

Dr. Oz to PWDs: Nutrition, Diet Extremely Important



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Dr. Mehmet Oz, the heart surgeon host of "The Dr. Oz Show," remains active in the field of cardiac surgery and plays an important public role discussing health issues through a variety of media. In addition to his own television show, he hosts a daily talk radio show and writes widely on the topics of cardiac and other health concerns. He has written seven best-selling health publications.

He recently addressed questions about diet and nutrition for people with disabilities (PWDs).

Q: What kind of a role can nutrition play for people who face the challenges of limited mobility, whether they're confined to a wheelchair, or walk with difficulty?

A: If you are limited in your ability to move your muscles, it is especially important to avoid refined carbohydrates and sugary foods. During exercise, muscles take up a significant amount of sugar in the blood as fuel, reducing circulating blood sugar levels. Plus, exercise actually helps your body make more sugar transporters on the muscles to get sugar in – it is one of the best ways to avoid insulin resistance and diabetes. However, if you are unable to exercise, you have to be extra careful with your blood sugar levels because too much sugar can lead to diabetes. I recommend a balanced diet, incorporating complex carbohydrates with dietary fiber into your breakfast, (which) can help keep your blood sugar levels stable and constant throughout the day. Other factors to keep in mind (are) that walking and physical activity help maintain muscle and bone health as we age. Thus, living with limited mobility puts you at even higher risk for conditions such as osteoporosis. That is why I recommend eating foods that are high in calcium and vitamin D to help build bone strength.

Q: Are there specific diets you might recommend for these people?

A: I recommend that you eat a widely varying diet that includes lean proteins, fruits, vegetables, whole grains, legumes, nuts, eggs, low- or non-fat dairy foods and non-saturated fats. For example, breakfast might be cooked quinoa with blueberries and a small amount of low-fat, plain yogurt.

Likewise, calcium is known for its ability to make the bones stronger and denser. Eat calcium-rich foods, like milk, cheese, yogurt, broccoli and any foods or beverages that are calcium-fortified. To help with the absorption of the calcium, include some vitamin D in your diet as well.

This can be found in eggs, fish oil, fortified foods and beverages, and you can also get it from the sun.

Also, inflammation of the blood vessels can become a problem if you eat unhealthy foods and are unable to exercise. Omega-3s are a great “Inflammation fighter.” All fish have some omega-3s, but salmon, herring, sardines, and anchovies are chock full of them. Go lightly with the heat; overcooking can destroy more than half of the omega-3s. Bake or grill fish instead of frying it to preserve healthful fat. If you don't like fish, try to incorporate more walnuts, canola oil and soybeans into your diet.

Q: Many people living with disabilities also live with limited incomes. As people face tough economic choices, what can they do to get the most health out of their food dollars?

A: Rising food prices are a concern for many Americans, but with preparation and knowledge, you can save dollars and eat in a healthful way. First, before heading to the grocery store, develop a meal plan and/or shopping list. Planning meals allows you to shop more efficiently and helps you to avoid impulse purchases. Second, don't shop hungry. Eat a small, healthy snack before heading to the store. This will help curb temptations to buy food you don't need. Third, shop for fruits and vegetables in season. Melons, tomatoes, corn, summer squash, green beans and zucchini are cheaper for purchasing in summer. Fall produce include winter squash, broccoli, carrots, pumpkin, apples and cranberries. Finally, don't be afraid to buy canned and frozen foods. They are often cheaper and are just as nutritious as fresh foods – some are even better because they flash-freeze them, which locks in the

nutrients that the fruits and vegetables had right when they were picked. Just make sure to buy the “low-sodium” varieties. In addition, stock up when there is a sale or buy in bulk, and shop store brands – dried beans, nuts and more can be a steal without all the packaging.

Q: What general dietary recommendations do you make to people who are aging? How can people maximize nutrition as our bodies mature and, ultimately, begin to decline?

A: First off, getting adequate amounts of protein is crucial for the elderly and disabled. As people get older, we become concerned about weight loss, and we tend to see decreased protein intake. When you don't eat enough protein, you don't just lose fat, you lose lean body mass (muscle) because your body needs essential amino acids. If you are not getting these amino acids from your diet, your body has no choice but to break down its own proteins making up muscle in order to supply the body with stored amino acids.

Also, as people age, fluid intake can become a big problem, largely because we're at an increased risk of dehydration as we get older. Some people who have decreased mobility are reluctant to drink adequate amounts because it can be painful to go to the bathroom, but it's important to be conscious of drinking fluid, even if it's problematic to go to bathroom. Dehydration causes low energy when you are already having energy problems, and chronic dehydration can damage your kidneys. Aim for as close to eight, 8-ounce glasses of water a day as you can get.

Q: Changing dietary habits is tough, even if the way people eat is not physically working for them anymore, in terms of causing pre-diabetes, intestinal discomfort or coronary disease. How would you recommend people work to accept tough changes?

A: The most important factor in motivating you to make and maintain big changes in your diet and lifestyle is understanding the power of the benefits. To build motivation consciously, envision the change. Once you truly believe you need to change, determine what you must do to make that change. Realize you can take it a step at a time, and keep reminding yourself of how great you will feel once the hard work has paid off. Some people jump into change, and others prefer to start moderately. The most important part is simply to start your lifestyle change, not how quickly you make that start.

Q: Eating is often a social activity but, often, for elderly people, there are not too many opportunities to eat together, and cooking for one can be a burden. Consequently, elderly people are found to be malnourished. What kinds of things do you think people can do to help, say, a parent or a neighbor find more joy around food?

A: Yes, eating is often an important social occasion, and it's always more enjoyable to eat if you can share a meal. As people age, their diets often become more limited, and many seniors lose an interest in eating. Having meals can become a chore rather than an occasion. Researchers have found that seniors with more social contacts had healthier diets with more nutritious calories and fruits/vegetables compared with seniors with few social contacts. So whether you're able to eat with others or need to eat alone, just having a strong network of friends and acquaintances results in healthier eating habits in the elderly.

Q: Different diets are recommended for people who have various conditions. For example, parents with kids on the autism spectrum might consider using a gluten-free/casein-free (GFCF) diet, since many people have found developmental delays to change for the better when gluten and casein are eliminated. People diagnosed with MS and Lyme disease also might seek a gluten-free diet. Do you see any merit to avoiding gluten and other foods like casein that might cause various symptoms to flare up?

A: This is a very controversial subject, and much of the research is still ongoing. Most of the intriguing evidence is surrounding the use of GFCF diets for autism. The history behind all of the controversy is that earlier studies found that, in people with autism, there were abnormal levels of proteins from gluten and casein in bodily fluids (such as urine and cerebrospinal fluid). And some postulate that these peptides may alter brain opioid activity. However, there are very few strong studies that have been done. In fact, a large review found that only one quality study can really be considered, and that study only had 10 participants, meaning the findings are very hard to generalize to the entire public. Nevertheless, the results from the study are conflicting. Parts of the results suggest a minor benefit in some autistic traits, while things such as linguistic and cognitive skills and motor abilities had no benefit. In short, the results suggest that there may be some scientific merit to the reasoning behind a GFCF diet, but we really need better and larger studies to determine the full effect, if any, that GFCF diets have on autism. For this reason, I only recommend a GFCF diet for people (who)

are specifically allergic to these proteins, such as those with celiac disease, because the allergy is quite severe. Plus, a gluten-free diet, if not necessary, is really not ideal and is a contributor to the obesity epidemic in this country.

It's a surprising statistic, but a study found that 81 percent of people suffering from celiac disease (gluten intolerance) who followed a gluten-free diet gained weight. That's because there is a common misconception that anything labeled "gluten free" must be good for you. However, many of these gluten-free foods are higher in calories and carbs, so don't immediately think these foods are healthy. Furthermore, gluten-free diets have been shown to decrease healthy gut bacteria and increase the amount of dangerous pathogenic bacteria in the intestines.

This increases your risk for infections and a depressed immune system, which can be a serious problem for any children.

The bottom line: Don't give in to the hype just yet, but if you have a gluten allergy, know that there are ways to go gluten-free naturally with a diet rich in whole and unprocessed foods, vegetables and lean cuts of protein. And if you are going to go on a gluten-free diet, be very careful that you read all nutrition labels and ingredient lists. (The fact that) there are hidden sources of gluten in some of the additives may surprise you.

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