



FOUR POPULAR DIETS ALL GOOD FOR WEIGHT LOSS BUT NOT EQUAL FOR REDUCING HEART DISEASE RISK

At the 2003 American Heart Association's Scientific Sessions, results of a randomised comparison study suggested that any one of four popular diets — Atkins, Ornish, Weight Watchers, or Zone — is an effective option for weight loss and reduction of cardiac risk factors, but only the Atkins, Weight Watchers, and Zone diets achieved statistically significant reductions in Framingham scores.

Michael L Dansinger, MD, Assistant Professor of Medicine, Tufts University, New England Medical Center, Boston, USA, said that losing 20 pounds (9 kg) corresponded to about a 30% reduction in heart risk score, although he explained that at this point 'it isn't clear if a 30% reduction in risk score is the same as a 30% reduction in heart attacks'.

The study involved 160 overweight men and women, most being 30 - 80 pounds (13.6 - 36.3 kg) overweight, and one-half of the volunteers being women. Patients were randomly assigned to the Atkins (low carbohydrates), Zone (moderate carbohydrates), Ornish (low-fat vegetarian), or Weight Watchers (moderate fat) diet. They were told to follow the diet to the best of their ability for 2 months and then to whatever extent they wanted to for 10 months.

The drop-out rate for each diet was 22% at 2 months; by 12 months, one-half of the volunteers assigned to the Atkins or Ornish diet had dropped out, as had 35% of those assigned to the Weight Watchers or Zone diet.

Reductions in weight and Framingham risk score were respectively 3.9% and 12.3% for Atkins (N = 21, 52% completion); 6.2% and 6.6% for Ornish (N = 20, 50% completion); 4.5% and 14.7% for Weight Watchers (N = 26, 65% completion); and 4.6% and 10.5% for Zone (N = 26, 65% completion). All diets resulted in significant ($p < 0.05$) weight loss from baseline, and all but the Ornish diet resulted in significant reductions in the Framingham risk score ($p = 0.013$).

According to Dr Dansinger this does not mean that the 'Ornish diet doesn't reduce heart disease risk, but it did not meet the statistical test in this study'. He continued, 'I have great faith in the Ornish diet.'

Dean Ornish, developer of the Ornish diet, was critical of the results. Dr Dansinger explained that heart disease risk score is based on the HDL/LDL ratio, and the 'Ornish diet does not increase HDL, while the other diets do achieve significant increases in HDL'. Dr Ornish said that this was not important as the LDL is markedly reduced, and one does not require as much HDL to clear the LDL from the blood. He said the

people assigned to his diet 'lost more weight, had greater reductions in LDL, and were the only dieters to significantly lower insulin — even though the Atkins and Zone diets claim to be specifically designed to lower insulin'.

'The good news about this study is that we have demonstrated that all these diets work. That means that physicians can work with patients to select the diet that is best suited to the patient. For example, if you have a patient who likes meat, it is unlikely that he or she will comply with the Ornish diet,' said Dr Dansinger.

FNS

PRACTICE MANAGEMENT

BUSINESS PLANNING PART V

Key success factors

Key success factors (KSFs) can emerge from both the external or internal environmental analysis. Typically KSFs relate to paradigm shifts, i.e. radical changes in views or approaches that are needed to achieve the successful implementation of the business plan.

External KSFs are often identified by looking at what innovative approaches international leaders in the field are implementing. For example:

- using the Internet to do business (electronic commerce)
- establishing strategic alliances (provider networks in managed care).

Internal KSFs could include factors such as:

- investing in the training of staff
- viewing patients as customers
- empowering employees.

The value of listing KSFs are twofold, namely: It serves as an acknowledgement by management of what needs to be done or achieved in order to ensure the successful implementation of the business plan. If the plan is used to recruit external funding, it shows the potential funder that the authors of the plan grasped the essentials of ensuring success. It helps to prioritise actions for the next period.

Competitive advantage

The planning process to date should have helped you redefine your products and services and help you identify areas for growth and repositioning.



You should however bear in mind that your competition could be going through the same process.

It is therefore valuable to spend time on comparing your products and services (present and planned future products/services) with those of your competitors, and list how you intend differentiating your products and services from those of your competitor.

The question is:

Why will the customer pick your practice above those of your competitors?

Examples of achieving a competitive advantage could include:

- reducing waiting times
- providing easy access for disabled people
- providing secure parking
- pleasant waiting rooms
- reception staff who have been trained in customer service
- unique services such as health education classes or an obesity clinic.

Vision

This is now the opportunity to create a unifying vision for the practice. You wish to show to the reader, whether a staff member or an external financier, that the practice has a clear understanding of where it will be in 1, 2 or 5 years from now. In the words of one of the great business gurus of the 90s, Stephen Covey: 'Begin with the end in mind'.

Define why the practice exists, what it stands for, and why people are investing their futures in this business.

You should attempt to answer the following questions honestly:

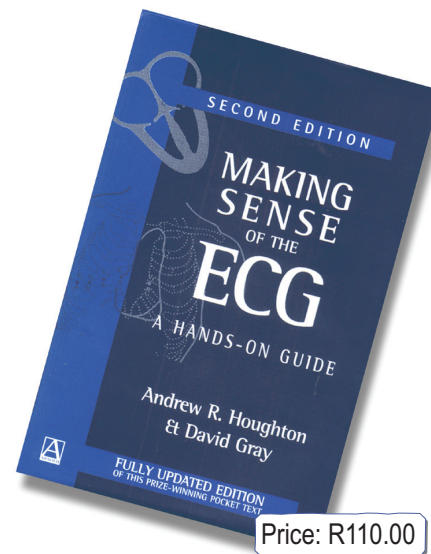
- What business are we in?
- What are our priorities?
- What do/won't we stand for?
- That are we passionate about?

This vision can be summarised in either a mission statement, which is usually a single paragraph, or a number of general objectives for the practice, usually beginning with: To

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Electrocardiography is one of the most common investigations performed by:

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- General practitioners in 'well person' and screening clinics
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- Paramedics on emergency calls

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