

with a wire brush to remove any organisms that might be present. Use a solution of one ounce of bleach mixed with one quart of water.

Also important: Replace the standing water in humidifiers with fresh water at least once a week. Before adding fresh water, clean the filters/trays according to the manufacturer's directions.

■ **Close the toilet lid.** Flushing an older toilet with the lid up can hurl droplets of water that contain fecal matter (and potentially other disease-causing organisms) up to 20 feet. The droplets can then contaminate toothbrushes, combs, faucets, etc. The risk for disease is even higher if the toilet bowl isn't cleaned regularly. Among the diseases that can be transmitted by fecal matter from an infected person are stomach flu and hepatitis A.

Best: In addition to closing the toilet lid, sanitize the bowl weekly with a commercial cleaner or a mixture of one ounce of bleach added to one quart of water.

■ **Launder with hot water.** Bath towels can harbor fecal bacteria, including *E. coli*, along with hepatitis A and other harmful viruses—and these germs aren't necessarily killed by running them through a cold- or warm-water wash.

Warning: Because washing in cold or warm water doesn't kill germs, it's possible to get infected just by removing wet clothes from the washer if you then touch your nose, mouth or eyes.

Best: Use a "hot" washer setting (150° F or hotter) to kill most germs. Another option is to add bleach to the wash, which is effective even in cold or warm water. If you live in a sunny climate, consider line-drying clothes rather than using the dryer. Like the hottest cycle of a clothes dryer, the sun's ultraviolet rays will kill most germs.

Also important: Wash underwear separately in hot water to avoid contaminating other clothes. Adding bleach is also recommended to kill germs when washing underwear. 🍏

Lisa R. Young, PhD, RD, New York University

Tricks to Make Yourself Eat Less

The "supersize" portion phenomenon is fooling you into eating more than you think—even at home. Here's how to beat it.

The food industry knows a powerful truth about one of your human weaknesses: The more food that is put in front of you, the more you will eat. This is generally true even for people who are weight-conscious, or who just feel better when they eat less.

It's easy to spot the "supersize" portion trend at a restaurant when you receive a giant bowl of pasta or a six-inch-high pile of onion rings—less easy to escape the same mindset when you eat at home.

Problem: Because Americans are eating more food than ever before, 66% of them are overweight or obese.* Being overweight or obese increases risk for diabetes, heart disease, high blood pressure, joint problems and even some types of cancer.

Childhood admonitions to "clean your plate!"...the desire to get what you pay for...and the time lapse between eating and feeling full (about 20 minutes) are some of the factors that make most people eat whatever food is in front of them.

Even worse: The degree to which typical portion sizes have increased over the years is astounding. For example, fountain sodas during the 1950s and 1960s were about seven ounces, compared with 12 to 64 ounces these days. A typical bag

*Overweight is defined as a body mass index, or BMI, above 25...obesity is a BMI above 30. To determine your BMI, multiply your weight in pounds by 704.5. Divide that number by your height in inches squared. For a BMI calculator, visit the National Heart, Lung and Blood Institute Web site (<http://nhlbisupport.com/bmi>).



of popcorn at the movies was once about five to six cups. Now a large bucket with butter flavor usually contains 20 cups and 1,640 calories. A pasta entrée at a restaurant? Double what it used to be. Eating at home? Standard plates, bowls and glasses are bigger, too—so we fill them up with more food.

HOW MUCH ARE YOU EATING?

The first step toward eating sensibly is to know how much you're consuming. This is much harder than it sounds. In one informal experiment conducted by a food writer in New York City, four expert nutritionists were given heaping plates of food (including pasta, risotto and sandwiches) and asked to estimate calorie and fat content. No one came even remotely close.

Nutritional guidelines generally suggest eating a set number of "servings" of meats, vegetables and other food groups. But a serving, which is usually defined in ounces, tablespoons or cups, is not the same as a portion, which is the actual amount of food served—at home or at a restaurant.

Examples: For grain products, a "serving" equals one slice of bread,

How much food is enough?
—see page 4—

Bottom Line/Health interviewed Lisa R. Young, PhD, RD, adjunct professor of nutrition at New York University and a nutritionist in private practice, both in New York City. She is the author of *The Portion Teller Plan: The No-Diet Reality Guide to Eating, Cheating and Losing Weight Permanently* (Morgan Road).



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one cup of ready-to-eat cold cereal or one-half cup of pasta. A restaurant order of linguine is likely to be three cups—nearly a whole day's recommended intake of grain! And a single bagel, in today's standard size of five ounces, equals five slices of bread.

DEVELOP PORTION AWARENESS

The problem with dietary guidelines is that measurements, such as cups, ounces and tablespoons, aren't easy to eyeball. (For a convenient way to translate measurements into visual equivalents, see the box on this page.)

Helpful: Measure out the portion you ordinarily take. Then measure out a standard serving of meat, vegetables, pasta, etc. See what each looks like in comparison.

Important: If your usual portion of meat is actually two servings, you don't necessarily have to cut back during that meal—just know that you have consumed nearly a day's allocation of meat and adjust the rest of the day's intake accordingly.

RESTAURANT SMARTS

Portion inflation is most out of control in restaurants—where the average American eats four times a week. To defend yourself against today's supersize restaurant meals, follow these steps...

Have a snack at home. About an hour before eating out, eat some fruit, low-fat yogurt or vegetable-based soup (made without milk or

cream), so you won't arrive at the restaurant famished.

Have the right appetizer. Many people skip the appetizer in an attempt to cut down on the size of their meal. That's a mistake. Order a soup, salad or a vegetable appetizer to fill up, and tell the waiter not to bring the bread basket. A Pennsylvania State University study found that starting lunch with a low-calorie salad cuts the total caloric intake of the meal by as much as 12% because the fiber contained in the salad is filling.

Order small entrées. Or order a half-size portion, if available. Or share a full-size entrée with your dining companion—in most restaurants, it will be enough (especially if you add a salad or a side order of vegetables).

Eat only half of the meal. When you order an entrée for yourself, eat half and ask the waiter to wrap up the rest to take home. This way, you'll be eating about as much as restaurant-goers did 20 years ago.

Helpful: Don't rely on willpower alone—when the entrée first arrives, set aside what you plan to eat and ask the waiter to wrap up the rest.

Slow down! Eat at a leisurely pace to give your body time to catch up with your appetite, and stop before you're full—no matter how much is left. If you're tempted

More from Dr.Young...

SERVING-SIZE GUIDE 1 serving looks like...

VEGETABLES AND FRUIT

Daily intake: Three or more servings of vegetables...two to four servings of fruits.

 1 cup of raw fruit or vegetables = fist

 1 medium fruit = baseball

 ½ cup of cooked fruit or vegetables = ½ baseball

 ¼ cup of raisins = large egg

GRAIN PRODUCTS

Daily intake: Four to eight servings of grains and starchy vegetables.

 1 cup of cereal flakes = fist

 ½ cup of cooked rice, pasta or potato = ½ baseball

 1 slice of bread = cassette tape

MEAT AND ALTERNATIVES

Daily intake: Two to three servings of meat, poultry, fish or a meat alternative.

 3 oz. of meat, fish or poultry = deck of cards

DAIRY/CHEESE

Daily intake: Two to three servings of dairy products.

 ½ oz. of cheese = 4 dice

FATS

Daily intake: One to three servings of fats.

 1 tsp. of butter or other spread = 1 die

 1 Tbsp. of peanut butter = ½ Ping-Pong ball

to finish off the plate or go back for seconds, stop and wait 20 minutes. That's usually all it takes to feel satiated.

PORTION CONTROL AT HOME

Portion sizes are set not only by restaurants, but also by food and even dinnerware manufacturers. *Here's how to protect yourself...*

Choose smaller dinnerware.

We're conditioned to think that a meal-size portion is what fills a plate. That's why you should set your table with eight- to 10-ounce (not 20-ounce) glasses...10-inch (rather than 12-inch) dinner plates...and bowls that hold two cups rather than four.

Helpful: One woman I know found a simple way to downsize her portions—she bought a charming set of 1950s dishes at a flea market.

Divide your plate. Allocate space on your plate to meet healthful dietary recommendations—fill half with vegetables and fruit...one-fourth with meat, fish or another protein source...and one-fourth with grains or starchy vegetables.

Helpful: Plates marked with portion reminders for adults and children are available from BeBetter Networks, 304-345-6800, www.theportionplate.com. Cost: About \$10 per plate.

Create your own snack portions.

To control your consumption of pretzels, chips and other snack foods, read the label to see how many servings the package contains—and portion it out into that number of plastic, resealable bags. Do the same with three-ounce portions of deli meats.

Substitute foods. Three cups of popcorn is just as filling as three-quarters cup of pretzels—and popcorn is a healthful whole grain, while pretzels are typically refined. Three cups of puffed wheat go a lot further than one-quarter cup of granola. Fresh fruits typically leave you feeling more satisfied and with fewer calories than juices or dried fruit. 🍏

Margaret Redfield, MD
Mayo Clinic College of Medicine

Hidden Heart Failure

How to protect yourself from this little-talked-about killer that affects 5 million Americans.

Until recently, most cases of congestive heart failure were believed to occur when the heart weakens and becomes unable to pump effectively—a condition known more specifically as systolic heart failure (SHF).

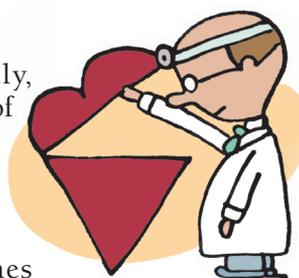
Now: A review of nearly 4,600 heart failure cases treated at the Mayo Clinic shows that a long-overlooked form of congestive heart failure, called diastolic heart failure (DHF), is even more common than SHF and is just as deadly. In 15 years, the proportion of heart failure cases caused by diastolic dysfunction jumped from 38% to 54%.

THE AGING HEART

Normally, the heart muscle contracts and relaxes with every beat. The contraction phase, when blood is pumped out to the body, is called *systole*...the relaxation phase, when the heart refills with blood, is called *diastole*.^{*} With age or disease, such as high blood pressure, diabetes or atherosclerosis (plaque buildup in the arteries), the heart muscle may become weak and unable to pump effectively, resulting in SHF...or rigid and unable to relax and fill properly, leading to DHF.

Both SHF and DHF are chronic, progressive and often fatal. They produce identical symptoms—

^{*}Blood pressure—a measurement of the pressure of blood against the walls of the main arteries—is expressed in terms of systolic pressure (the top number) and diastolic pressure (the bottom number).



shortness of breath...inability to exercise...and fatigue. They can lead to lung congestion (fluid backup in the lungs) or swelling in the abdomen, lower legs or feet, caused by fluid and water retention (edema).

Important: It's impossible to distinguish SHF and DHF with a physical exam, X-ray or electrocardiogram (a recording of the electrical activity of the heart). To get a definitive diagnosis, you need an echocardiogram (an ultrasound of the heart, which shows pictures of the valves and chambers). If you have been diagnosed with heart failure, ask your doctor about receiving an echocardiogram.

There's evidence showing that the incidence of DHF is rising—perhaps because our aging population is living longer with hypertension, atherosclerosis, diabetes and other diseases that can compromise diastolic functioning (as well as systolic functioning). Most cases of DHF are diagnosed in people over age 70, and, for unknown reasons, a disproportionate number of them are women.

BEST TREATMENT OPTIONS

Although researchers are now beginning to recognize the preva-

Bottom Line/Health interviewed Margaret Redfield, MD, professor of medicine at the Mayo Clinic College of Medicine and director of the Mayo Clinic's Heart Failure Clinic, both in Rochester, Minnesota. She was senior author of a recent *New England Journal of Medicine* study on the increased prevalence of diastolic heart failure.

