

ADVICE ON EGGS

■ A recent study showed that eggs, though they can be part of a healthy diet, can increase the risk of heart disease for adults who exceed a certain consumption level

By **Lindsey Tanner**
Associated Press

Adults who ate about 1½ eggs daily had a slightly higher risk of heart disease than those who ate no eggs. That's according to a new study that showed the more eggs, the greater the risk. The chances of dying early were also elevated.

The researchers say the culprit is cholesterol, found in egg yolks and other foods, including shellfish, dairy products and red meat. The study focused on eggs because they're among the most commonly eaten cholesterol-rich foods. They can still be part of a healthy diet, but in smaller quantities than many Americans have gotten used to, the researchers say.

U.S. dietary guidelines that eased limits on cholesterol have helped eggs make a comeback.

The study has limitations and contradicts recent research, but it is rekindling the long-standing debate about

eggs.

The new results were published online Friday in the Journal of the American Medical Association.

The study

Researchers at Northwestern University's Feinberg School of Medicine and elsewhere pooled results from six previous studies, analyzing data on almost 30,000 U.S. adults who self-reported daily food intake. Participants were followed for roughly 17 years, on average.

The researchers calculated that those who ate 300 milligrams of cholesterol daily — about 1½ eggs — were 17 percent more likely to develop heart disease than those who didn't eat eggs.

The researchers based their conclusions on what participants said they ate at the start of each study. They took into account high blood pressure, smoking, obesity and other traits that could contribute to heart problems.

Risks were found with eggs and cholesterol in general; a separate analysis was not done for every cholesterol-rich food.

Dr. Bruce Lee of Johns Hopkins University, said nutrition studies are often weak because they rely on people remembering what they ate. "We know that dietary recall can be terrible," said Lee. The new study offers only observational data but doesn't show that eggs and cholesterol caused heart disease and deaths, said Lee, who wasn't involved in the research.

Senior author Norrina Allen, a preventive medicine specialist, noted that the study lacks information on whether participants ate eggs hard-boiled, poached, fried, or scrambled in butter, which she said could affect health risks.

The debate

Some people think "I can eat as many eggs as I want"



Mark Lennihan/Associated Press

The latest U.S. research on eggs won't go over easy for those who can't eat breakfast without them.

but the results suggest moderation is a better approach, Allen said.

Eggs are a leading source of dietary cholesterol, which once was thought to be strongly related to blood cholesterol levels and heart disease. Older studies suggesting that link led to nutrition guidelines almost a decade ago that recommended consuming no more than 300 milligrams of cholesterol daily; one egg contains about 186 milligrams.

Newer research questioned that relationship, finding that saturated fats contribute more to unhealthy levels of blood cholesterol that can lead to heart problems.

The latest U.S. government nutrition guidelines, from 2015, removed the strict

daily cholesterol limit. While eating as little cholesterol as possible is still advised, the recommendations say eggs can still be part of a healthy diet, as a good source of protein, along with lean meat, poultry, beans and nuts. Nutrition experts say the new study is unlikely to change that advice.

The bottom line

Dr. Frank Hu of Harvard University noted that most previous studies have shown eating a few eggs weekly is not linked with risks for heart disease in generally healthy people.

"I don't think that this study would change general healthy eating guidelines" that emphasize fruits, vegetables, whole grains, nuts and beans and limiting pro-

cessed meats and sugar, Hu said. Eggs, a breakfast staple for many, can be included but other options should also be considered, "like whole-grain toast with nut butter, fresh fruits and yogurt," Hu said.

Dr. Rosalind Coleman, a professor of nutrition and pediatrics at the University of North Carolina, offered broader advice.

"The main message for the public is not to select a single type of food as 'bad' or 'good' but to evaluate your total diet in terms of variety and amount.

"I'm sorry if it seems like a boring recommendation," she added, but for most people, the most important diet advice "should be to maintain a healthy weight, to exercise, and to get an adequate amount of sleep."

New guidelines reduce use of daily low-dose aspirin

By **Laura M. Holson**
New York Times News Service

For years, low-dose aspirin has been described as a panacea to ward off heart attacks, strokes and other cardiovascular disease. New guidelines, though, suggest aspirin should not be prescribed to most adults who are in good cardiovascular health and that the risk of internal bleeding often outweighs the benefit.

The American College of Cardiology and American Heart Association released the new guidelines Sunday. They come on the heels of studies released last year that said daily low-dose aspirin — 100 milligrams or less — did not help older adults who do not have cardiovascular disease. Those results, published in three articles in The New England Journal of Medicine, surprised physicians and patients alike who for years believed aspirin would prevent any number of heart-related ills.

The authors of the new guidelines said low-dose aspirin should not be routinely given as a preventive measure to adults 70 years and older or to any adult who has an increased risk of bleeding.

"The guidelines are for people with no clinical signs of heart disease or stroke," said one of the authors, Dr. Erin Michos, associate director of preventive cardiology at Johns

Hopkins School of Medicine, in an interview Monday.

She emphasized, though, that people who have had heart attacks or have stents should continue with the medication. "They should still take aspirin," she added.

Patients should consult their doctors before beginning or stopping the taking of aspirin.

Michos said she had been telling her patients who do not have cardiovascular disease to stop taking aspirin. "They are receptive to that," she said.

Instead, the guidelines recommended several behavioral changes to ensure a healthy heart. These include maintaining a healthy weight, not smoking, engaging in moderate activity for at least 150 minutes a week and eating well — that means a diet including vegetables, fruits, nuts, whole grains and fish.

Last year, one study published in The New England Journal of Medicine found no benefits to taking aspirin in low-risk patients. Another found that diabetics with cardiovascular disease could benefit from low-dose aspirin, but there was a risk of major bleeding. The third study found that heavier adults would need larger doses, suggesting that how much a person takes matters. Those findings applied to people with no history of dementia, physical disability, heart attacks or strokes.

Heart valve fix might not need surgery

By **Marilynn Marchione**
Associated Press

Surgery for certain bad heart valves may soon become a thing of the past. New studies suggest it's OK and often better to have a new valve placed through a tube into an artery instead.

The results are expected to quickly transform treatment of a problem that affects millions of people — a stiff or narrowed aortic valve that doesn't let blood pass as it

should. Until recently, fixing severe cases required a major operation using a heart-lung machine while surgeons cut out the old valve and sewed in a new one.

A decade ago, expandable aortic valves were developed that can be guided to the heart through a catheter into a blood vessel and placed inside the old valve. But they're only used now in people at high or moderate risk of dying from surgery. The new

studies tested these valves in people at low risk for the operation, as most patients are, and found them as good or superior to surgical ones.

"This is our last frontier" to make these devices a standard of care, said Dr. Joseph Cleveland, a University of Colorado heart surgeon with no role in the studies or ties to the companies that sponsored them. "It's a great thing" for patients to be able to avoid major surgery, he said.

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