

Diet can help manage polycystic ovary syndrome

Q My daughter was diagnosed with PCOS recently. I feel like I am an informed woman, but I never heard of this condition. Can you tell me what role diet might play? KM, Greenville



KATHY KOLASA

A The diagnosis of polycystic ovary syndrome — based primarily on symptoms — has been around since the mid 1930s. Both an increased awareness of the condition along with some tools to help make the diagnosis are available today. Dr. Connie Zhong, a recent Brody graduate heading to the University of South Carolina-Columbia for her internal medicine residency and onward for fellowship training in geriatric medicine wants to help you understand the role diet has in managing PCOS. She spent some time with Kay Craven and other registered dietitian nutritionists at ECU Physicians recently. Here is what she knows.

About 1 in 10 women of childbearing age in the U.S. have polycystic ovary syndrome — often referred to as PCOS. Your daughter can do a lot to manage this condition with lifestyle changes. Women who have PCOS are more likely to experience infertility and develop high blood pressure, diabetes, problems with their blood lipid levels and even cancer. The causes of this condition are not known but are likely to be from genes along with the environment.

The symptoms of PCOS include irregular or no menstrual period; growth of dark hair on the face, chest and back; acne; and/or a deeper voice.

If your daughter is overweight, losing 5 to 10 percent of her body weight (for a person weighing 200 pounds, that would be 10 to 20 pounds) might be helpful. Even if it doesn't help her menstrual cycle, it will lower her risk of having a heart attack, stroke or diabetes. Effective weight loss diets include eating fewer calories a day (for example, eating 500 calories less a day).

Keeping the weight off is aided by regular physical activity. If she loses weight, her body may respond more to insulin, and she will have less body fat, and perhaps less acne and less dark hair on her face and chest. We like to recommend the Mediterranean diet. This means eating lots of fruits, vegetables, beans, nuts, and seeds, using olive oil in cooking, and eating more eggs, fish, and poultry than red meat. It means limiting how much fried and processed foods, added sugar and salt she eats as well.

Some of the benefits of this diet are that it has lots of dietary fiber, foods with lower glycemic indexes, healthy fats, and cancer-fighting antioxidants. Following this diet has been shown to reduce insulin resistance, decrease symptoms, reduce testosterone and lessen inflammation. We like the website medinsteadofmeds.com. Even though this is a .com website it won't try to sell you anything but good information. Medinsteadofmeds.com was created and maintained by nutrition and health professionals from N.C. State University and N.C. Division of Public Health.

Many women who have PCOS have insulin resistance. Insulin is a hormone that controls sugar levels in the blood. This means that their bodies do not respond to the insulin in their blood, which causes sugar levels to build up and makes them more likely to develop diabetes. There is some evidence that following an eating pattern with low glycemic index foods may be beneficial to the patient. We recommend your daughter have a consultation with a Registered Dietitian Nutritionist (RDN), especially if she wants to try to follow a low glycemic way of eating. It's more challenging than following the Mediterranean eating plan we typically recommend.

Studies also show that women with PCOS may not get enough vitamins and minerals. These include vitamin D, calcium, omega-3 fatty acids and chromium. Taking supplements to make sure people get enough of the vitamins and minerals may help. But again, before starting or stopping a supplement it is important to discuss with her physician — especially if she is taking other medications. And it is equally important to see if her diet is low in those nutrients and how she might get them through food and beverages instead of supplements. Again, a RDN can help with that analysis and diet planning.

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Bruschetta is art on a plate

There's something very pleasing about an open-faced sandwich. While simple in concept, the open sandwich construction is popular in myriad cultures.

For instance, it's known as bruschetta in Italy, tartine in France, or smørrebrød in Scandinavia, and the arrangements range from simple and minimal (such as a smear of garlic and tomato) to hefty and filling. They can be visually rustic, fancy and fussy, and gravity-defyingly artistic.



LYNDA BALSLEV

By removing the top piece of bread from the equation, the sandwich filling becomes the topping, which is a lovely reflection of the sum of its parts and a visual tease, beckoning a bite. The bottom piece of bread serves as a plate, to which a smear of butter, fat, cheese or pate is added to seal the bread and serve as a (tasty) barrier, preventing moisture from the toppings from making it soggy.

While this is both practical and utilitarian, the type of bread can be as distinctive as the toppings, ranging from day-old bread that gets a revitalizing toast on the grill, to dense and crusty country-style bread, to thin slices of malty ryebread.

I recommend using a country-style bread such as a rustic sourdough for this sandwich. A creamy fresh goat cheese provides the smear. Roasted baby beets crown the cheese and are dabbed with a vibrant garden pesto.

This is not your traditional cheesy basil pesto, but rather a blend of garden-fresh herbs pureed with olive oil and lemon. I encourage mixing up the herbs to your taste, while making sure to include a generous amount of parsley and mint to the mix, which nicely complement the beets.

Beet and Goat Cheese Bruschetta

Active Time: 20 minutes
Total Time: 20 minutes, plus roasting time for the beets
Yield: Makes 6 large or 12 small bruschetta
Pesto:
 3 cups packed mixed garden herbs, such as Italian parsley, mint, cilantro, chives, chervil, tarragon
 3 tablespoons pine nuts
 1 garlic clove, chopped



LYNDA BALSLEV/TASTEFOOD

Beet and goat cheese bruschetta

1 tablespoon fresh lemon juice
 1/2 teaspoon finely grated lemon zest
 1/3 cup extra-virgin olive oil, plus more as needed
 1/4 teaspoon kosher salt
 1/8 teaspoon freshly ground black pepper
 6 slices country-style bread, about 1/2-inch thick
 Extra-virgin olive oil
 8 ounces fresh goat cheese
 6 to 8 roasted and peeled baby beets, cut into 4 to 6 wedges
 Sea salt and freshly ground black pepper
 Finely grated lemon zest
 Fresh herb sprigs and flowers for garnish
Steps:
 Make the pesto: Place the herbs, pine nuts, garlic, lemon juice and zest in the bowl of a food

processor. Process until finely chopped. With the motor running, add the oil in a steady stream to blend. If too thick, add extra oil, 1 tablespoon at a time, to your desired consistency. The mixture should be slightly loose for dabbing, but not too runny. Add the salt and pepper and taste for seasoning.

Heat the oven broiler or a grill. Lightly brush the bread slices with oil. Broil or grill until toasted golden on both sides but still tender in the center. Remove and cool the bread 5 minutes.

Smear the cheese on the bread. Drizzle a little pesto over the cheese and top with the beets. Lightly dab the beets with more pesto if desired. Season each bruschetta with a pinch of salt and a grind of pepper. Garnish with lemon zest, herb sprigs and flowers. Serve whole or cut in half for smaller bites.

Arthrogryposis won't progress after birth

Q Our granddaughter's pediatrician says she has something called arthrogryposis. It's not something anyone in our family has ever heard of before. What is this condition, and what does it do? How is it treated?

A Arthrogryposis is also known as arthrogryposis multiplex congenita, or AMC. It refers to a variety of conditions that involve joint stiffness and muscle weakness, both of which are present when a child is born. It's a challenging name, and examining it piece by piece can be helpful to understand it. The prefix "arthro" means that a condition is related to the joints in the body; "gryposis" refers to the presence of an abnormal curvature. The word "multiplex" indicates that a condition affects two or more areas of the body, and "congenital" denotes that it is present at birth.



ELIZABETH KO



EVE GLAZIER

Arthrogryposis is not considered to be a disease. Rather, it is collection of symptoms that can arise from a variety of medical conditions. AMC does not progress. That is, it does not become worse or expand beyond the scope of what is present at diagnosis. Infants with AMC are born with two or more joints that have limited range of motion, or that are completely fixed in place. Although the joints most commonly affected are those of the legs and arms, other joints are often involved as well. These may include the shoulder or hip joints; the knees, ankles and toes; and the elbow, wrist and fingers. In some cases, the hinge joint of the jaw may also be affected. Muscle weakness, which is associated with the contracture of the joints, is also common.

The causes of AMC are not yet fully understood. Some researchers have drawn a connection to a decrease in fetal movement during development. This can occur due to a variety of causes, such as inadequate room within the uterus and low levels of amniotic fluid. Other possible causes include maternal illness, gene changes and chromosomal abnormalities. There are no prenatal diagnostic tests that would predict if an infant is at risk for developing AMC. In some cases, the condition may be identified via ultrasound. For many babies, the condition becomes evident only after birth.

When joints remain static for a prolonged period of time, they can become surrounded by extra connective tissue. The result is that they may become fixed in place. This absence of movement also affects the tendons, which need to be regularly stretched during fetal development in order to reach their optimal length.

Although treatment depends on the specifics of each case, physical therapy to improve range of motion and avoid muscle atrophy is often beneficial. In some cases, gentle manipulation of the joints, along with muscle exercise, can improve range of motion. Sometimes splints for the knees and feet, which make movement possible, can help with muscle development. It isn't needed in all cases, but surgery to reposition certain joints can help with range of motion. When fingers and hands are affected, occupational therapy may be recommended. In most cases, treatment entails a multidisciplinary approach that will evolve as the baby progresses.

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