

When You Are Serious with Mike Nichols, MD

Fulcrum-Powered, Chrome-Plated, Leveraged Deception

A patient sent me an ad I had not seen. I reproduce it here in order to discuss it; last page. It contains one outright lie, oops...well intentioned error, and one important truth and overall is very misleading and dangerous. Take a look at the ad on the attached page.

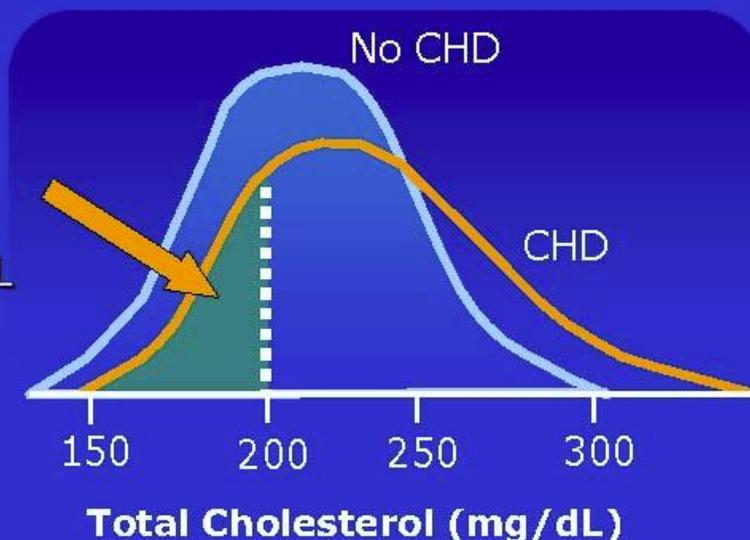
Now the outright lie is interesting and tells us a lot about the politicalization of science and especially as science informs healthcare decisions. The ad tells us: "more than 80% of people who have had heart attacks have high cholesterol."

Well since the same people who research, manufacture and sell 'high cholesterol' drugs are the same people who get to define high cholesterol- labs even changed their reporting to reflect cholesterol of greater than 200 as 'abnormal'- would it be surprising if they 'defined' high cholesterol so that this were true only in the sense that 'might makes right' is true? Let's look at reality and not the politically derived definition of high cholesterol. Take a look at the graph below and you will see that the largest US based statistical look at the naturally occurring cholesterol distribution shows the mean cholesterol level in the Framingham Study to be around 210-220. By the way 'CHD' stands for Coronary Heart Disease. Now look at the 'bell curve' of those who have CHD and those who do not. There is a difference but not such that 80% of the population have both 'high cholesterol' and CHD. Looked at another way 50% of people who have CHD have average to below average cholesterol levels as the simple arithmetic meaning of 'high' and 'low' is understood.

Total Cholesterol Distribution: CHD vs Non-CHD Population

Framingham Heart Study-26-Year Follow-up

35% of CHD
occurs in
people with
TC < 200 mg/dL

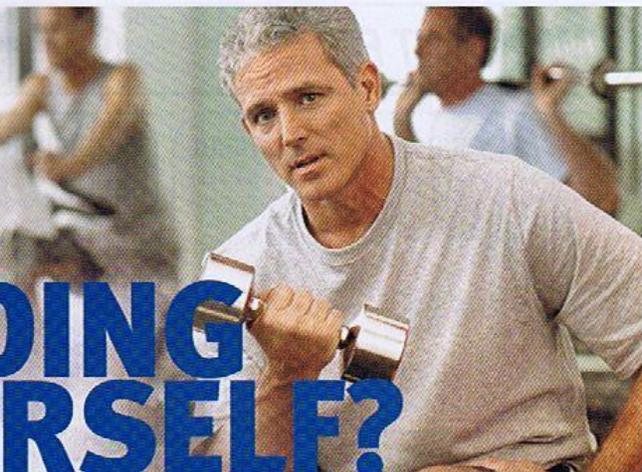


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Something else is going on here besides 'high cholesterol.' So 'ads' lie is not my only point. I am not going to rehearse why the raw cholesterol number tells you very little about your risk of heart attack and stroke as most of my patients know this very well.



**ARE
YOU
KIDDING
YOURSELF?**

A LOT OF PEOPLE THINK EXERCISE AND HEALTHY DIET ARE ENOUGH TO LOWER HIGH CHOLESTEROL. FOR 2 OUT OF 3, IT MAY NOT BE.

Did you know, more than 80% of people who have had heart attacks have high cholesterol? For 2 out of 3 people with high cholesterol, diet and exercise may not be enough. If you haven't been successful in trying to lower your cholesterol on your own, stop kidding yourself. Talk to your doctor about your risk and if Lipitor is right for you. You can also learn more at lipitor.com or call 1-888-LIPITOR.

- When healthy diet and exercise are not enough, adding Lipitor may help.
- Along with diet, Lipitor has been shown to lower bad cholesterol 39-60% (average effect depending on dose) and Lipitor is FDA-approved to reduce the risk of heart attack and stroke in patients who have heart disease or risk factors for heart disease. These risk factors include smoking, age, family history of early heart disease, high blood pressure and low good cholesterol.

IMPORTANT SAFETY INFORMATION: LIPITOR is not for everyone. It is not for those with liver problems. It is not for women who are nursing, pregnant or may become pregnant.

If you take LIPITOR, tell your doctor if you feel any new muscle pain or weakness. This could be a sign of rare but serious muscle side effects. Tell your doctor about all medications you take. This may help avoid serious drug interactions. Your doctor should do blood tests to check your liver function before and during treatment and may adjust your dose.

Common side effects are diarrhea, upset stomach, muscle and joint pain, and changes in some blood tests.

INDICATION: LIPITOR is a prescription medicine that is used along with a low-fat diet. It lowers the LDL ("bad" cholesterol) and triglycerides in your blood. It can raise your HDL ("good" cholesterol) as well. LIPITOR can lower the risk for heart attack, stroke, certain types of heart surgery, and chest pain in patients who have heart disease or risk factors for heart disease such as age, smoking, high blood pressure, low HDL, or family history of early heart disease.

LIPITOR can lower the risk for heart attack or stroke in patients with diabetes and risk factors such as diabetic eye or kidney problems, smoking or high blood pressure.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.



DON'T KID YOURSELF

Please see additional important information on next page.

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lipitor.com

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What I want to point out is the truth in the ad: “A lot of people think exercise and healthy diet are enough to lower high cholesterol. For 2 out of 3, it may not be.” Well, actually it is more like it doesn’t work for 9 out of 10. More to the point it does not matter. If I did not already have two graphs/pictures I would include graphs from my patient files of those who choose a dietary approach to lowering their cholesterol; a recent example is a 69 year old man who dropped his from 273 to 187. It can be done. I always recommend against this approach but it can be the right thing to do for other reasons than just to lower cholesterol. For most people ‘eating right and exercising’ doesn’t lower cholesterol because it doesn’t need lowering and the means to achieve this end are often less healthy than the behavior that led to the relatively high cholesterol to begin with.

OK, so here is the real truth in the ad: exercise as conventionally understood does not protect against heart disease or stroke. Go to almost any gym/spa/training facility and you will see a large warehouse of chrome-plated, selecterized, lever-armed whirligigs. Avoid that room. Unless fitting into your high school prom dress is your only reason for living. Even then the arm holes will become too tight.

Please proselytize this point: raise your VO₂, increase your exercise capacity, this is not done on the treadmill while listening to CNN, increase your lean muscle mass and you will radically decrease your risk of heart attack and stroke. Raise your VO₂ 3.5 ml/kg/min and decrease your risk of sudden cardiac death by 20%. Raise it more and reduce it even more; a nearly linear dose-response curve; so more and more means less and less risk of stroke and heart death.

To me the real evil in the ad is not revealed by parsing the truth of each statement, though that is scary enough, it is in the attempt to undermine the very best that is in us; it undermines, intentionally and stealthily, a person’s self actuated attempt to improve their health. It is designed to make us all dupes, pawns, slaves of drug dependent thinking. It is intended to engender a sense of helplessness, of futility in the face of the deus ex machina of a fait too wild and fearsome to cross without Pfizer’s latest offering in our pocket. Don’t fall for it.

Dr. Mike Nichols is one of the pioneers in the development of protocols for prescriptive exercise & a particularly prolific writer on the topic. You can view more of his articles at: whenyouareserious.com