

Re: Advice on cholesterol? Effect of taking "extra" olive oil?

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- *From:* Susan <nevermind@xxxxxxxxxx>
  - *Date:* Thu, 20 Oct 2005 13:51:20 -0400
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x-no-archive: yes

Peabody wrote:

I have no symptoms of diabetes, unless you consider mild hypertension to be one. And in view of that, and at the risk of offending you, I need to ask:

I had no symptoms of diabetes during my decade of fbg of 109. All of a sudden, I did, big time. I did have dyslipidemia and labile hypertension, but I didn't know my bg was shooting so high non-fasting til I got a meter.

Can you point me to authoritative support for that statement?

I could if I wanted to hunt it down; I don't have it at my fingertips. It can be found at the lottadata site I gave you, I believe.

Could this be exacerbated by modest physical activity immediately before the test? I go to the V.A., and stood in line at the door for 30 minutes, and then immediately had the blood draw. (Standing in line outside saves waiting two hours inside.)

Yes, but not up to 114 unless you're diabetic or severely IGT. In either case, the proper course is the same; control glucose through carb reduction and increased exercise to improve insulin sensitivity.

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Well, I think it would be bureaucratically impossible to get anything from my V.A. doc absent an official diagnosis of diabetes. So I need to find a coupon or rebate so I can get one on my own. They don't require a prescription, do they?

Nope. Though an rx can get your strips paid for you if you have coverage.

And what about testing insulin levels along with glucose. Seems like that would be interesting information too. Do meters test that?

Getting an accurate fasting insulin result is tricky, but it can be informative. You can't do it with a meter. You can, however, get a home HbA1c test, which tests for how much of your rbc is glycated. It's a rough measure of your average bgs over the past few months, weighted toward the most recent few weeks. It's not diagnostic, though. Anything over 5% is higher than those with intact pancreatic function. Risk of CVD rises with every point over 5%:

Blood Glucose Concentration Linked to Cardiovascular Risk in Nondiabetic Men>  
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WESTPORT, CT (Reuters Health) Jan 04 - Increased glycated hemoglobin (HbA1c) concentrations are predictive of cardiovascular mortality among all men, not only those with diabetes, according to a report in the British Medical Journal for January 6.

Dr. Kay-Tee Khaw and colleagues, from the University of Cambridge School of Clinical Medicine, UK, collected data on all-cause mortality and cardiovascular mortality in 4662 men, 45 to 79 years of age, who participated in the Norfolk UK cohort of the European Prospective Investigation into Cancer and Nutrition (EPIC-Norfolk). At baseline, from 1995 to 1997, HbA1c was measured and the subjects were followed until December 1999.

As expected, Dr. Khaw's group found that diabetic men had increased mortality for all causes, cardiovascular disease and ischemic disease. They also noted that HbA1c concentrations were "continuously related to subsequent all-cause, cardiovascular, and ischemic mortality through the whole population." The lowest mortality rates were associated with HbA1c concentrations below 5%.

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Further, the group noted that a 1% increase in HbA1c was associated with a 28% increased risk of death, which was independent of age, blood pressure, cholesterol, body mass index and smoking.

"Eighteen percent of the population excess mortality risk associated with a HbA1c concentration of 5% or more occurred in men with diabetes, but 82% occurred in men with concentrations of 5% to 6.9% (the majority of the population)," Dr. Khaw and colleagues point out.

The researchers propose that an elevated concentrations of HbA1c is a marker for greater absolute risk among all men, and "preventive treatment with blood pressure- or cholesterol-lowering drugs should be considered in such patients."

They point out that if the population of nondiabetic men was able to lower its HbA1c concentration by 0.1%, total mortality could be reduced by 5%, and if the concentration could be lowered by 0.2%, then total mortality could be reduced by 10% in this population.

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Thanks for the additional info and links.

Hope it's helpful to you.

Susan

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