROM THE DESK OF...

Patrick Guiteras, M.D.

Can Bald Heads Grow Hair Again? An Update

For 20 to 30 million American males, hair loss is sufficient to call attention to itself and, if it doesn't, you can be sure your classmates will at the next reunion.

Jocular references to balding pates and burgeoning waistlines are standard repartee at any gathering of grads. Custom dictates that these jibes be given and received with geniality, though hair loss is painful and embarrassing for many men.

Male Pattern Baldness (MPB)

The most common type of hair loss, androgenetic alopecia, accounts for 95% of cases. It is also known as male pattern baldness (MPB), because males are most often afflicted and because it progresses according to a standard pattern (see illustration). Genetic and hormonal influences on the hair follicle are the causative factors. Baldness is also caused by other things: fungal infections, medications, radiation and metabolic and immune disorders.

It didn't take a genius to recognize that, if minoxidil was not No. 1 as an antihypertensive, it might have potential as a hair restorer.

women, well, you can imagine the response. The hair growth was not permanent if the drug was stopped, taking one to six months to disappear.

Minoxidil, while effective in lowering blood pressure, never achieved Hit Parade status in the world of hypertension because of this, and other, side effects. But it didn't take a genius to recognize that, if minoxidil was not No. 1 as an antihypertensive, it might have potential as a hair restorer. As early as 1981, enterprising and adventurous patients, doctors and pharmacists were engaged in a "black market" trade of minoxidil in a solution for application to the balding scalp. Meanwhile, Upjohn, in collaboration with 27 medical centers, did the studies that confirmed efficacy as a hair growth stimulant and earned FDA approval for treatment of MPB.

A First?

Upjohn has mounted an aggressive marketing campaign for Rogaine. Per-

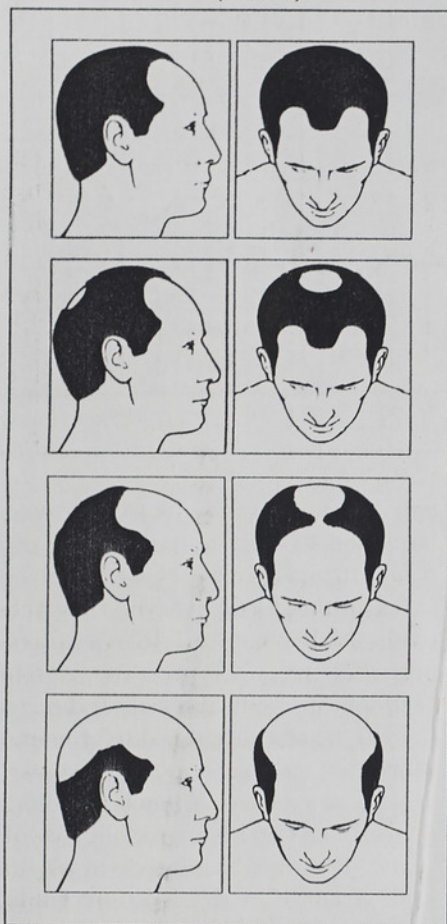
haps you've watched the TV commercials: young male, attractive but not with the bushiest scalp you've ever seen, giving himself a pep talk in front of a mirror. "Hey!" he says, "I'm not bad now, but why wait?" He then goes on to say that it's his hair and, by gum, he's going to do "it," meaning that he's going to see his doctor about a prescription for Rogaine though, of course, it is never mentioned by name.

Upjohn offers a discount coupon if you call its Information Center about Rogaine. A discount for its medication? No! You get \$10 off the doctor's fee for your initial consultation. It may be a first in pharmaceutical marketing.

From The Jaws Of Defeat

In 1988, the Upjohn Company, a large pharmaceutical manufacturer, brought out Rogaine for treatment of MPB. Rogaine is a 2% solution of minoxidil, a potent antihypertensive. When taken by mouth for high blood pressure, 8 of 10 patients reported hair growth with minoxidil. These patients noticed thicker eyebrows, denser scalps, heavier sideburns, and hairier arms and legs. They were concerned to find hair sprouting on the forehead and back. Men didn't mind this so much—especially if they were thin on top. But for

Patterns of Hair Loss in Male Pattern Baldness (MPB)



Despite the Madison Avenue hype, Upjohn's patient information literature is straightforward, though it omits a pertinent detail or two. It tells you that about 25% of users obtain moderate hair growth after 4 months and that 50% secure moderate or dense growth with sustained use for 12 months.

What it doesn't tell you is that these assessments, derived from user evaluation, are more optimistic than the assessment of the medical investigators, who presumably are more objective and less influenced by hope. The investigators rated Rogaine at 8% moderate or better regrowth at 4 months and 39% moderate or better at 12 months. Moderate and dense growth are defined by reference to representative scalp photographs. The definitions are not overstated but look like what most reasonable people would mean if they said moderate or dense. Results are best if

you are younger, your bald spot has been there less than 10 years and is less than 10 cm. in diameter.

You Need Commitment

Commitment to treatment is emphasized, as well it might be. You must apply Rogaine twice daily for a minimum of four months before making any judgements of effectiveness—and even then, it's probably too early.

Commitment also entails expenditures of cash—\$40 to \$50 per month depending on pharmacy and amount purchased. Treatment must be continued indefinitely. If you stop Rogaine, your resurrected hair falls out within a few months. This is a tall order for many and dropouts occur frequently. But, for many men, it is well worth the effort and expense.

Soon For Women Too

Rogaine has not yet received FDA approval for women and is not marketed by Upjohn for women. Androgenetic hair loss is not a rare problem in post-menopausal women. It responds well to Rogaine and is widely prescribed for women. Clinical trials in women are underway and FDA clearance is expected.

A Passable Job

Rogaine is safe. Trace amounts are absorbed and patients on Rogaine experience no more unhappy medical events than those on placebo. Of course, if you have a history of heart disease or hypertension or are taking medication for same, you'd want to be especially careful in using Rogaine.

Rogaine is not a panacea nor Ponce de Leon's fountain of youth. It will not transform a Telly Savalas into a Samson. But it does a passable job at restoring hair to a failing scalp. It has also opened the door for research into hair loss and how to prevent and treat it. We can expect improvements in the years to come. ■

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WELLNESS TIPS

Easy Instant Breakfast

Although commercial instant breakfasts are quick and convenient, their high fat and sugar content places them off-limits for most of us. Yet it's simple to make your own healthy version that keeps in the refrigerator. Here's how:

Cook up a large batch of Instant Cream of Wheat. Follow the package directions but use water and no salt. Cool, cover tightly and store the cereal in the refrigerator. When you want a fast, filling meal, put 2 or more heaping spoonfuls of cereal into a blender, add a glass of skim milk and any flavoring you like—vanilla extract, cinnamon, orange juice concentrate, a banana or any ripe fruit. The milk provides protein, the flavoring adds taste and the cereal furnishes complex carbohydrates.

—from *Food For Champions* by Ned Bayrd and Chris Quilter, Houghton Mifflin Co.

On Transforming Boring Party Conversations

How do you handle being "stuck" with a boring person at a party?

According to psychiatrist David D. Burns, there's no such thing as a boring person, only a boring interaction. And he has what he calls a guaranteed solution. But before you begin, he says, you must decide whether you *want* a more exciting interaction with the person who seems boring. If not, excuse yourself.

But if you do, his technique is easy, requiring only courage: simply say, "Have you noticed how easy it is to get involved in really boring small talk at parties like this? That's how I feel right now. Do you feel the same?" Let the other person know that you are not putting them down by adding, "Now you seem like an interesting person. I'd like to know you better."

It always works, Dr. Burns says in his book, *The Feeling Good Handbook*, William Morrow and Co. Boredom is a way of reminding yourself that you are not being honest with yourself or the other person. Confessing to your boredom cures it.

Continued from page 1

up until his 70th birthday, and Armand Hammer met with world leaders, including Mikhail Gorbachev, well into his 90's.

The diminishment of your faculties is highly individual and depends upon factors such as lifestyle, weight, exercise, and genetic predisposition. (See my earlier *Executive Health Report* article, "On Slowing Old Age," Vol. 18, No. 4.)

Myth #2: Human Life Span Is Getting Longer

With medical technology rapidly changing, gerontological optimists believe that extending human life span is possible. Our ability to eradicate viral and bacterial diseases like polio, measles, rubella, tuberculosis, scarlet fever, and diphtheria were biomedical milestones in the first half of this century. Moreover, recent advances in heart transplants, high-tech diagnostic procedures and anticancer therapy engender understandable optimism. Does this change the human life span?

The answer, I believe, is no. Most gerontologists now fix the maximum human life span at about 115 years. In all likelihood, this figure has been true over the past 100,000 years. Although some individuals alive today claim to be older than 115, their birth records can not be authenticated. This uncertainty of birth dates and the small number of such individuals make it

difficult to know whether life span is really increasing.

Life expectancy, on the other hand — the number of years you can expect to live — has increased markedly in this century (see chart at right). In 1986, a white male infant born in the U.S. could expect to live 72 years, a white female 78.8 years. Compare this with the 50 year life expectancy at birth in 1900. *This dramatic increase is unheralded in our human history.*

Some gerontologists predict that societal and personal life style changes will postpone deaths and illnesses. The recent smoking ban on domestic airline flights exemplifies a societal change with a positive impact on health. Likewise, a personal decision to eat a less fatty diet will certainly lessen your risk of heart disease.

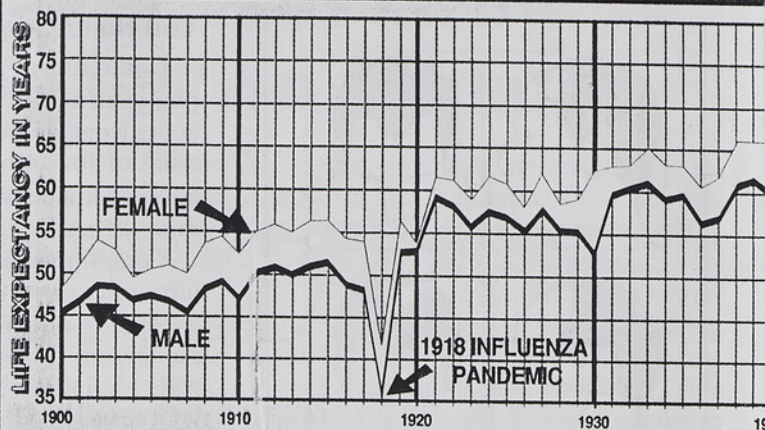
Such changes—combined with increasingly precise diagnostic and surgical procedures, more sophisticated drugs and an array of other biomedical advances—will probably continue to advance *life expectancy*. Little suggests, however, that the maximum human life span will ever exceed 115 years.

Myth #3: Curing Cancer Will Add Years To Life

The fight against cancer has demanded so much national attention in recent years that most people believe its cure would add 10 to 30 years to the average American's life.

Statistics belie this popular myth. The chart on page 1 shows the gain in life expectancy for individuals at birth if we could eliminate leading causes of death. If cancer were

Changes In U.S. Life Expe



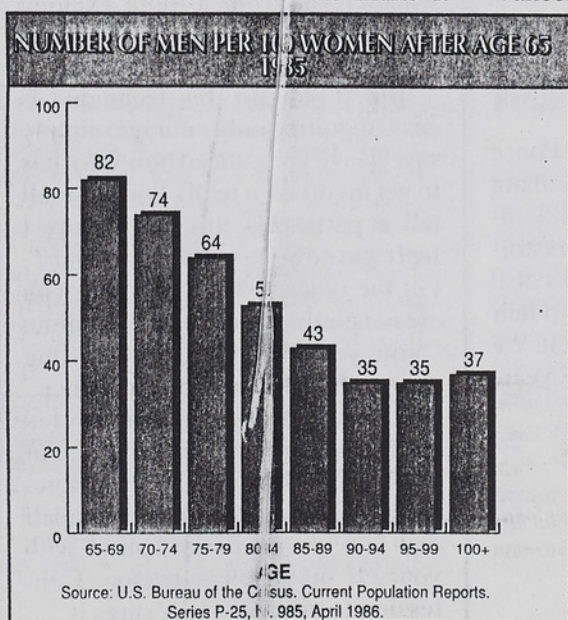
cured tomorrow, about 3.1 years would be added to the life expectation of a newborn and about 1.9 years to the life expectation of a 65 year old. This relatively small impact on longevity should not, of course, undermine the large investment in medical research directed toward the resolution and treatment of cancer.

As you can see, a much more dramatic impact on life expectancy would occur if cardiovascular diseases, the leading cause of death in the United States, were eliminated. This would add 13.9 years onto the life expectation of newborns and 14.3 years onto the life expectation of citizens aged 65.

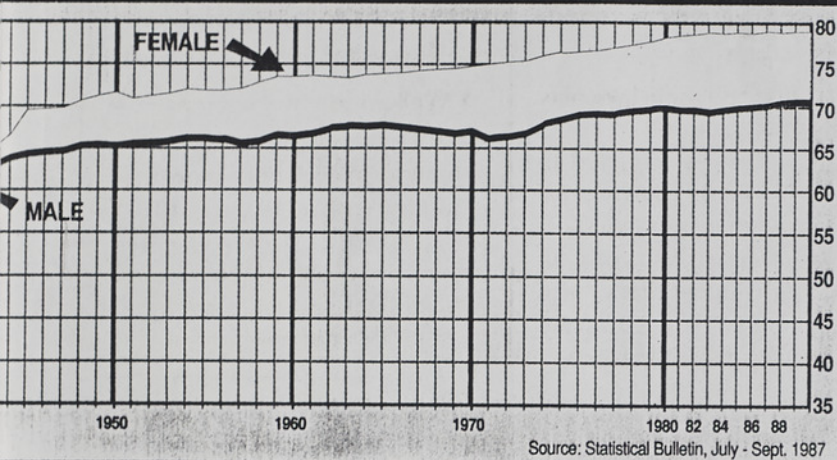
Although the data for this chart was collected in 1978, prior to the epidemic of AIDS, the deaths attributed to this disease would not significantly change human life expectancy—unless the epidemic increases dramatically.

Myth #4: Women Outlive Men for Biological Reasons

Women not only live longer, but they also better survive the major causes of death than do men. For example, two to four times more men die from heart attacks, strokes, lung cancer, and respiratory diseases. For each successive age group, females progressively outnumber males by larger and larger numbers (see chart on page 4). At age 65 to 69, there are about 80 men for every 100 women. Over age 85, only 45 men can be found for every 100 women.



Longevity Since 1900



These discrepancies are greatest in the United States; we don't know why.

Many gerontologists believe men are more vulnerable to almost all causes of death, especially cardiovascular diseases, and thus predecease women.

Some speculate that the amount and differences in sex hormones may be one biological explanation for women's greater resistance to cardiovascular diseases. However, the supporting evidence is inconclusive.

Many other theories attempt to explain the life expectation gap between men and women. One popular biological theory suggests that the higher metabolic rate in men compared to that of women is the culprit. Another theory proposes that the higher brain weight to body weight of females gives them a longevity edge. None of these theories has been proven by fact.

Myth #5: Occupation Does Not Affect Longevity

On the contrary, your profession probably does affect your life expectancy. Two studies conducted by Metropolitan Life Insurance Company examined this issue.

One study followed 437 active and former conductors of major regional and community symphony orchestras to see whether they enjoyed greater longevity than the general population. Underlying this study was a popular belief that orchestra conductors as a group are particularly long-lived. Ex-

amples of those who lived to a ripe, old age are plentiful: Arturo Toscanini, Leopold Stokowski, Arthur Fiedler and Andre Kostalanetz are a few.

The study, begun in 1956, ended in 1975 when 118 had died and at least one-fifth were 80 or older. The death rate for the entire group was 38% below that of the general population. For conductors age 50 to 59—arguably when stress and professional responsibilities are at their peak—the death rate was a remarkable 56% less than the general population.

The other study in 1974 by Metropolitan Life showed that corporate executives enjoy longevity similar to orchestra conductors. We can only theorize as to what could account for this. Orchestra leaders, like popes, usually attain their position and status in later life. Perhaps unconsciously, the selection of both orchestra leaders and CEO's is biased in favor of advanced age.

More probably, the satisfaction and fulfillment that accompany positions of responsibility and autonomy could account for why people in these two professions seem to outlive others. Their relatively high socioeconomic status may well help them successfully cope with stress and obtain the best health care.

Myth #6: Prolonging Life Is A Desirable Goal

This may be the most controversial myth. After all, most of us would like to live a longer life—or so we think. But consider some of the consequences if biomedical breakthroughs allowed us to tamper with the aging process.

Eliminating the causes for 75% of all deaths—cancer, cardiovascular disease, and stroke—could increase life expectancy to age 100. Most deaths would then be the result of natural causes, say, the normal loss of function in vital organs like the kidneys or liver.

No matter how much we slowed it, the inexorable process of aging would continue. Our bodies would still become infirm without any guarantee that life would be fulfilling or productive. We might become like the Struldbrugs in Jonathan Swift's *Gulliver's Travels*, daily growing older and more frail while longing for the blessing of death.

Also worth discussing are the social, psychological and economic implications of a slower aging process. What about social security, life insurance, and health care? Should Medicare, for example, begin at age 75 or 85, because most illnesses would occur after those ages? Would health care expenditures and budgets be reduced in the likelihood that illnesses accompanying old age would be compressed into a shorter time period? Would social security payments be deferred to an older age?

As more individuals live longer, the total number of people with a particular illness will actually increase. Today, of the 2.3 million people over 85, about one in five requires long-term care for serious mental impairment. Even if that percentage were halved by the year 2050, the number of mentally impaired individuals requiring long-term care would nearly triple. The sheer increase

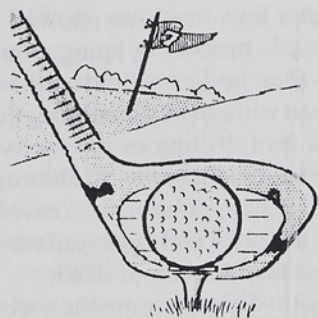
About The Author : Dr. Hayflick, an eminent scientist and a longtime member of our Editorial Board, is one of the world's authorities on the biology of aging. Author of over 200 scientific papers and books and recipient of nearly 20 major awards, he is highly respected for his ground-breaking research discoveries. Past president of the Gerontological Society of America, currently he serves as Chairman of the Scientific Review Board and Vice President of the American Federation for Aging Research; he is also a founding member of the prestigious Scientific Advisory Council of the National Institute On Aging. Dr. Hayflick's new book on why and how we age is scheduled for publication by Random House.

Golf As A Fitness Sport

The mere notion of including golf in a fitness program has been viewed with scorn by many fitness experts over the past 20 years. But I disagree. Golf can contribute to your good health. Let me tell you why.

Positive Health Benefits

Assuming you walk the course and



play a minimum of 9 consecutive holes, these are some of the benefits you can derive

- You'll burn, at the least, 200

calories. This is calculated by multiplying 2 miles (the typical 9-hole course) times 100 calories expended in one mile of walking.

- The game's mechanics exercise your hand-eye coordination, which is one facet of neuromuscular control.

- You must focus intently as you play, thereby improving your mental concentration skills.

- The fresh air and natural surroundings of a golf course promote relaxation, decreased tension and reduced anxiety for most players.

- Companionable conversation and humor is a part of golfing with friends

and associates. Office relationships may lack this healthy interaction.

Two other benefits—not related to your score—are derived. You exercise your sense of sportsmanship, which is healthy and goal-oriented. And you gain a sense of accomplishment that comes from achieving your goal of getting the ball from A (the tee) to B (the hole).

What Golf Can't Do

Awhile back, when I was an active cross-country runner, two friends and I decided to try setting a 9-hole golf course record. By running the entire 2.2 mile golf course as we played, we completed nine holes in just under 18 minutes. Back then our recorded time got into the Guinness Book of Records!

I don't recommend this approach, for one thing, our scores were terrible. But we did focus on cardiorespiratory conditioning, something that an ordinary nine holes won't do. Nor will golf increase your muscular strength. And if you take the game too seriously, golf will not help you manage stress.

So enjoy the health benefits of golf, but don't let the game replace other important values such as family time, involvement at work and exercising for muscular strength and your cardiorespiratory system. ■

Ralph LaForge, M.Sc., teaches exercise physiology at the University of California-San Diego and is Director of Health Promotion at the San Diego Cardiac Center.

How To Play For Maximum Benefits

1. Walk, don't use a golf cart.

2. Carry your clubs over your shoulder. You'll burn more calories. Instead of a mere 100, you will expend 150 to 175 calories per mile. New comfortable bags of lightweight synthetics are available just for this purpose.

3. Use a full range of clubs. This promotes the maximum neuromuscular learning and coordination because you must swing slightly differently with each club.

4. Play at least nine holes or more regularly, say once a week. This helps you build your skills. Challenge yourself by playing on a variety of golf courses.

5. Aside from your game, consider walking or jogging on a golf course. The rolling terrain is ideal for fitness training. While most private courses prohibit this, public courses usually permit walking or jogging on the paths at dusk or dawn.

6. Avoid the 19th hole! The pro shop lounge's high calorie, high fat snacks and alcoholic beverages can quickly undo all golf's hard-won benefits. Ask the lounge to stock healthier fare. Consider packing your own snacks—maybe a tuna salad sandwich and juice.

Continued from page 5

in numbers of people over 85 would predict such a result. We would also expect similar increases in numbers for other ailments of old age, barring medical breakthroughs.

Such issues deserve public debate. The idea of living to a ripe old age, enjoying health and productivity, is appealing but not guaranteed. Merely increasing human life expectancy, let alone life span, does not ensure this.

To Sum Up

Your retirement plans should not be clouded by these popular myths about aging. Remember that age 65 does not automatically mean you should slow down. The rate of aging is highly individual. Recent history has many examples of executives and others who enjoyed dynamic, responsible lives long after age 65. Nevertheless, don't be lulled into thinking that biomedical advances have increased the human life

span. At most, you might look forward to living 115 years.

Life expectancy, on the other hand, has increased dramatically in the past 50 years. This argues for prudent planning so that your increasing number of years are healthy and fulfilling. ■

Leonard Hayflick

Food Irradiation



Safe or Harmful?

The issue of irradiating our food is both complex and emotional. Although its mere mention may inspire what some call unjustified fears, scientists do not agree about the long-term safety of exposing our food supply to radiation processing.

Irradiation is a means of preserving certain foods and controlling food-borne bacteria. Some offer it as an alternative to various chemical pesticides and sprout inhibitors.

Regulated by the U.S. Food and Drug Administration (FDA), food irradiation has been permitted since 1963 (see chart). All irradiated food must be so labelled and display a special logo which depicts two petals, representing food, beneath a solid dot symbolizing an energy source. The bordering circle has five breaks to indicate energy rays.

Irradiation does not contaminate or make the food radioactive. The process involves exposing food to a radiation source such as cesium or gamma rays from cobalt-60 (also used to sterilize disposable medical supplies) or to x rays. This source is contained in a lead-lined chamber, through which the food moves on a conveyor belt. Radiation exposure doses may not exceed the FDA-imposed legal limits and are carefully measured and monitored.

Cause For Concern?

I believe there are legitimate concerns about food irradiation safety. Here are three of these issues.

- Studies show that nutrients and chemicals in foods do change after irradiation as they do after other processing such as canning, freezing, pasteurization, or cooking on the kitchen stove. However, radiation produces a completely unique reaction in food, resulting in radiolytic by-products. No long-term studies prove the safety of eating radiolytic products. We simply don't know how the body reacts or handles these by-products of radiation.

- Irradiation opponents, which in-

clude many consumer groups, are concerned about creating a need to transport even more radioactive material to food processing plants, and about the safety of operations at the plants.

Advocates of the process cite the stringent regulations of the Nuclear Regulatory Commission, although recent nuclear plant accidents call these into question.

- Advocates emphasize the process could replace chemical additives in some cases. Critics counter that instead of replacing chemical additives, food irradiation may become yet one more process to increase shelf life.

The Bottom Line: Unknown

The truth is that no studies have proven just how safe it is, over the long-term, to eat radiolytic products or even many chemical additives. To predict the public health consequences of either is sheer speculation. We need more data to judge the safety of irradiation versus chemical additives.

Until then, you and I are probably eating irradiated foods now, unwittingly. Although labelling is required if food undergoes irradiation, a prepared food made with an irradiated ingredient need not state so on the label. Unlabeled white potatoes from the grocer's bins may have been irradiated.

What Can You Do?

As yet, the use of radiation processing is approved for only a limited number of foods. If you want to avoid irradiated foods to the extent possible, check labels. Ask your grocer to identify the irradiated fresh produce.

As a consumer, become informed and speak out if you feel strongly. To contact your local or regional FDA office, look in the phone book under U.S. Government, Food and Drug Administration. ■

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U.S. Food Irradiation Rules

The U.S. Food and Drug Administration has established rules which allow these foods to be treated with irradiation. Absorbed irradiation is measured in units called "Grays," with 1,000 Grays equalling 1 kiloGray. The new maximum allowed is 3 kiloGrays for poultry, except for spices and seasonings, which can be irradiated with 30 kiloGrays because, the FDA reasons, these "are not sources of nutrients."

Product	Purpose of Irradiation	Dose Allowed (kiloGray)	Date of FDA rule
Wheat; wheat powder	Control insects	0.2 to 0.5	8/21/63
White potatoes	Extend shelf life	0.05 to 0.15	8/8/64
Herbs, spices; vegetable seasonings, seeds, teas, (38 items)	Decontaminate; disinfest insects	10 (max.) 30 (max.)	7/5/83 4/18/86
Dry or dehydrated enzyme preparations used in food processes	Control insects and microorganisms; decontamination	10 (max)	6/10/85
Pork carcasses or fresh non-cut or processed cuts	Control <i>Trichinella spiralis</i>	0.3 (min.) to 1.0 (max.)	7/22/85
Fresh fruits, vegetables and grains	Delay maturation; control insects	1	4/18/86
Poultry	Control food-borne bacteria	3	5/2/90

Sources: FDA Consumer, November 1990, and FDA.

executive health briefs

Update: What's New On The L-Tryptophan Recall

Oregon and Minnesota researchers now report that a contaminant in some L-tryptophan caused the outbreak last year of a rare and sometimes fatal blood disorder, eosinophilia-myalgia syndrome (EMS). Nearly 1,500 users of the food supplement fell ill and 27 died.

The Food and Drug Administration issued a recall order for all manufactured L-tryptophan products in spring 1990 (see *EHR*, Vol. 26, No. 8.)

Since then, studies reported in the *New England Journal of Medicine*, Vol. 323, No. 6 and the *Journal Of The American Medical Association*, Vol. 264, No. 2, indicate that the tryptophan itself did not cause EMS. Instead, a chemical contaminant called Peak E was found in large quantities from a series of production runs from one of six manufacturers who make bulk tryptophan outside the U.S. Wholesalers and distributors here import the bulk powder and convert it into tablets, capsules and powders for sale in the U.S. Tryptophan, an essential amino acid, was used to treat insomnia, depression and other disorders until the 1990 recall.

Despite researchers' findings, the Food and Drug Administration cautions that it's too early to look for L-tryptophan at your drugstore. Dr. Sam Paige of the FDA's Center for Food Safety told *Executive Health Report* that data gathered thus far does not prove Peak E actually caused the EMS. He and others await results of animal tests before deciding whether to allow L-tryptophan back on store shelves.

Are Some Headaches Normal?

Doctors usually regard pain as a sign of illness but neurologist J.N. Blau, M.D., writing in the journal *Headache*, Nov. 1990, believes that some headaches may be a warning designed to prevent damage to the body. It may be similar, he says, to the pain which causes a bare foot to pull back after stepping on a sharp stone, to avoid a cut.

By studying 327 medical and dental students at Guy's Hospital Medical School, England, Dr. Blau found that 80-90% had headaches at some time. Students said most headaches consisted only of brief pain, with no other symptoms, which was relieved after the cause—hunger, lack of sleep, etc.—

was gone. Dr. Blau pointed out that a hunger headache, for example, may be the brain's signal that an infusion of glucose (food) is needed for its continued functioning. Without glucose metabolism, brain damage, coma and death can result.

When Should Your Doctor Talk To Your Dentist?

Ordinary dental care can lead to a serious illness called infective endocarditis if you have certain medical conditions. That's why it can be vital that your doctor and your dentist confer about a course of action, which may include preventive antibiotics taken before and after your dental work.

Dental treatment can allow bacteria normally in the mouth to get into the bloodstream. This transports them to the heart where the heart lining or the heart valves can become infected and if not treated, can lead to cardiac failure.

Writing in *Geriatrics*, Vol. 45, No. 8, Stephen K. Shuman, D.D.S., M.S., advises doctors to be concerned about people who have undergone bypass or arterial repair surgery, have a prosthetic valve or pulmonary shunts, have congenital heart malformations or have been ill with bacterial endocarditis before.

FROM HOME AND ABROAD

Risk For Heart Attack Greatest Just After Awakening

The period two to three hours after awakening, roughly between 6 and 9 a.m., according to research, is the time when most heart attacks occur.

At a recent American Heart Association meeting both U.S. and German investigators called for therapy, for people whose risk is high, that provides the greatest protection in the early morning hours.

A Harvard School of Public Health study of 258 patients found that 44 people had their heart attacks two hours after getting up in the morning. This held true for both young and old as well as for new and repeat sufferers

of heart attacks; men had a slightly higher risk.

Researchers at the Free University of Berlin said about a fourth of 224 patients suffered heart attacks during the first three hours after awakening—double the risk of any other three hour segment during the day. This fact was not related to age or to gender, German researchers said.

These findings suggest that people with risk for heart attack should use long acting drugs or take their medication first thing, perhaps before they get out of bed.

—*Medical World News*, January 1991

UPCOMING

- *How To Have Healthier, Younger-Looking Skin*
- *How To Design A Low Fat Diet For Yourself*
- *The Doctor Answers Readers' Questions*
- *New Health Guidelines For Physical Exercise*

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