

Seven Health Habits for Women: The Nutritional Code

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What Code Drives A Woman's Approach To Nutritional Health?

Women's choices regarding their nutritional health are greatly different than men and nutritional health needs vary based upon geographic region, ethnicity, age and individual interests. These are key factors that define for many women their personal nutritional code regarding the relationship between health and foods.

What does regular use of this nutritional code do? It combines their habits and nutritional behaviors to establish dietary contributors that maintain wellness and support possible prevention and delay of chronic disease risk. For many it is a code to live by. And what are the seven key health areas with which most women concern themselves where their nutritional code offers opportunities for special nutritional habits? Should healthcare professionals inquire code their patient/customers live by?

Nutritional Support for Heart Disease and Obesity/Type 2 Diabetes

Omega 3 fatty acids derived from natural marine sources offer anti-inflammatory benefits and diets high in fruits and vegetables offer higher levels of phytochemical antioxidant compounds. These compounds help to reduce the formation of oxidized LDL cholesterol--bad cholesterol-- which causes plaque buildup. High calcium intake has also been shown to have a modest, but beneficial effect on maintaining a health blood pressure as does a reduction in salt (sodium) intake. There are various dietary cholesterol inhibitors such as plant sterols and stanols (i.e., beta-sitosterol, campesterol and stigmasterol) that women understand help lower LDL cholesterol without decreasing beneficial HDL cholesterol. These are included as a component of the regular diet.

Control of body weight while establishing effective adipose tissue management is an important consideration in the management of Type 2 diabetes and its connection to heart disease. With the beneficial effects of increased physical exercise and reduced caloric intake, many nutritional approaches also include micronutrient supplements such as magnesium and chromium. Should healthcare professionals examine products they recommend to determine if these micronutrients are present?

Avoidance of Depression and Osteoporosis

It is long been known that women are more likely to experience an anxiety or mood disorder than men. If the episode lasts two weeks or longer and possesses other symptoms that reflect a change in daily functioning (sleep, eating, loss of interest in daily activities, etc.), it is considered a major depressive episode. Perhaps unknown is that these episodes occur 3 to 4 times more frequently in women under 65 years old compared to older women. Reduced risk of depression can be attributed to diets that are rich in vegetables and fruits including higher intake of fish as the eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) found in marine life are associated with less depression symptoms. Clinical studies found higher plasma EPA concentrations in women based upon their nutritional diet and supported the lessening of depression symptoms.

Depression reducing abilities can be enhanced through the addition of amino acid supplementation along with magnesium oxide and B vitamins (including choline and inositol) with vitamin D. In younger women with PMS, calcium supplementation has improved depressive symptoms. Other literature studies offer various naturally occurring agents that can assist with premenopausal depressive symptoms yet their interaction with traditional medications must be considered before use.

Osteoporosis has always been considered a serious bone disease that can aggravate many older women. Perhaps not typically known is that one in three women over the age of 50 will experience an osteoporotic fracture. The most important nutrients to combat osteoporosis are calcium, vitamin D, magnesium and vitamin K. These ingredients are available individually or in combination with many other vitamins and minerals in diet supplements, weight loss products and nutritional supplements, many of which are specifically designed for women.

The Role of Nutritional Health in Breast Cancer and Anemia

Some research has shown that higher serum levels of vitamin D can impact and reduce breast cancer mortality. Of particular interest is that in populations with relatively high soy intake (Asian populations), there was a reduced breast cancer risk in those consuming high amounts of soy isoflavones (> 20 mg isoflavones per day). A few studies completed with Western populations did not show any difference in reducing breast cancer because of the low level of soy isoflavone consumption. Certain dietary lignans (fiber-associated phenolic compounds) found in edible plants are converted in the large intestine to active compounds by intestinal microbes and appear to modify estrogen signaling in the breast to reduce breast cancer risk. These lignans have also shown utility in significantly decreasing risk in women for colon cancer.

Low blood hemoglobin (anemia) is prevalent in both young and older women and is country specific. Iron-deficiency anemia is more prevalent in young women while chronic disease is the primary cause in older women. Anemia causes fatigue in many cases where even though normal hemoglobin levels exist, the women have low iron stores. Supplementation with 80 mg/day for 12 weeks in a controlled clinical study greatly reduced fatigue in women signaling the value of supplementation that women should us through regular nutritional health habits.

Nutrition and Health- A Strategic Alliance

Women who concern themselves with ingestion of appropriate nutritional health foods can work to reduce their risks for heart disease, obesity and Type 2 diabetes, depression, osteoporosis, breast cancer and anemia. Do your patients, customers or clients have a nutritional code they live by?

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