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Adventist Health Study-2
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Are Hidden Sugars Sneaking into Your Diet?

Sugars occur naturally in good foods such as fruit. However, in our modern world, most of the sugar in our diets comes from many items we purchase at the market including cereals, soft drinks, desserts, jams, bread, fruit punch, yogurts, doughnuts and ice cream. It may be called dextrose, corn sweetener or high fructose corn syrup, but it's sugar.

We don't need that extra sugar for our bodies to work properly. Extra sugar contains calories that provide no nutrient value. And these calories end up being deposited as fat in all of the wrong places.

There has recently been renewed interest in sugar as one cause of the obesity epidemic. It is possible, though unproven, that sugar intake may change the metabolism of calories from other nutrients so that they are more likely to be deposited in your body as fat. If that fat is deposited around abdominal organs, high blood pressure, type 2 diabetes and heart disease may result.



The American Heart Association recommends limiting daily intake of extra sugar to no more than 100 calories for most women and 150 calories for most men. Six teaspoons of sugar contain about 100 calories. They report that the average American consumes more than triple this amount—about 360 calories from sugar each day. One can of a typical non-diet soda contains about 130 calories. A plain cake doughnut —75.

What can you do to avoid excessive sugar intake? Read nutrition labels. Check the number of sugar grams.

Avoid brands that place honey, corn or maple syrup or words that end in -ose at the top of the ingredients list. Reduce by half the amount of sugar you put on your cereal or use in baking. If you buy canned fruits, buy those in natural juice or canned with water. Simple changes can make a big difference.

Article adapted from Loma Linda University Health Wellbeing, December 2013-January 2014.



Because of your participation in AHS, there are certain things we know that could save lives—the lives of your neighbors and family members—maybe even your own life.



Tricia Penniecook, MD, MPH
Dean, School of Public Health
Loma Linda University

The More We Know

I remember the surprise I felt the first time I learned that the standards for medication dosage, side effects and toxicity levels were based on research done on white males who weighed 70 kgs. We have come a long way since that time. We now know that certain side effects manifest themselves in some ethnic groups more than in others. We also know that culture and beliefs have an impact on health and disease, everything from your lifestyle to the relationship with healthcare professionals and compliance with physician's orders is affected by your perception of responsibility for your health and your trust in your healthcare provider. There are certain diseases that disproportionately affect people of African descent.

Knowledge is important. The Bible tells us that people perish when they don't have it. That is true in a very literal sense.

- We know that when compared to Black people of other faith traditions, SDA Black study members have lower rates of smoking, drinking alcohol and meat consumption, and higher rates of vegetarianism and water consumption.
- We know that Black Adventist study participants reported better physical and mental quality of life than the US norm.
- We know that cases of hypertension and diabetes were lower in Black Adventists than the national rates for the Black population.

But all we know is not as positive. Compared to other Adventists, Black Adventists have more cases of type 2 diabetes, stroke and high blood pressure. Black males have 47% higher levels of prostate cancer than males from other ethnic groups. 35% of Black study participants are obese, vs. 22% from other ethnic groups. 56.5% of Black study participants are non-vegetarians, compared to 39.6% of the White study participants.

There is still a lot we don't know. There are questions that we haven't answered: Do lifestyle factors like physical activity, the food we eat and the way we live our lives affect our gene expression? Can certain dietary patterns influence the onset of Parkinson's disease? Can your diet protect you against memory loss and other types of mental dysfunction as you get older? Are there factors in the SDA population like life stressors and health behaviors that can be linked to the use of health services?

All of these questions are being explored by AHS researchers. Your continued participation and support are vital in order for our knowledge of how lifestyle, religion, culture and ethnicity influence your health. We need each of the almost 26,000 who originally signed up for the study to continue their participation; the higher the number of participants, the more we will learn, and the more significant the findings will be.

Thank you for taking our phone calls, answering the surveys, sharing the newsletter and encouraging those who participated in the study with you to continue to do so. We will know more, and with that knowledge lives will not only be saved, but we will all live happier, more complete lives.

Have a blessed and healthy 2014!



LOMA LINDA UNIVERSITY SCHOOL OF PUBLIC HEALTH | OAKWOOD UNIVERSITY SEVENTH-DAY ADVENTIST CHURCHES OF NORTH AMERICA

For further information about AHS, go to our website, www.adventisthealthstudy.org



Craig Jackson, JD, MSW
Craig Jackson is Dean of the School of Allied Health Professions at Loma Linda University (LLU) and is vice-chairman of the Adventist Health Study's advisory board. In this interview, conducted by Leslie Martin, PhD, Professor of Health promotion and Education in the School of Public Health at LLU, he shared some straight talk about

AHS-2, prostate cancer, and what he hopes will become a rite of passage for middle-aged men in the Black community.

From the Adventist Health Study we know that men who drink soy milk at least once per day are 70 percent less likely to be diagnosed with prostate cancer¹ and that eating dried fruit, tomatoes, and legumes can also be important for prostate health.² But, although Seventh-day Adventists have comparatively low rates of most cancers, prostate cancer risk is not lower for Adventists. And unfortunately, the incidence of prostate cancer is higher in Blacks than any other North American ethnic group.

► **Craig, when did you start prostate cancer screening?**

When I was 38. My dad died that year due to complications of prostate cancer. He had been in Jamaica when he noticed blood in his urine and when he came back to the States he was given six weeks to live. With good treatment and lots of prayer he lived not six weeks but 12 years. Nevertheless, I determined not to put my wife through what my mom went through. I always knew that Black men were at higher risk, but then with my own family history I realized I needed to be very proactive. So, I sat down with my sister, an internist, and made an aggressive plan: both the PSA (prostate-specific antigen) test and DRE (digital-rectal exam) twice per year, and whenever the PSA levels jumped significantly, I had a biopsy. My third biopsy, in 2007, found cancer and I had surgery in 2008. Given my family history, “watchful waiting” was not an option for me.

► **What had you done prior to this diagnosis to reduce your risk? And how did things go after surgery?**

My diet was already pretty healthy, and I already drank soy because I’m lactose intolerant. Besides beginning the aggressive screening I tried to eat more darkly-colored vegetables and fruits, and I continued to exercise regularly. Having worked in healthcare for a long time, I was probably more comfortable with exams and hospitals than



Prostate Cancer in Blacks:
Straight Talk

a lot of people are. So that probably made screenings and the process of surgery easier for me.

► **Can you share your perspective on what prostate cancer means for Black men?**

Prostate cancer tends to strike when we are at the height of our careers, our earning potential. It strikes a blow to us personally, and to our families, but also to our communities. Because of the special risk we carry, we’ve got to normalize screening. It needs to become a rite of passage for middle-aged men in this community. By taking care of ourselves we are taking care of our families and those around us, but we are doing more than that. We are serving as role models for the next generation. Even if you’re told that you don’t need to be screened yet, that you’re too young, you need to insist on getting that baseline.

► **How does your role with the AHS-2 advisory board fit with your passion for fighting prostate cancer?**

Participating in the advisory board is an extension of my passion for improving the health of Black Americans. I’ve been through this, and I can speak the hard truths. If, by sharing my story, I can change things for other men then that’s what I want to do. And women need to hear this too—they are often the prompters toward good health behaviors for the men in their lives. There are so many important findings coming out of AHS, and I want to help reinforce those messages. Don’t be deceived by what the media say, or be hesitant because of fears about what is masculine. This is what it means to be a real man—this is the new masculinity. We recognize our risk, and we step forward and do something about it. We need to take the information we have and use it to make the right demands for our own health. We owe it to ourselves and to our communities—present and future.

Data on prostate cancer screening rates from AHS-2 were recently published, showing that Black men in the cohort are significantly more likely to be screened than non-Blacks.³ Since Black men are at higher risk for prostate cancer, this is good news. Craig Jackson and the other members of the advisory board are committed to making sure that members of AHS-2 receive the information necessary to make health-promoting changes in their own lives. If some inspiration can be shared as well, that is even better.

¹Jacobsen et al. (1998). *Cancer Causes Control*, 9(6) 553-557.

²Mills et al (1989). *Cancer*, 64(3) 598-604.

³Ibrayev et al. (2013). *J Cancer*, 4(5) 416-426.

Adventist Health Study scientists have published the results of a study of risk factors for heart disease in a group of Black vegetarians and non-vegetarians participating in AHS-2 research.

This research found that those who do not eat any meat products have a significantly lower risk of having high blood pressure, type 2 diabetes, high blood cholesterol and high blood LDL (Low Density Lipids) cholesterol than those who include meat in their diets. All of these factors are known to increase the risk of heart disease, stroke and kidney disease.

Important Scientific Results Are Coming from Your Participation in AHS-2

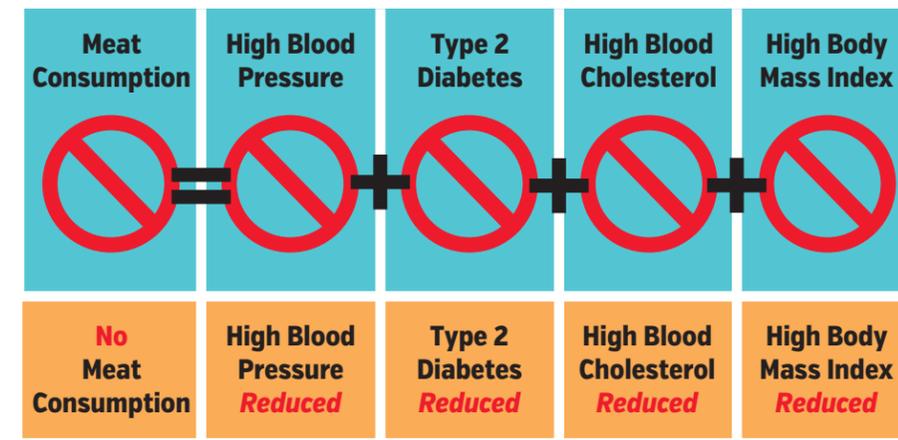
New Evidence of Lower Risk Factors in Black Vegetarians



In this study, pesco-vegetarians (those who include fish in their diet) did not enjoy these advantages over those who are non-vegetarians as did other vegetarians. These data have been adjusted to take into account age, gender, educational level, and degree of physical activity.

The study also examined the Body Mass Index (BMI) of the participants. BMI measures the degree of body fat of an individual based on height and weight. The data collected in this research suggested that changes in body fat is one important means by which diet can reduce the occurrence of high blood pressure and type 2 diabetes. This conclusion is based on the observation that in this population as the BMI increases so does the incidence of high blood pressure and type 2 diabetes, and the non-vegetarians had much higher BMI values. The pesco-vegetarians did also have lower BMI.

Like other AHS-2 research, these studies are being supported by a National Institutes of Health/National Cancer Institute grant.



Risk Avoidance by Eliminating Meat from the Diet

AMA Journal Publishes AHS Research Results: Vegetarians Less Prone to Die from Heart Disease

A prestigious scientific publication, the *Journal of the American Medical Association (JAMA)*, has published a paper by an AHS-2 investigator, Michael J. Orlich, MD, assistant professor of preventive medicine at Loma Linda University. His paper reported that the overall reduction among both men and women in heart disease (fatal and non-fatal) for vegetarians was 13 percent and for vegetarian men, there was a 29 percent reduction in the risk of death from heart disease.

Overall reduction among both men and women in heart disease for vegetarians was 13 percent.

Evidence for these conclusions used data obtained from over 73,000 Seventh-day Adventists in AHS-2. The research team tracked deaths for six years in this population and determined that there were significant benefits for those whose diets did not include meat or meat products.

Earlier studies using the same study population showed that vegetarians also have a lower risk of cancer than non-vegetarians although the exact reasons for this will require additional research.