

PCOS NEWS

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Happy New Year
from the
PCOS
Study Staff
All the best in
2002!

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Study Update

To date, **67** Women
have been enrolled in
the PCOS Diet and Ex-
ercise Study!



**WORDS TO
LIVE BY**

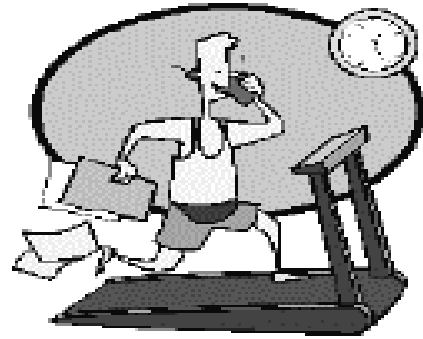
“In the middle
of difficulty
lies opportunity.”

—Albert
Einstein

MEDICAL FORUM

SHEILA LAREDO, M.D.

Lifestyle or Drugs?



As you know by now, women who participate in the PCOS Diet & Exercise Study are asked not to take medications like metformin for the duration of the study period. When women are being assessed for their eligibility for the study, some have wondered about whether lifestyle could influence their symptoms as well as medications. This is a reasonable question, and there is now some information that may help to shed light on the answer.

In the May 2001 (Issue 6) newsletter I described a study in which people with impaired glucose tolerance (sometimes referred to as “borderline diabetes”) had a 58% lower risk of developing full-blown diabetes over 3 years with a lifestyle intervention. In that study, the treatment group had a 9-pound weight loss compared with a one pound weight loss in the control group, on average. Now, a recent large study has reported results which are similar to that one, but with an important twist.

The new data come from a study called the Diabetes Prevention Program which involved over 3,000 American men and women who also had impaired glucose tolerance. The participants were randomly assigned to receive one of the following treatments, and were followed for an average of 3 years:

- 1) Intensive lifestyle changes, with a goal of reducing baseline body weight by 7% by the end of the study.
- 2) Metformin (in a dose similar to that used in treating PCOS) and non-intensive lifestyle information.
- 3) Placebo medication and non-intensive lifestyle information (the “control group”).

(A fourth treatment group, troglitazone and non-intensive lifestyle information, was closed in June 1998 due to concerns of liver toxicity from troglitazone.)

The results? About 29% of the control group developed type 2 diabetes during the follow-up period, compared to 14% of the intensive lifestyle change group and 22% of the metformin group. In other words, the intensive lifestyle change group reduced their risk of developing diabetes by 58%, while the metformin group reduced their risk by 31%. Further, the intensive lifestyle change group achieved and maintained a weight loss of 5% or about 10 pounds at 3 years.

So, while metformin worked, intensive lifestyle change was much more effective. Two items are worth noting which show striking similarities between this study and the study that I described in the May newsletter. First, the reduction in diabetes risk with lifestyle change over 3 years was the same (58%) in the two studies. Second, the degree of weight loss in both studies was **modest** – 9 pounds on average in the earlier study and 5% of weight (or just about 10 pounds) in this study.

With all of the information available publicly about using medication for the treatment of PCOS (and other conditions), we are pleased that this study has now been reported. Of particular interest to us as the staff of the PCOS Diet & Exercise Study, is that the results demonstrate greater benefit from lifestyle change than from drugs, at least for people at high risk of diabetes and that fairly small changes have a surprisingly large effect. Since there are similarities between diabetes and PCOS in insulin resistance, it is possible that similar changes in weight and lifestyle may also have an impact on PCOS symptoms.



We recognize that for most people, maintaining a “perfect” diet is not realistic, but these studies reassure us that a perfect diet or lifestyle is not what is required for substantial health benefits to occur. We encourage you to feel positive about these results and keep them in mind when those occasional lifestyle “imperfections” inevitably occur.

Healthy Habit Forming...

...Making Nutrition Resolutions Work for You

Vanessa R. Speers, M.Sc.



It's that time of year again. For the hundredth time, this is the year you'll overhaul your eating habits. No more Twinkies and Coke for breakfast, no more skipping lunch and no more being known by your first name at local fast-food eateries. Unfortunately, most people never get very far with their well-intentioned nutrition resolutions. Motivation typically runs high the first couple of weeks and it sparks the fire to improve eating habits. However, without a well thought out plan, life intervenes, and that spark can be quickly extinguished. This year, make permanent changes in your eating habits and reap the benefits of improved health by converting your resolutions into measurable, action-oriented, achievable goals. These goals serve as the timber that will keep your desire burning past the first few weeks of the new year.

Converting New Year's Resolutions Into Goals

Converting nutrition resolutions into concrete goals increases the likelihood that they will become reality. For example, resolving, "to eat more healthy and lose weight," sounds good, but, in all likelihood, it won't be enough to prompt most people to make any lasting changes. On the other hand, focusing on a specific goal, such as "eating breakfast five days a week" is a much better plan.

Step 1: Devise a behavioral goal: specific, concrete, observable and measurable. Make sure that you have direct control over this goal and that you or others can actually observe your progress to ensure that you succeed.

Step 2: State what you will do - not what you will avoid or not do. It must be a goal of action, not inaction.

Step 3: Choose a goal with a high probability of success. A good goal has an 85% or better chance of succeeding. If you don't truly believe this to be the case, choose a more reasonable, realistic goal. In other words, take baby steps or break your goals down into smaller bites.

Establishing Healthy Eating Habits for a Lifetime

Establishing new eating habits takes considerable time and energy. The key is to make progress and not worry about being perfect. For most people, it will take at least six weeks if not six months before a new eating behavior becomes routine. Focus on one goal at a time and practice doing it, such as eating lunch five days a week. Don't move on and tackle another "problem area" until you consistently perform the new behavior most of the time without consciously thinking about it.

Worthy Nutrition Goals for Busy Women

Keep in mind that you have all year to implement your goals - don't try to tackle too much at once. It may take you a few weeks to several months before you feel you have successfully changed an old habit into a new pattern. You know you've arrived at this point when you're able to carry out the new behavior without consciously thinking about it every time. For those of you who are having trouble coming up with some measurable, action-oriented, achievable nutrition goals, a sampling of worthy nutritional goals appears below.

For 2002, I resolve to:

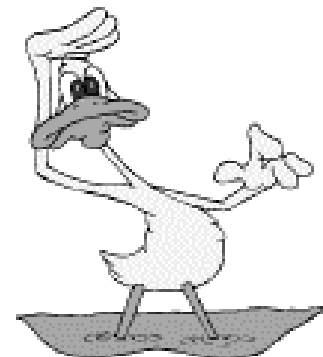
- Eat vegetables two times a day for x days this week
- Take fruit to work for my afternoon snack at least x days this week
- Preplan my dinner meal at least x days this week
- Practice slowing down my pace of eating by making dinner meals last at least 20-30-minutes for x days this week
- Substitute flavored bottled water for pop x time(s) a day or x days a week
- Include a protein-rich food (beans, lean red meat, chicken, fish, tofu/soy food, yogurt, milk, cheese, etc.) at every meals for x days this week

SOLUTIONS FOR BROKEN RESOLUTIONS

IT IS JANUARY 2002: DO YOU KNOW WHERE YOUR RESOLUTIONS ARE?

VANESSA R. SPEERS, M.Sc.

So last year you had your goals in writing, you thought you were all set...yet your good intentions were abandoned before the holiday decorations were packed away. Did you hit a bump in the road and just throw the towel in since it's really not worth it, anyway? If you'd like the resolutions you make in 2002 to stick, it is time to round up the resolution SWAT team—now. Read the top resolution busters below (and what you can do about them!).



1. THE GOAL IS UNREALISTIC.

Example:

I will lose twenty pounds by the end of January.

The Bust:

No one can safely lose five pounds per week AND keep it off AND stay healthy. It is just not a scientific reality. And if you did, most of the weight loss would be water and lean muscle mass, anyway.

The Answer:

Set goals that are realistic and achievable. Relative to weight loss, meet with a Registered Dietitian to develop a nutrition program that is appropriate for you. Next, realize that 3/4-1 pound per week is scientifically healthy and realistic for long-term results. Finally, give yourself some flexibility! If you do it in five weeks instead of four, who cares? The most important aspect is that you are moving along a progress line, not a perfectionism prison!

2. THERE IS NO ROOM FOR FAILURE AND RECOVERY.

Example:

I will quit smoking for good on January 1. No slips.

The Bust:

Nice idea, and potentially a set-up for failure. Most smokers practice quitting, at best, and if one slip will send you to the Planet of Permanent Failure, it might be a good idea to get some back-up strategies.

The Answer:

Set a quit date, and have a plan of action such as posting to a chat room discussion group, calling a quit buddy or going to a Nicotine Anonymous meeting if you break down and have a cigarette. One cigarette does not mean it is time for the full pack. It is an opportunity to go with Plan B to recover and get back on track as fast as possible.

3. THERE ARE TOO MANY RESOLUTIONS.

Example:

By the end of January I will lose twenty pounds, quit smoking, start a business, blah blah blah...

The Bust:

Too many priorities at once paralyze all of them. Who wants to be stuck with lots of goals and nothing to do?

The Answer:

Pick your priorities. Develop an action plan. Tackle one thing at a time, and remember that you have all year to dig into your new ways of life. You may want to get a start on the business in the first quarter of the year, make an appointment with a dietitian for a weight loss program in the second quarter, and set a quit date of July 1 after much preparation and investment in a support group, buddy system, etc.

4. THE RESOLUTION HAS NO MEASUREMENT FOR OUTCOME.

Example:

I will get out of debt sometime this year.

The Bust:

And what does getting out of debt and "sometime" mean in the grand scheme of this year?

The Answer:

How much debt is there? What are the monthly payments that will support getting out of debt in what amount of time? Is there still money left over for fun and unexpected expenses (car problems, health issues)? A successful action plan outlines what to do, when to do it, and how to evaluate it. For example, you can check your debt reduction plan every three months to review if you are on target or if hidden costs (or indulgences) are in the way of your resolution and make changes accordingly.

5. IT IS SOMEONE ELSE'S RESOLUTION FOR YOU.

Example:

I will take sailing lessons this year (subtext: because my significant other wants me to be with him/her on sailing vacations that he/she has determined he/she wants and has not considered other options for both of us...)

The Bust:

If someone else wants you to set a resolution for yourself for their own selfish interests, it won't fly. You will end up feeling resentful and angry at the resolution itself, if not at the person who persuaded you.

The Answer:

A new year's resolution must be in place because it is something personally important to you. By personally, that means the activity or the outcome of the resolution itself has a deep, important meaning to you and is valid enough to set your mind to do it. In the above scenario, the resolution should be to find mutually acceptable vacation spots and activities that meet both partner's needs — not to push one partner into an undesirable activity that accommodates the other. To learn more about how your friends and family can contribute constructively to helping you achieve your goals, stay tuned for next month's column.