



Wellness Connection

Spring | 2013

Water or Sports Drink?

Plain old H₂O is usually the better choice, expert says

SUNDAY, Sept. 9 (HealthDay News) -- In most cases, water is a better choice than a sports drink when you're thirsty, an expert says.

"Sports drinks shouldn't take the place of regular water intake," Brooke Schantz, a registered dietitian and certified specialist in sports dietetics at Loyola University Health System in Illinois, said in a university news release.

"Yes, [sports drinks] will help hydrate you, but the average healthy child, adolescent and adult doesn't need the extra carbohydrates and calories that come with consuming these sugary beverages," she explained.

Because they contain carbohydrates, sports drinks such as Gatorade, Powerade or Cytomax can be beneficial during long workouts. People who exercise for one hour or more should consume between 30 grams and 60 grams of carbohydrates -- the body's main energy source -- to help maintain blood sugar levels. Most sports drinks contain 4 percent to 8 percent of carbohydrates.

"Consuming these beverages during exercise that lasts more

than one hour can aid in hydration and help provide needed energy to hard-working muscles," Schantz said.

She offered the following advice to clear up confusion about what to drink and when to drink it.

Choose water while sitting on the couch; while doing a three-mile run or bike ride; or while sitting at your desk studying or working.

Choose a sports drink when you're physically active for more than one hour; exercising in extreme environments, such as severe heat or humidity, the cold, or at a high altitude; if you have not had a high-quality pre-workout meal to sustain your physical activity; or if you are a wrestler or participant in another sport where you limit your energy intake prior to a weigh-in.

More information: The President's Council on Fitness, Sports and Nutrition offers fast facts about sports nutrition.

-- Robert Preidt

SOURCE: Loyola University Health System, news release, August 2012

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Health Tip: Keep Active by Walking

Even if you're overweight

(HealthDay News) -- Walking is a great form of exercise, especially for people who are overweight and don't particularly like to do pushups or jumping jacks.

The Weight-control Information Network offers these suggestions for people who are overweight and want to begin a walking program:

- To begin, walk for five minutes each day. The second week, walk for eight minutes at a time.
- When you feel comfortable, increase your walks to 11 minutes each.



- Over time, slowly increase the duration of your walks, giving your heart, lungs and legs a good workout.
- Buy a pair of comfortable walking shoes that offer good support.
- Be sure to replace shoes when they show signs of wear.
- Make your exercise more fun by walking around a shopping mall or park, or by taking a friend with you.

-- Diana Kohnle

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Your Smartphone Might Help You Lose Weight

Personalized feedback and coaching along with education let patients shed pounds, study found



(HealthDay News) -- Using smartphones to coach people as they try to shed extra pounds may make a standard weight-loss program more effective, a new study suggests.

With the technology, patients can report their progress and receive coaching between visits to the clinic. This personalized attention appears to improve results, the researchers reported.

“Having patients record eating and activity on a mobile app that’s monitored by a coach is a scalable, cost-effective way to boost the effectiveness of clinician-directed weight-loss treatment,” said study author Bonnie Spring, a professor of preventive medicine and psychiatry at Northwestern University Feinberg School of Medicine in Chicago.

“An app can give people feedback about how many calories they’re eating, and help them make wise choices in the moment. Knowing that a coach is ‘hovering’ and watching the patient’s behavior is a way of supportively holding the person accountable,” she added.

Taking classes is an efficient way for patients to connect with peers while acquiring knowledge about nutrition, exercise and behavior change strategies, Spring added.

“Reconfiguring weight-loss treatment to systematically leverage clinician expertise, technology and peer support offers a practical and effective way to help the large number of people who need obesity treatment,” she said.

The report was published online Dec. 10 in the Archives of Internal Medicine.

For the study, Spring’s team randomly assigned 69 overweight and obese patients, average age about 58, to a standard weight-loss program or a weight-loss program with smartphone prompting, and followed the volunteers for a year. They were weighed at three, six, nine and 12 months.

At each weigh-in, patients who were coached using smartphones lost an average of 8.6 pounds more than those in the standard weight-loss program, the findings showed.

In addition, about one-third of those in the smartphone program lost at least 5 percent of their body weight when they were only three months into the program, while those in the other group lost nothing during that time period, the researchers found.

These benefits lasted for the entire year, the study authors added.

“Neither the app alone nor the group weight-loss classes was effective for the average patient. The combination of technology and health education was what worked best,” Spring explained.

“This reminds us that few, if any, commercially available weight-loss apps have been tested in rigorous clinical trials, and that technology may work best when it’s integrated into a care system that also provides accountability and support,” Spring added.

Dr. Goutham Rao, the vice chair of family medicine at NorthShore University HealthSystem in Evanston, Ill., and co-author of an accompanying journal editorial, agreed that the smartphone approach seems to work.

“Existing obesity treatments don’t meet certain criteria that are necessary,” he said. “Treatments have to be accessible and inexpensive, and have to be able to engage and re-engage patients over time. There are some promising developments on the horizon.”

Weight-loss drugs aren’t effective enough and aren’t available to large numbers of people, Rao said, and weight-loss surgery is also out of financial reach for most people.

“This technology is something people use on a regular basis; they don’t have to learn how to use it,” he noted.

“The studies we have so far show really promising results,” Rao said. “You can’t be a passive participant in weight loss. Smartphone programs personalize the program,” he pointed out.

“Within three to four years we will have inexpensive, accessible weight-loss technology that everybody can benefit from,” Rao added.

Dr. David Katz, director of the Prevention Research Center at the Yale University School of Medicine, noted that “not much weight loss happens at a clinical visit, of course, weight loss happens in between visits.”

It makes sense to extend coaching and guidance between visits, Katz said. “That, in fact, has been shown before. Using telephones or the Internet to stay connected to patients between counseling sessions enhances weight loss and health improvement,” he added.

“With cellphones all but ubiquitous, we have the technology to build continuous contact into weight-management programs,” Katz said. “This study demonstrates the early benefits of doing so.”

For more on weight-loss programs, visit the U.S. National Heart, Lung, and Blood Institute.

SOURCES: Bonnie Spring, Ph.D., professor, preventive medicine and psychiatry, Northwestern University Feinberg School of Medicine, Chicago; David Katz, M.D., M.P.H., director, Prevention Research Center, Yale University School of Medicine, New Haven, Conn.; Goutham Rao, M.D., Goutham Rao, M.D., vice chair of family medicine, NorthShore University HealthSystem, Evanston, Ill.; Dec. 10, 2012, Archives of Internal Medicine, online

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