

Isn't Something Missing from the Test?

Why isn't a measure of the insulin concentration in the blood included in the Self-Assessment for Risk of Syndrome X? After all, isn't the problem caused by insulin resistance and the resulting "extra" insulin in the bloodstream?

Simply put, knowing how much insulin is in the blood at a given time is not that helpful, not for our purposes. The results of insulin tests vary depending on which laboratory conducts the analysis, and there is no universally agreed upon range of "normal" insulin levels. Furthermore, it's possible to be insulin resistant and have high insulin concentrations, but not have Syndrome X. This is not likely, but it is a consideration. That's why the diagnosis is based on the presence of the syndrome's manifestations, such as elevated triglyceride and low HDL cholesterol levels, not the "raw" amount of insulin in the blood.

Step 2. The Syndrome X Diet™

Odds are your physician and health-oriented friends have been telling you to cut back on fat and eat more carbohydrates. That may be good advice for some of us, but it's not the best advice for those with Syndrome X.

You need carefully balanced proportions of carbohydrate, protein and fat. Some popular diets are fairly good for keeping insulin under control but, ironically, they can increase your risk of heart disease by raising your LDL "bad" cholesterol levels. And there are diets that help lower your LDL, but may send your insulin soaring if you have the syndrome. The Syndrome X Diet is the only approach that keeps insulin under control and pushes LDL cholesterol down.

Drawing 45 percent of its calories from carbohydrate, 40 percent from fat and 15 percent from protein, the Syndrome X Diet is the foundation of the program. But it's a controversial approach, flying in the face of accepted wisdom offered by venerable health institutions such as the American Heart Association, the American Diabetes Association and the National Cholesterol Education Program. These and other groups insist that low-fat diets are best for everyone—but they aren't!

Don't let that shake your resolve. Most well-meaning physicians, dietitians and organizations are simply unaware of Syndrome X and

its ramifications. Their dietary advice doesn't take the syndrome into account. Their advice to all Americans to replace fat with carbohydrate is fine for many of us, but if you have Syndrome X, too much carbohydrate can lead to trouble.

Step 3. Weight Loss

The closer you are to your ideal body weight the better, for the insulin resistance that lies at the heart of Syndrome X grows worse as excess pounds pile on. The more obese you become, the more insulin your body must produce to keep glucose under control, and the greater the damage caused by Syndrome X.

Slimming down helps lower insulin levels by making your insulin more effective, thus reducing the risk from all the Syndrome X risk factors. And it's beneficial to remain slim even if you don't have Syndrome X, for obesity is a universal risk factor for heart disease.

Most people can shed excess pounds with judicious eating and regular exercise. The weight loss menus that you'll find in Chapters 15 and 16 are easy to prepare, easy to follow and easy to stick with. You'll be able to enjoy delicious meals without suffering.

Step 4. Physical Activity

Obesity and lack of physical activity don't cause Syndrome X, but they do make it worse. That's why exercise is one of the best "medicines" for people with the syndrome. It attacks the fundamental problem by lowering insulin and blood triglyceride levels, and raising the HDL cholesterol. Although we have not yet conducted the studies to prove this is so, exercise should theoretically also make the LDL particles larger and less dense, speed the clearance of blood fats from your system and decrease the likelihood that you'll develop unnecessary blood clots.

Fortunately, you needn't run marathons to benefit. In Chapter 8 we'll look at ways to make exercise a regular part of your day, every day, even if you have difficulty simply standing up for long.

Step 5. Healthy Lifestyle Habits

Alcohol and cigarettes are part of many people's lives. While moderate consumption of alcohol does not pose a danger for those with Syndrome X, there is absolutely no doubt that smoking does. The results of studies conducted in our laboratories demonstrated that smokers are significantly more insulin resistant and have higher insulin levels than do nonsmokers, and confirmed that they have higher blood triglyceride and lower HDL cholesterol levels. In short, smoking cigarettes increases your likelihood of developing Syndrome X, and can give the syndrome extra "punch." And there are, of course, many other reasons to stop smoking.

Step 6. Medical Intervention (If Necessary)

Although the first five points of the program will suffice for many people, some will require medicines to keep their triglyceride, blood pressure and LDL cholesterol levels under control.

If you do need medicine, carefully consider the drugs you take, for their side effects can make things worse. For example, some medicines used to lower blood pressure can push the LDL and triglyceride levels up, while lowering the HDL. Chapter 10 looks at medicines that can complement your lifestyle changes.

ONE PROGRAM, MANY APPROACHES

Syndrome X is a complicated disorder, making it impossible to come up with a magical, "one size fits all" program to keep it under control. Nonetheless, it will be relatively easy for you to find your own best solution. Your Syndrome X strategy will be based primarily on your laboratory test results.

Which strategy you use depends on how many aspects of Syndrome X you have, and how severe they are. Some people develop all the aspects of the syndrome, others only one or two. In some people the aspects are strong, in others they're mild to middling. But even if you are only standing on the precipice of Syndrome X, taking action now will greatly increase the odds that you'll avoid heart disease.