

Our President's Personal Health Matters



All voting US citizens will have to weigh the strengths and weaknesses of John McCain and Barack Obama when voting November 4, 2008 to choose the President of the United States. The personal health of these two candidates will play a determining role in their performance over the next four to eight years. This grueling job requires the highest level of physical and mental fitness. A serious disability or the death of our national leader during office would disrupt the function of our government and require the vice-president to take office.

The president's personal health will affect his (or her) policies and decisions. Our views are biased by our own personal habits. More to the point, people have a hard time seeing beyond their own dinner plates. A president interested and knowledgeable about good diet and exercise habits, not only incorporates this wisdom into his own life, but will also share this understanding with others. The impact will be as far reaching as national healthcare (health insurance), the USDA, the FDA, the EPA, the diet of the military, the school lunch programs, the pharmaceutical industry, the global impact of livestock on the environment, health education, and your own personal doctors' practice of medicine.

For all the above reasons you need to be well aware of, and take into serious consideration, the personal health and health habits of McCain and Obama when you cast your vote.

I consider it to be my obligation to my newsletter subscribers, and especially to my patients, to share with you the facts that I have gathered about our candidates and my opinion as to how their health and habits may affect their ability to serve you and the rest of our nation.

The Candidates' Personal Health Habits

Their Diet:

McCain: February 25, 2008 the *New Yorker* magazine describes John McCain's campaign bus as "stocked with Dunkin' Donuts and Coke, the staples of the McCain diet." He grabs a candy bar or a bag of potato chips while he engages reporters for interviews. The Senator has been said to have a weakness for Butterfinger candy bars, jellybeans, coffee, and doughnuts.

Obama: Most candidates gain weight on the campaign trail, however, Obama has lost about 5 pounds,

following what he believes to be a healthy diet of salmon and broccoli.

Their Exercise Programs:

McCain: He hikes whenever he can find the time and walked the Grand Canyon rim to rim in August 2006. He is limited by his post-traumatic (brought on by war injuries) degenerative arthritis affecting especially his hands and shoulders.

Obama: He plays pickup basketball, runs three miles, and exercises at hotel gyms with lightweights and treadmills daily.

Their Cigarette Smoking History:

McCain: He smoked two packs of cigarettes a day for 25 years before quitting in 1980.

Obama: He has quit smoking on several occasions and currently uses Nicorette gum with success. He promises his wife, Michelle, he will give up smoking.

My Comments: Obama's personal diet and exercise regime, and his personal appearance of robust health provide a positive image for a president. Based on these observations I believe he is much more likely to make decisions and take actions that will result in better health and healthcare for the average American than is McCain.

Mortality Based on Age Alone

McCain: 72. Date of Birth: August 29, 1936

Obama: 47. Date of Birth: August 4, 1961

My Comments: Based solely on their age, and no other health issues, McCain's life expectancy is 12 years and Obama's is 31 years.¹ Over the next 4 years a man of 72 years has a probability of dying of 16% and over 8 years, 38%. At age 47 a man has a 2% probability of dying of within 4 years, and 5% within 8 years.

During the "golden" years a person also has a significant risk of becoming disabled from a variety of conditions, including stroke, dementia, Alzheimer's Disease, heart attack, cancer, and arthritis. After age 70, the risks of all these disabilities increase rapidly with each passing month and are related to the quality of a person's diet and lifestyle.

Relevant Past and Present Medical History

McCain: He allowed a select group of 20 reporters to view for only 3 hours his 1,173 pages of medical records on May 23, 2008, and these records were in addition to 1,500 pages distributed the last time he ran for the Republican candidate for president in 2000.

Obama: A one page medical letter on Obama's most recent medical checkup, done on Jan. 15, 2007, gave him a report of "completely normal."

My Comments: Future history almost always follows past history when it comes to health. The exception is seen when people make serious changes in their diet and lifestyle; not by taking more medications. McCain appears to be unaware of the importance of a healthy diet.

Medications Taken by the Candidates

McCain:

Simvastatin (Zocor)—a statin for lowering cholesterol.

Hydrochlorothiazide—a diuretic commonly prescribed for hypertension. Also rarely prescribed for kidney stone prevention; he has small stones in his right kidney.

Amiloride—a potassium-sparing diuretic used to treat hypertension.

Aspirin—commonly prescribed for prevention of heart attacks and other blood clots.

Zyrtec—an anti-histamine, used as necessary for nasal allergies.

Ambien CR—a sleeping pill, used as necessary for sleep induction.

A multiple vitamin tablet

Obama:

Nicorette gum—for tobacco addiction.

The Candidates' Heart Disease Risk

McCain: Framingham CHD Score = 27%

Obama: Framingham CHD Score = 3% as a smoker and 1% as a non-smoker.

The Framingham Heart Disease Risk Calculator combines several risk factors in order to give a score, as a percentage, that represents the probability of having a coronary heart disease (CHD) event within 10 years.²

Candidates' Risk Factors:

McCain:

Weight: 163 to 168 pounds

Height: 5 feet, 7 inches

Cholesterol: 226 mg/dL (before medication)

Cholesterol: 192 (on simvastatin*)

HDL cholesterol: 35 mg/dL (before medication)

Triglycerides: 260 mg/dL (before medication)

Triglycerides: 135 mg/dL (on simvastatin)

Blood pressure: 134/84 mmHg (on two anti-hypertension medications)

Blood Sugar: 111 mg/dL (slightly elevated above ideal)

Obama:

Weight: trim (no excess fat)

Height: 6 feet, 1 inch

Cholesterol: 173 mg/dL (no medication)

HDL cholesterol: 68 mg/dL (no medication)

Triglycerides: 44 mg/dL (no medication)

Blood pressure: 90/60 mmHg (no medication)

* For people without a solid previous history of previous heart disease or stroke, therapy with statins has been shown to cause little or no reduction in their risk of future cardiovascular disease.³

My Comments: The Framingham Heart Disease Risk Calculator gives McCain a 27% chance of having a coronary heart disease (CHD) event, such as a heart attack, heart surgery, and/or death within 10 years.² His slightly elevated blood sugar and moderately elevated body weight push this risk even higher. A heart attack or surgery (angioplasty or bypass) would at a minimum put the vice president in charge for weeks to months during his recovery.

I strongly encourage McCain to change to the McDougall diet, since his excess weight, kidney stones, and elevated cholesterol, triglycerides, sugar, and blood pressure are due to his unhealthy eating. My recommendations to Obama: quit smoking by the only method that works, which is to refuse the next cigarette. He should also learn that fish is not health food, at least for the sake of our dying oceans.

The Significance of McCain's Melanomas

Melanoma is a serious, and often fatal, form of skin cancer. His first bout with this disease came in 1996 after the biopsy of a lesion on his left temple, which showed atypical junctional melanotic proliferation. In 2000 a lesion in the same area was diagnosed as invasive melanoma (Stage IIA melanoma). Actually, at this time there were two areas of melanoma, believed to have arisen separately, found. One reached to a depth of 1.23 mm and the other had a thickness of 2.2 mm. These two cancers are believed to have formed from the spread of the 1996 lesion by way of the veins located in McCain's left temple area; a process known as "satellite metastasis".⁴

The finding of "negative" lymph nodes during McCain's surgery of 2000 suggests the disease was in early stages, 8 years ago. Spread of cancer to the lymph nodes is an independent process that simply indicates that the disease is in the later stages of development. Invasive melanoma spreads very early by way of the veins, not by the lymph nodes, to the rest of the body. It is important to understand that the finding of negative lymph nodes does not mean that the cancer has not spread.⁵ In fact, the presence of the two satellite metastases treated in 2000 confirms that spread had already occurred through his veins more than 12 years ago, and is evidence that melanoma cancer cells are almost certainly present in other parts of the Senator's body today.

A roughly circular mass of skin and flesh, 6 centimeters in diameter, was removed from the left side of the McCain's face, along with the underlying parotid salivary gland. This aggressive operation seems to have controlled the "local disease."

A recent study of a large numbers of patients (17,600) with melanoma has validated the American Joint Committee on Cancer melanoma staging system.⁶ This staging system predicts a 64% chance of a patient with stage IIA melanoma surviving for 10 years.⁷ For someone in McCain's age group the prognosis drops to 56%.⁶ McCain is already 8 years into these 10-year figures, which does not mean that he has beaten the odds.⁵ Rather, because this is an on-growing systemic disease, unaffected by the extent of local facial surgery performed on the Senator in 2000, risk of death from his original melanoma will continue every year, long past the 10-year benchmarks provided above.^{6,7}

McCain has had 3 other superficial melanomas—on his left shoulder, left arm, and left nasal sidewall. His approach to these potentially deadly skin cancers has been avoidance of sunlight exposure. This effort will be of little avail because melanomas are not due to photo-damage.⁸⁻¹⁰ Rather, this serious cancer, like so many others, is due, at least in part, to his unhealthy diet.¹¹⁻¹³ This same junk-food diet promotes the growth of cancer cells already present in his body and will likely shorten the Senator's life. Here is one more reason I would strongly encourage McCain to change to the McDougall diet.

If during his presidency melanoma were to be found to have spread to his liver, brain, lungs, and/or bones, then chemotherapy treatments would undoubtedly be recommended. However, these toxic chemicals would cause him to become disabled, unable to perform his duties, for the few short months he would survive.¹⁴

You Must Be Kidding Yourself If You Are in Doubt

While it is impossible to predict with certainty any person's future health, time of death, or degree of dis-

ability, the evidence at hand clearly says John McCain is in relatively poor health and Barack Obama is in excellent health. All politics aside, no one could conclude otherwise. To McCain's credit he appears to be holding up well during this grueling campaign, but his current appearances do not negate the medical facts.

Additionally, although it is impossible to accurately merge all the figures that predict mortality—38% (actuarial figures), 27% (cardiac risk), and 44% (melanoma mortality)—it would not be unreasonable to guess that McCain's chances of dying within the two terms of Presidential office far exceed a coin toss. Add to this the risk of him becoming disabled to the point of non-performance, then who among well-informed voters would bet their stock portfolio or their subprime-mortgaged home that, if elected,

McCain will still be our President come 2017? Would you, or the company you work for, hire an employee with McCain's medical problems? How about someone with Obama's health history? Of course, there are many other important issues that will determine the vote you will cast come November 4, 2008, but the health of our candidates is of paramount importance and should be weighed appropriately.

References:

- 1) Actuarial tables: http://www.cdc.gov/nchs/data/statab/lewk3_2003.pdf
- 2) The Framingham Heart Disease Risk Calculator:
<http://hp2010.nhlbihin.net/atplII/calculator.asp?usertype=prof>
- 3) Abramson J, Wright JM. Are lipid-lowering guidelines evidence-based? *Lancet*. 2007 Jan 20;369(9557):168-9.
- 4) Satellite Melanoma: <http://i.usatoday.net/news/mmemmottpdf/mccain-health-pool-2-5-23-2008.pdf>
- 5) Friberg S, Mattson S. On the growth rates of human malignant tumors: implications for medical decision making. *J Surg Oncol*. 1997 Aug;65(4):284-97.
- 6) Balch CM, Soong SJ, Gershenwald JE, Thompson JF, Reintgen DS, Cascinelli N, Urist M, et al. Prognostic factors analysis of 17,600 melanoma patients: validation of the American Joint Committee on Cancer melanoma staging system. *J Clin Oncol*. 2001 Aug 15;19(16):3622-34.
- 7) Rouse CR, Allen A, Fosko S. Review of the 2002 AJCC cutaneous melanoma staging system. *Facial Plast Surg Clin North Am*. 2003 Feb;11(1):1-8.
- 8) Berwick M, Armstrong BK, Ben-Porat L, Fine J, Krickler A, Eberle C, Barnhill R. Sun exposure and mortality from melanoma. *J Natl Cancer Inst*. 2005 Feb 2;97(3):195-9.
- 9) Christophers AJ. Melanoma is not caused by sunlight. *Mutat Res*. 1998 Nov 9;422(1):113-7.
- 10) Shuster S. Is sun exposure a major cause of melanoma? No. *BMJ*. 2008 Jul 22;337:a764. doi: 10.1136/bmj.a764.
- 11) Millen AE, Tucker MA, Hartge P, Halpern A, Elder DE, Guerry D 4th, Holly EA, Sagebiel RW, Potischman N. Diet and melanoma in a case-control study. *Cancer Epidemiol Biomarkers Prev*. 2004 Jun;13(6):1042-51.
- 12) Fortes C, Mastroeni S, Melchi F, Pilla MA, Antonelli G, Camaioni D, Alotto M, Pasquini P. A protective effect of the Mediterranean diet for cutaneous melanoma. *Int J Epidemiol*. 2008 Jul 11. [Epub ahead of print]
- 13) Blanchard CM, Courneya KS, Stein K; American Cancer Society's SCS-II. Cancer survivors' adherence to lifestyle behavior recommendations and associations with health-related quality of life: results from

the American Cancer Society's SCS-II. *J Clin Oncol*. 2008 May 1;26(13):2198-204.

14) Verma S, Petrella T, Hamm C, Bak K, Charette M; the members of the Melanoma Disease Site Group of Cancer Care Ontario's Program in Evidence-based Care. Biochemotherapy for the treatment of metastatic malignant melanoma: a clinical practice guideline. *Curr Oncol*. 2008 Apr; 15(2):85-89.