

## Cholesterol Medication

### In the news:

At the recent American College of Cardiology conference, results of a trial were released which showed no benefit with Ezetimide by itself (Zetia) or with Simvastatin (Vytorin) in stopping plaque progression in a very high risk population of people. For those who diligently read these newsletters, this is nothing new. In our winter 2007 newsletter, we briefly reviewed this study. It showed that in patients with very high LDL cholesterol treated with Vytorin or Zetia, plaque continued to grow. This was widely publicized as proof that the medicine was ineffective and shouldn't be used. Looking more carefully at the data shows that the cholesterol was so high that these medicines by themselves did not get the cholesterol down to the levels needed to stop plaque from progressing. Therefore, these results would be expected. There is a large body of evidence showing that getting the

## Diabetes Update

"A recent study looking at aggressive control of diabetes found an increase risk of cardiac death in patients with poorly controlled diabetes who were treated aggressively ( $HgA1c \leq 6.5$ ) versus a group that were managed to an appropriate but less aggressive goal ( $HgA1c \leq 7.0$ ). At the same time, another study showed an overall 20% reduction in death from any cause in a group of diabetics treated to the more aggressive goal. While the studies disagree about the effects of aggressive diabetes management on death rates, they agree on the fact that treating diabetes to the more aggressive goal of  $HgA1c \leq 6.5\%$  reduces many of the other complications of diabetes such a nerve, kidney and eye damage. There have been shock waves

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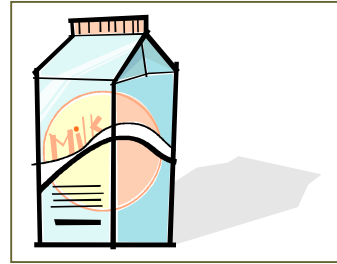
cholesterol down low enough does in fact slow and even stop the progression of cholesterol plaque. The data also shows that these medicines are useful tools in helping to achieve those targets. The result is that there is no change in our recommendations regarding cholesterol treatment at this time.



throughout the medical community about these data and what they mean for diabetic care. Moreover, the theories behind diabetic care are being called into question. While many are worried, we find this refreshing! It is the nature of medical science to question everything in an attempt to fully understand how our bodies work and how to treat when things go wrong. Even a disease like diabetes where treatment seems straight forward – get the sugar back to normal – is not above the questioning process. Indeed, the system is working! To date there has been no recommendation to change the way we treat diabetes and there will be much discussion and further studies attempting to clarify these issues. We will be studying this data carefully as it emerges and plan on staying on the cutting edge of diabetic care

## Vitamin D

You may have noticed that over the past 2 years we have started checking vitamin D levels periodically. Traditionally, vitamin D has been viewed as important for bone health. Recently, there is evidence that vitamin D may be associated with lower rates of several types of cancer including colon, breast, ovarian and prostate cancer. It is not yet proven whether normal vitamin D levels prevent these cancers or whether there is another explanation for this observation. Similarly, adequate vitamin D is associated with a decreased risk of developing diabetes, reduction in systemic inflammation that accelerates atherosclerosis and enhances the immune system. Vitamin K is largely manufactured in the skin when we are exposed to sunlight. A 15 minute exposure is all that is needed to meet the body's requirements. In Seattle, we have less sun exposure through the winter months and in the



summer, the use of sunscreen effectively blocks vitamin D production by 98%.

It is nationally recommended that we get 400 units daily of vitamin D. We recommend at least 800 units daily and more if you are deficient. In the last few months, vitamin D has drawn the attention of the media and you will be hearing more about this in news reports and articles. We will continue to monitor information as it becomes available and encourage you to discuss any questions you have when you are in for your annual physical exam.

## People and Places

Dr. Williams and Ali will be out of the office June 20-27 for some relaxation and fun in the sun.



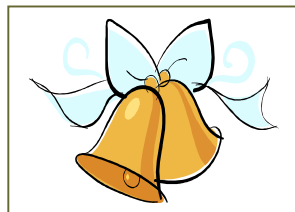
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\*NOT TO BE USED FOR URGENT OR TIME SENSITIVE MATTERS.

## Office News



Wedding bells are ringing! Dr Kaner has been busy writing checks and flying to California in preparation for his eldest son's July wedding.

Ali was recently engaged to be married! Plans are for a spring 2009 wedding in Hawaii.

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