

DR. DAVID SINGER'S HEALTH REPORTS

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~ DISCLAIMER ~

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HEALTH REPORT

VOLUME 11

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ANOTHER YEAR, ANOTHER BILL AIMED AT RESTRICTING THE HEALTHCARE PRACTITIONER

The author of a 2006 failed Bill in the US House of Representatives is at it again. Last year, Rep. John Sullivan of Oklahoma introduced a Bill aimed at limiting the scope of practice by non-medical doctors in the United States. Now he has introduced a new Bill that would place more limitations and requirements on the way healthcare practitioners advertise their services.

Last year's Healthcare Truth and Transparency Act of 2006 drew heated debate in the House of Representatives. It was then referred to the Subcommittee on Commerce, Trade and Consumer Protection and went no further. The title of that Bill said this: "To prohibit misleading and deceptive advertising or representation in the provision of health care services."

This year's Bill is called Healthcare Truth and Transparency Act of 2007 (H.R. 2260). It is titled as follows: "To prohibit the misleading and deceptive advertising or representation in the provision of healthcare services, and to require the identification of the license of certain health care providers."

Just like last year's attempt, this Bill is seen as another veiled attempt by medical doctors, specifically the American Medical Association, to limit what they view as competition from the providers of alternative healthcare services.

In a nutshell, this Bill would make it unlawful for anyone who is not a medical doctor or doctor of osteopathic medicine to make statements about their education, skills or training that would lead a person to believe that the provider is a medical doctor or a doctor of osteopathic medicine. Secondly, it would require providers who are not either of these types of doctors to provide licensing information in advertisements. Finally, it would direct the Federal Trade Commission to enforce the measures of the Bill.

A strongly worded response to this new Bill was immediately forthcoming from Richard Brassard, the president of the American Chiropractic Association. "Given the fact that consumer protection laws and restrictions are already in place, it is clear that this redundant legislation is intended to merely undermine the legitimate education and training of Chiropractors and other healthcare professionals. H.R. 2260 appears to be working in the best interest of the patient, but clearly its supporters are acting in their own self interest at the expense of consumers."

One minor item of note in this continuing attempt of Rep. Sullivan to operate on behalf of the medical profession is that very few additional legislators have fallen into line as co-sponsors of the 2007 Bill. Last year, he had 12 co-sponsors and that number is down to 3 this year.

To follow the progress of this Bill, check out the following US government website: <http://thomas.loc.gov>. Search H.R. 2260. It has been referred to the House Committee on Energy and Commerce.

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NO TIME FOR A SERIES OF ADJUSTMENTS? STUDY SHOWS EVEN ONE TREATMENT HELPS!

If you've ever wondered if a single Chiropractic adjustment can have an immediate positive affect on a person's life, have a look at the results of this recent study.

The study was conducted on 70 patients who reported neck pain and were tested standardly for both range of motion and level of discomfort. The results were reported in *The Journal of Manipulative and Physiological Therapeutics*.

The subjects were then randomly divided into two groups. The Chiropractic adjustment group received a single high impact, low amplitude (HVLA) treatment. The second group received a treatment simply aimed at mobilization of the neck. All of the participants were again tested for range of motion and pain 5 minutes after receiving their procedure.

The results showed that members of both groups benefited from their treatment in range of motion and pain reduction. This was found by comparing pre-treatment and post-treatment figures.

However, the researchers discovered than those subjects who received the HVLA Chiropractic adjustment had far superior results that the group that had just the mobilization done on them.

The researchers also noted that it did not matter if the subject was a man or a woman. Basically, the group that received the Chiropractic adjustment had less pain and a better range of motion when tested 5 minutes after the procedure was performed.

Now, it should be noted that the aim of this study was only to measure the short term results of a Chiropractic adjustment, so no long term follow up was done on any of the subjects.

The article noted that most chiropractors believe that a series of adjustments are needed to create a lasting change in the spine and the nervous system. However, this study does confirm that even a single specific adjustment does create an immediate positive change. And, researchers pointed out, a Chiropractic adjustment is much more effective that random physical mobilization such as was received by the control group in this study.

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FROM ADJUSTMENT TABLE TO COMPETITION, TABLE TENNIS PLAYERS BENEFIT FROM CHIROPRACTIC

One of the world's fastest-paced games involving a great deal of potential body trauma is the sport of table tennis. Around the world it rivals soccer as an immensely popular sport with over 40 million registered competitive players. In the United States it is considered more recreational, but up and coming with 600,000 competition players.

What makes table tennis a sport where competitors can benefit from Chiropractic is the enormous amount of body rotation and twisting involved in the game. The speed of the ball in competitive matches often nears 100 miles per hour, and it takes an enormous amount of rotation around the body core to create such velocity.

In addition, the game requires fast mental and physical reactions, speedy acceleration as well as dives and lunges to retrieve wildly spinning balls. All of this combines to put a great deal of stress on the body. Players have noted benefits from Chiropractic adjustments prior to and following intense matches.

Recently, some of the top players in the United States had an opportunity to experience the benefits of Chiropractic at the US National Championships held in Las Vegas, NV. Several chiropractors set up shop to provide assistance to players and to introduce them to the benefits Chiropractic could have on their overall performance.

Biljana "Biba" Golic, a former US Collegiate Women's Champ, was one of the top athletes who experienced Chiropractic for the very first time. After just one adjustment she said she felt an increase in her energy level, her muscle tightness was dramatically improved and so was her overall performance. This brought her back for more adjustments during the course of the tournament.

Dr. Rae Kelly was one of the chiropractors who enjoyed working with the athletes and had this to say: "The amount of forceful body or truck twisting associated with this level of play is truly amazing. Repetitive twisting produces significant repetitive rotational injuries. Many players came back to us before their matches for repeat treatments because it helped reduce their pain, increase their range of motion and improve their overall performance."

Teodor Gheorge is a 15-time Romanian Champ and is now the executive director of USA Table Tennis. "Players discovered that increasing the energy level and curing the pain could be accomplished within 5 to 10 minutes of Chiropractic care," he said. "It is like magic in a real world."

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ELECTRO-ACUPUNCTURE HELPS STROKE VICTIMS TO ENJOY RESTORED MOVEMENT

A person who has suffered any type of a stroke and survived certainly faces a long road to recovery. A recent study shows that Acupuncture can play an important role in helping such a patient along the road to physical repair, rehabilitation and a useful life.

The study involving 23 patients was recently conducted to determine if electro-acupuncture could be of benefit to first-time ischemic stroke victims. (Ischemic stroke means that a local area was cut off from the normal flow of blood causing the regular flow of necessary oxygen to the area to be interrupted.)

Electro-acupuncture involves the use of 2 needles attached to a device that produces a regular and continuous electric impulse. The needles are inserted at known Acupuncture points. The impulse travels through one of the needles, on throughout the body and exits via the second needle.

Following their stroke, each victim was given a course of conventional rehabilitation. A study group and a control group was then determined with members of the study provided with 8 courses of electro-acupuncture treatments.

Acupuncture was delivered over a period of one month's time. After 2 weeks, the motor performance of both groups was tested using two recognized scientific measuring standards. This was done again following 4 weeks of treatment and repeated at 3 months and 6 months later.

The group that received electro-acupuncture showed more significant improvement results following 2 weeks, 4 weeks and 3 months after the treatment according to one of the measurement tools. The second measurement standard used showed that while there was no significant difference between each group in overall performance, there was significant improvement in upper limb function for the study group.

From these results, victims of such a stroke would certainly be advised to include a course of Acupuncture into their recovery program. Acupuncture is known to restore energy flows to blocked areas of the body. Energy flow restriction caused by a stroke could likely show improvement as in the case of this study.

Researchers concluded that electro-acupuncture can be valuable in improving the movement and motor function of the body, especially in the upper limb area, for individuals who have experienced a stroke.

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BLOOD PRESSURE REACTS FAVORABLY TO REGULAR ACUPUNCTURE TREATMENTS

People who have concerns about their blood pressure, but who are adverse to the use of drugs to alter their condition may wish to consider a regular schedule of Acupuncture treatments to help handle hypertension.

A new study involving 160 people was recently conducted by researchers from the University of Erlangen in Germany and Nanjing University of Traditional Chinese Medicine in China. The goal was to determine if Acupuncture could reduce systolic and diastolic blood pressure.

The members of the study were randomly divided into two groups. Members were to receive either active or sham Acupuncture extended over a period of 6 weeks. Sessions were set to last 30 minutes and each person received a total of 22 treatments. Needling points for the active group were chosen according to a typical Chinese prescription for hypertension treatment. Those who received the sham Acupuncture were treated in locations with no relevance to blood pressure.

According to researchers, “There was a significant difference in post-treatment blood pressures adjusted for baseline values between the active and sham Acupuncture groups at the end of treatment.” For example, before treatment, the mean 24 hour systolic/diastolic reading was 131/81 for the active group and 129/80 for the sham group. By the end of the six weeks of treatment, the active group’s mean systolic/diastolic pressure was 125/78 and the sham group was virtually unchanged at 130/80. This would be an overall change of 6 points of systolic reduction and 3 points of diastolic drop.

Researchers were quick to point out that that reduction in hypertension had mainly short term value. When blood pressure was tested again at 3-month and 6-month intervals following treatment, the active group had returned to pretreatment levels. This makes it important for persons who control their blood pressure through Acupuncture to receive regular treatments.

In conclusion, the researchers recommended: “As shown in the present study, Acupuncture may offer an alternative anti-hypertensive therapeutic option. Acupuncture effectively lowered systolic and diastolic blood pressures during the treatment period with no or minimal side effects.”

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BUSINESS OF SELLING DRUGS IS ALL BUSINESS!

In the business of representing drug companies, the name of the game is to get doctors to write the prescriptions that will increase sales. To accomplish their purpose, sales people all have a working script as a guide and they follow it as well as or better than a Hollywood actor.

“Drug reps increase drug sales by influencing physicians, and they do so with finely titrated (measure and adjust dosage) doses of friendship,” according to Adriane Fugh-Berman of Georgetown University Medical Center and Shahram Ahari, a former drug rep for Eli Lilly who now works for the School of Pharmacy at the University of California San Francisco.

Drug reps are selected for their presentability and outgoing natures and are trained to be observant, personable and helpful. They are also trained to assess physician’s personalities, practice style and preferences and to relay this information back to the company. Personal information may be more important than prescribing preferences. “Good details are dynamic and the best reps tailor their messages constantly to their client’s reaction,” say Fugh-Berman and Ahari.

“A friendly physician makes the rep’s job easy because the rep can use the ‘friendship’ to request favors in the form of prescriptions. Physicians who view the relationship as a straightforward goods-for-prescriptions exchange are dealt with in a businesslike manner. Skeptical doctors who favor evidence over charm are approached respectfully, supplied with reprints from the medical literature and wooed as teachers. Physicians who refuse to see reps are detailed by proxy. Their staff is dined and flattered in hopes that they will act as emissaries for a rep’s message.”

Pharmaceutical companies carefully monitor this investment of time and energy in doctors through prescription tracking. The major pharmacies sell their records of prescriptions written by doctors and this information is then linked to individual doctors via a physician identification number provided through agreements with the American Medical Association. In 2005 alone, it is estimated that the AMA coffers benefited to the tune of \$44 million providing this information on their members to drug companies.

Physicians are ranked on a scale of one to ten based on how many prescriptions they write with “high-prescribers” lavished with attention, gifts and unrestricted “educational grants.” The fact that physicians are often overworked, under-appreciated and overwhelmed with paperwork makes them susceptible to the charm, warmth and sympathy of a friendly and cheerful drug rep according to Fugh-Berman and Ahari.

It’s all about getting physicians to use the product and samples that plays a large role in this game. “Reps provide samples only of the most promoted and usually most expensive drugs. Patients given a sample for part of a course of treatment almost always receive a prescription for the same drug.” When this occurs, the drug rep has done their job by increasing drug sales of the product they are pushing. And it all happens through a person carefully chosen and trained to follow the company script with the foremost goal to influence the prescription-writing habits of physicians.

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BOOMERS TO IMPACT HEALTHCARE FOR MANY YEARS!

If you think the Baby Boomer generation has had a major impact on the last several decades, wait to see what happens when this group heads into their 60s, 70s and 80s. The first of the Boomers will reach age 65 in 2011, and by the year 2030 the over-65 population will more than triple compared to figures going back to 1980.

What this means in terms of health, wellness and medical care is the focus of a new report just published by the First Consulting Group of Long Beach, California. The report details how this powerful population will impact healthcare for decades to come.

This generation will add new demands and challenges on an already stressed-out healthcare system, according to the report. "Today's report outlines a tidal wave of health needs and Boomers are just the beginning," said Rich Umbdenstock, president of the American Hospital Association.

On the plus side, more Boomers will be living longer and enjoying it more. "The good news is more of us will be active and enjoying our later years. But to meet the health challenges that come with that, we will need a greater focus on wellness and prevention, new approaches to care delivery and a new look at the American healthcare system," said Umbdenstock.

Chronic condition-wise, more than 37 million Boomers, that's 6 out of 10, will be managing more than two chronic problems by the year 2030:

- 14 million Boomers will be living with diabetes – that's 1 out of every 4.
- Almost half will be living with arthritis, peaking at 26 million in 2020.
- More than 1 out of 3 Boomers, over 21 million, will be considered obese.

Additionally, the demand for medical services is going to increase.

- Physician visits are up 34% over last decade and this will continue:
- By 2020 Boomers will account for 4 of 10 visits to physicians.
- Boomer hospital stays will greatly increase during the next 20 years.

So, just as communities had to build schools to accommodate Boomers in the 1960s, college enrollments reached new highs in the 1970s and the spending habits of a nation changed as this group matured, the same pattern will be repeated in terms of medical care facilities and services over the course of the next several decades. Good advice to Boomers would be to focus on wellness and do your utmost to avoid becoming one of these statistics.

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MEDICARE TO DROP PAYMENTS FOR HOSPITAL-CAUSED INFECTIONS, INJURIES

The Centers for Medicare and Medicaid Services (CMS) has announced that some significant changes will be taking place to improve the accuracy of Medicare payments. Additionally, Medicare will discontinue paying for health problems caused by a hospital. One of the aims of the revisions is to provide incentives to hospitals to engage in quality improvement efforts.

A profound change along these lines is that Medicare will no longer pay the additional costs of certain preventable conditions – including certain infections – that are acquired at the hospital. *The New York Times* recently reported this as a major change that will take place on Oct. 1, 2008. Preventable medical errors would include such things as infections, bedsores and pressure ulcers. Injuries caused by falls and infections resulting from the prolonged use of catheters in blood vessels or the bladder would also fall into this non-reimbursement category.

This portion of the reforms could require hospitals to greatly improve their quality of service as payments will no longer be Medicare approved for problems caused by the medical provider. Annually, according to the U.S. Centers for Disease Control and Prevention (CDC), approximately 1.7 million patients develop infections in hospitals each year. The CDC estimates that those infections cause or contribute to the death of 99,000 people a year, a total of about 270 hospital infection-related deaths each day.

These figures could translate to major savings for the Medicare program each year, and it will be interesting to see if insurance companies follow suit. While cost savings are certainly a consideration, so is the improved level of patient care. “If a patient goes into the hospital with pneumonia, we don’t want them to leave with a broken arm,” said Herb B. Kuhn, the acting deputy administrator of the CMS.

Additional reforms to the Medicare system have to do with increased payments to hospitals. Payments to all hospitals will increase by an estimated average of 3.5 percent for the 2008 fiscal year. Payments to certain hospitals may increase more or less than this amount depending on the type of patients they serve and their geographic location. Urban hospitals and those who treat more severely ill patients will likely receive higher payments, for instance.

“With these changes – first proposed by the Medicare Payment Advisory Commission in 2005 – Medicare payments for in-patient services will be more accurate and better reflect the severity of the patient’s condition,” said Mr. Kuhn. And, now facing the threat of non-payment for patient problems caused in the hospital, it is hoped that patients will receive greatly enhanced care as a result of these quality improvement efforts.

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THE POTENTIAL OF SUDDEN HEARING LOSS PROMPTS FDA MANDATED LABEL CHANGES

Sudden hearing loss among people taking two separate classifications of drugs has prompted the Food and Drug Administration to require new label warnings. One class of drugs involves those taken for erectile dysfunction and the other is taken by people to treat a severe high blood pressure situation.

An FDA investigation into hearing loss followed on the heels of a report in the April issue of the *Journal of Laryngology & Otology* of a man experiencing the problem after taking Viagra®. The search into the FDA Adverse Events Reporting System turned up 29 cases that involved erectile dysfunction drugs or the drug Revatio® which is used for control of severe hypertension. In most cases, the hearing loss was accompanied by ringing in the ears, vertigo or dizziness. Usually, the hearing loss involved one ear and resulted in either a partial or complete loss of usual hearing. In approximately one third of the cases the event was temporary, but in the remainder, the hearing loss was ongoing.

Cialis®, Levitra® and Viagra® are the most common types of heavily advertised drugs aimed at helping men with erectile issues. The drug Revatio® is used to treat pulmonary arterial hypertension, a serious medical condition in which continuous high blood pressure in the arteries of the lungs weakens the heart muscle and often leads to heart failure and death, according to the FDA report.

“Because some level of hearing loss is usually associated with the aging process, patients taking these drugs may not think to talk to their doctor about it,” said Dr. Janet Woodcock, M.D., the FDA’s deputy commissioner for scientific and medical programs and acting director of its Center for Drug Evaluation and Research. The FDA instructions to Cialis, Levitra and Viagra users is to discontinue the drug and immediately seek medical attention if hearing problems develop. Revatio users are instructed to continue taking their medication, but they should contact their healthcare provider for further evaluation. Because Revatio is taken to treat a potentially life-threatening situation, the FDA does not recommend abruptly stopping usage if hearing loss occurs.

The strong relationship demonstrated between the use of these drugs and sudden hearing loss warrants revisions in product labeling, according to the FDA. In the future, Cialis, Levitra, Viagra and Revatio products will bear warnings regarding sudden hearing loss and the course of action to take if such an event happens.

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STUDY POINTS THE WAY TO IMPROVED LIVING FOR ADULTS WITH CONCENTRATION/LEARNING PROBLEMS

Adults who have been diagnosed with learning and attention disorders may find solutions to their problems with Chiropractic. The findings of a pilot study recently published in the *Journal of Vertebral Subluxation Research* suggest that Chiropractic treatment may help adults suffering from concentration and learning difficulties.

Research has shown that so-called conditions like “Attention Deficit/Hyperactivity Disorder” (ADHD), traumatic brain injuries, dementia and Parkinson’s disease all reduce concentration. In the United States alone, between 1-6 percent of adults and 3-10 percent of children are said to suffer from “ADHD”. Additional problems with living have been known to happen as well, including higher rates of car accidents, increased substance abuse, greater risk of failing in school or on the job, increased likelihood of divorce and greater difficulty in managing money.

The recent study was performed at the Centre Wellness NeuroFit in Lausanne, Switzerland, under the guidance of Centre Director Dr. Yannick Pauli, DC. “In this pilot study, we used objective outcome measures to evaluate attention in nine adult patients before and after two months of wellness Chiropractic care. All patients experienced significant improvement in concentration,” said Dr. Pauli, a chiropractor specializing in wellness neurology.

The connection between attention and Chiropractic is not readily obvious to most people since chiropractors work mainly with spinal manipulation. However, according to the researchers, there is a direct link between the spine and activity in the brain. “As a chiropractor specializing in wellness neurology, I understand that the spine is as much about neurology as it is about biomechanics,” said Dr. Pauli. The articulations and the muscles of the spine are rich sensors that send information to the nerve system. “Each time we work with the spine, we activate neurological circuits in the direction of the brain and bring the nerve system into balance.”

Dr. Pauli also notes that chiropractors affect a small part at the back of the brain called the cerebellum. Studies have shown that this structure is involved in attention. “Higher parts of the brain are also dependent upon the proper balance and function in the cerebellum,” he said. “If the cerebellum does not function at par, the rest of the brain becomes somewhat clumsy. By activating the spinal receptors and balancing the cerebellum, we help the brain function better.”

“Although the results are preliminary and more research is needed,” said Dr. Pauli, “the outcome of the study suggests that patients suffering from “attention deficit” benefited from Chiropractic care.”

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GOVERNMENT VITAMIN SAFETY REPORT REBUFFED

Vitamin safety seems more and more in the news and on the lips of governmental agencies attempting to cast a disparaging light on supplements in the diet. In fact, a recent US National Institutes of Health (NIH) report did all it could to cast doubt on food supplement safety. Their findings drew a quick and informational response from the Independent Vitamin Safety Review Panel.

According to the NIH, "More than half of American adults are taking dietary supplements, the majority of which are multivitamins, and the bottom line is that we don't know for sure that they're benefiting from them. In fact, we're concerned that some people may be getting too much of certain nutrients," said J. Michael McGinnis, M.D., who headed the panel.

The study was based on a review of available literature on the subject of vitamin and supplement safety. The conclusion of their findings was simply stated: "The overall quality and quantity of the literature on the safety of multivitamin/mineral supplements is limited."

The Independent Vitamin Safety Review Panel was particularly critical of the study group for calling the literature on vitamin safety "limited" while completely ignoring over 600 papers on the subject from the specialist medical journal, the *Journal of Orthomolecular Medicine*. This omission certainly showed bias, according to the independent review panel.

Also showing bias was the fact that the NIH completely ignored pharmaceutical drug dangers while concentrating on the unfounded concerns over daily multivitamins, said the panel. With over half of all Americans taking vitamins every day, the panel simply asked, "Where are the bodies?"

According to statistics compiled annually by the American Association of Poison Control Centers, multivitamins kill no one. On the other hand, in 2003, there were 59 deaths from aspirin alone. The Independent Vitamin Safety Review Panel asserts that there is not one death per year from any vitamin in the alphabet; not from A, B's, C, D or E. At the same time, documented reports show that over 100,000 people die annually from pharmaceutical drugs, even when taken as prescribed.

"Vitamin supplements are extraordinarily safe and effective," said panelist Abram Hoffer, MD, who also has a PhD in nutritional biochemistry. "This is based on fifty years of clinical experience without seeing any life-threatening side effects and no deaths. It is drugs that are dangerous. Perhaps the US Food and Drug Administration is getting tired of all the bad news about drugs, so instead they are going after nutritional supplements."

It is the conclusion of the Independent Vitamin Safety Review Panel that the US National Institutes of Health has ignored the benefits of vitamin supplementation, grossly overstated supposed risks, and in so doing, has both misinformed the public and harmed the public's health.

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THE REDUCTION OF CHOLESTEROL MAY INCREASE CANCER RISKS!

More and more we hear conflicting data on both the benefits and the harmful effects of statin drugs like Lipitor®. It's getting more common to hear of persons taking these drugs who suffer liver problems and muscle weakness. Now a new study points to the possibility that lowering cholesterol in the body may actually contribute to cancer.

The study involved over 41,000 patients and 13 different statin treatments. It was embarked upon by the Tufts-New England Medical Center with results published in the Journal of the American College of Cardiology (JACC). The main reason for the study was to determine if there was a link between the lowering of LDL Cholesterol and liver and muscle problems.

While a link between LDL lowering and liver or muscle irritation was not found in this study, it was determined that liver toxicity levels increased with higher statin dosage. The researchers did not expect to find the increased cancer risk (one additional incident per 1,000 patients) from low LDL levels, and additional studies have already begun to investigate this potential risk further. Future studies will aim to confirm the risk and to identify whether the risk may be a side effect of statins or just low LDL.

The researchers evaluated change and percentage of change in LDL reduction and the resulting achieved LDL levels in relation to rates of newly diagnosed cancer in each treatment type. They also looked at the relationship between low, intermediate and high doses of statins and rates of newly diagnosed cancer. While they did not find a relationship between percent of change and absolute change in LDL levels, they did observe higher rates of newly diagnosed cancer among patients with lowered LDL levels. The new cancers were not of any specific type or location.

As more emphasis has been placed on the perceived and advertised benefits of lowering cholesterol, there has been increased support for lowering national guidelines for LDL targets and using higher doses of statins to attain them. Given the preliminary findings of this Tufts-New England Medical Center study, lowering of cholesterol levels may take on new concerns as it applies to cancer prevention.

Persons interested in controlling cholesterol now have one more consideration to put into the decision-making process before embarking on a drug solution. It is known that cholesterol levels can be altered through a healthy diet and exercise. Taking a serious look at all of the possible benefits and the potentially harmful effects of statin drugs, and consulting with a number of healthcare professionals, would be the advised course of action for anyone considering taking such a drug.