



Estimated Healthcare Savings Associated With Adequate Dairy Food Intake

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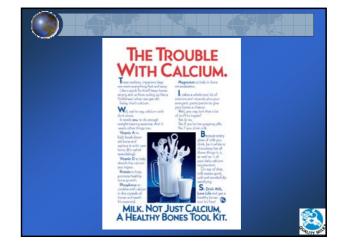
Medical literature that has coalesced during the past two to three decades has identified adequate intake of nutrients from dairy foods as a common factor in the reduction of the disease burden of several common medical conditions. These include obesity, hypertension, type 2 diabetes, oseoporosis, kidney stones, certain outcomes of pregnancy, and some cancers. Treatment of these disorders, particularly cardiovascular, consumes a significant portion of the United States' healthcare budged. Drawing on accumulated data from prospective longitudinal studies and randomized controlled trials, this article summarizes the evidence of the net benefits of increased dairy food intake on these conditions, their outcomes, and their costs. Estimated im-

provements in outcomes were combined with available data on annual costs of the respective disorders. From the calculated annual impact, we generated first-year and fifth-year healthcare cost savings that would accrue if adult Americans simply increased their intake of dairy foods to the currently recommended 3 to 4 servings/d. Using conservative estimates of potential benefit, we project first-year savings of approximately \$26 billion and 5-year cumulative savings in excess of \$200 billion. Am J Hypertena 2004;17:88–97 © 2004 American Journal of Hypertenation, Ltd.

Key Words: Healthcare costs, cost savings, economics,









Estimated intake of milk fat is negatively associated with cardiovascular risk factors and does not increase the risk of a first acute myocardial infarction. A prospective case-control study

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Milk fat is high in saturated fatty acids (SFA) and high intakes of SFA are associated with cardiovascular diseases. The aim of the present study was to prospectively evaluate the potential risk of a first-ever acute myocardial infarction (AMI) in relation to the estimated milk fat intake, reflected as the proportions of pentadexanois acid (17.6) and heptadecanoic acid (17.0) in serum lipid esters. This was evaluated in a study population selected within the Vasterbotten Intervention Program and the northern Sweden "Monitoring of Trends and Determinants in Cardiovascular disease", survey populations. A prospective accel-control design was used. The proportions of the lornaries were lower in the cases (n'39) than in the controls (n'156), who were matched for age, sex, sampling time and geographical region. The issundardised dolfs ratios of becoming an AMI case were between 0.7 and 0.8 for the hieranders. The proportions of 15:0 and 17:0 in serum phosphelipids were significantly and negatively correlated to serum concentrations of plasminogen activator inhibitor-1, tissue-type plasminogen activator, triacylegive-costs, insulin, specificial in suila prior initial Pro-(20001), suggestion an epagtive relationship to the insulin-resistance syndrome and the risk of CHID. Adjustment for BMI 6d not materially change the relationships. Although there seems to be a negative association thewer milk-fat intake as mirrored by the proportions of 15:0 and 17:0 in serum lipid esters and a first-ever AMI, adjustment for clinical risk factors removed this relationship.





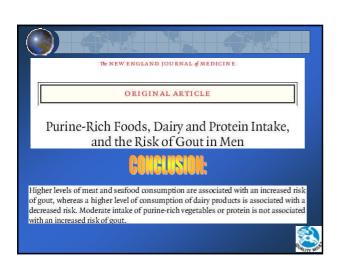
The Diet-Heart Hypothesis: A Critique

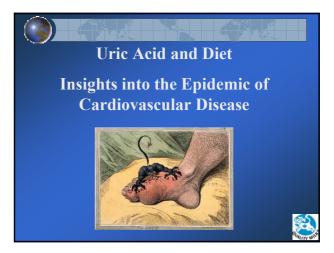
Sylvan Lee Weinberg, MD, MACC

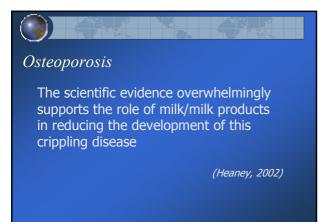
Dayton, Ohio

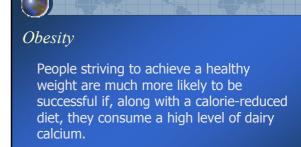
The low-fat "diet-heart hypothesis" has been controversial for nearly 100 years. The low-fat-high-carbohydrate diet, promulgated vigorously by the National Cholesterol Education Program, National Institutes of Health, and American Heart Association since the Lipid Research Clinics-Primary Prevention Program in 1984, and earlier by the U.S. Department of Agriculture food pyramid, may well have played an unintended role in the current epidemics of obesity, lipid abnormalities, type II diabetes, and metabolic syndromes. This diet can no longer be defended by appeal to the authority of prestigious medical organizations or by rejecting clinical experience and a growing medical literature suggesting that the much-maligned low-carbohydrate-high-protein diet may have a salutary effect on the epidemics in question. (J Am Coll Cardiol 2004;43:731–3) © 2004 by the American College of Cardiology Foundation



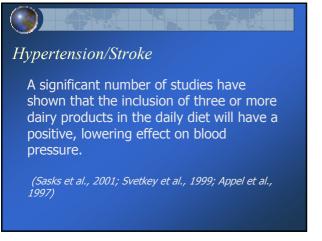






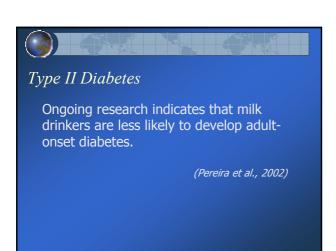


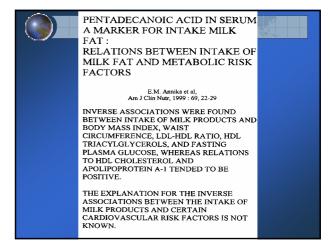
(Zemel, 2002; Heaney, 2002; Zemel et al., 2002; Caruth and Skinner, 2001)

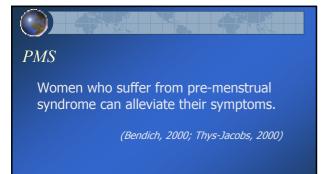


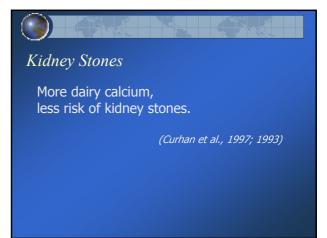


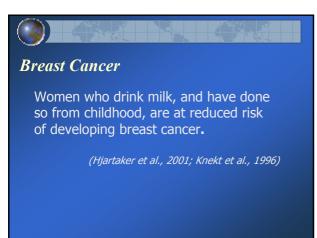
(Wu et al., 2002; Holt, 1999)

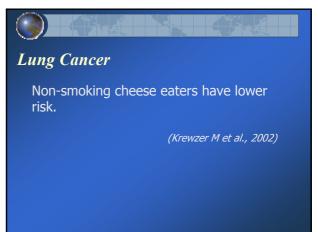


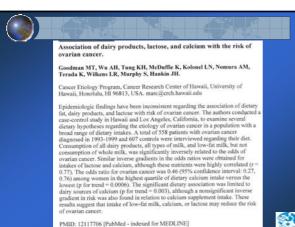














Does pizza protect against cancer?

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We analyzed the potential role of pizza on cancer risk, using data from an integrated network of case-control studies conducted in Italy between 1991 and 2000. Cancer sites were: oral cavity and pharynx (598 cases), esophagus (304 cases), larynx (460 cases), colon (1,225 cases) and rectum (728 cases). Controls were 4,999 patients admitted for acute, non-neoplastic conditions to the same hospital network as cases. Odds ratios for regular pizza consumers were 0.66 (95% confidence interval, CI = 0.47-0.93) for oral and pharyngeal cancer, 0.41 (95% CI = 0.25-0.69) for oesophageal, 0.82 (95% CI = 0.56-1.19) for laryngeal, 0.74 (95% CI = 0.61-0.89) for colon and 0.93 (95% CI = 0.75-1.17) for rectal cancer. Pizza appears therefore to be a favorable indicator of risk for digestive tract neoplasms in this population. Copyright 2003 Wiley-Liss, Inc.

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