

Health

'Workout habits' matter

Starting exercise in mid-life linked to 'longer life': study

NEW YORK, July 18, (RTRS): Even if they were inactive during their younger years, middle aged and older adults who get at least the minimum recommended amount of exercise each week may live longer than their sedentary counterparts, suggests a large UK study.

Physical activity has long been linked to a lower risk of cardiovascular disease and certain cancers. But most research has looked at exercise habits at a single point in time rather than activity patterns across the years, researchers note in The BMJ.

For the current study, researchers assessed activity levels several times over eight years for 14,599 men and women who were between 40 and 80 years old at the outset. After the first eight years, researchers started tracking mortality for another 12.5 years, on average. During that period, there were 3,148 deaths, including 950 from cardiovascular disease and 1,091 from cancer.

Activity

The researchers measured both work and leisure-time physical activity in terms of energy expended per kilogram of body weight. Activity increases over time that were equivalent to going from sedentary to meeting the World Health Organization's recommendation of at least 150 minutes a week of moderate physical activity were associated with a 24% lower risk of death from any cause, a 29% lower risk of cardiovascular death and an 11% lower risk of cancer death compared to those who remained inactive.

"This sends a strong message to all of us, irrespective of what our current life circumstances may be, since it is never too late to build physical activity into your daily routine in order to enjoy a longer healthier life," said Soren Brage, senior author of the study and a researcher at the University of Cambridge in the UK.

"Everybody benefitted from becoming more active," Brage said by email. "This was also true for the subgroup of people who already had a serious chronic condition such as heart disease and cancer at baseline."

The reduced risk of death linked to increasing activity was present regardless of past activity levels and improvements or even worsening of other risk factors such as diet, body weight, medical history, blood pressure and cholesterol levels over the years.

Compared to consistently inactive people, adults who shifted from being inactive to "low" activity levels were 24% less likely to die of any causes during the study, while people who reached "medium" activity levels were 38% less likely to die and adults who achieved "high" activity levels were 42% less likely to die.

At the population level, the researchers calculated, getting at least 150 minutes a week of moderate intensity physical activity would potentially prevent 46% of deaths associated with physical inactivity.

The study wasn't designed to prove whether or how exercise, or changes in activity over time,

might directly prevent disease or help people live longer.

Even so, it adds to evidence suggesting that changing exercise habits late in life can still make a difference, said Dr I-Min Lee, a researcher at the Harvard T.H. Chan School of Public Health and Brigham and Women's Hospital in Boston who wasn't involved in the study.

Other studies that randomly assigned inactive people to start exercising or maintain their current lifestyle have found, among other things, that starting to exercise can improve blood pressure, blood sugar, cholesterol levels, and inflammation and reduce belly fat, Lee said by email.

"Becoming physically active in mid-life can extend longevity," Lee said.



People who always work out at the same time of day get more exercise overall and are more likely to get the recommended minimum amounts of weekly activity, a small US study suggests.

Among 375 people who had lost weight and kept it off for at least a year, those who typically worked out at the same time every day averaged about 350 minutes of exercise per week, versus 285 minutes for those with inconsistent exercise schedules.

More than two-thirds of study participants worked out at consistent times of day, mostly in the morning, the study authors report in the journal Obesity.

"On average, those with high physical activity levels have a consistency with their routine, and that includes finding an optimal time to perform their daily routine," said senior study author Dale Bond of The Miriam Hospital/Brown Alpert Medical School Weight Control and Diabetes Research Center in Providence, Rhode Island.

Most guidelines recommend at least 150 minutes per week of moderate- to vigorous-intensity physical activity for health and 250 minutes per week for maintaining weight loss over the long term, the study team notes. Forming a "habit" of exercise is likely the best way to meet the recommendations, they write.

Message

"A good message for the general public is that the best time to exercise is when you can do it, and if you can do it with consistency, so much the better," Bond told Reuters Health in a phone interview.

The researchers analyzed data on US adults in the National Weight Control Registry who had dropped 30 pounds or more, were long-term weight loss "maintainers," and had answered an annual questionnaire in 2018. Amid a broad range of questions, participants were asked about their exercise habits, including the types, timing and locations of physical activity during the week.

Everyone reported doing moderate- to vigorous-intensity activity more than two days per week. The study team grouped exercise times into early morning (4 am to 9 am), late morning (9 am to 12 pm), afternoon (12 p.m. to 5 pm) or evening (5 pm to 4 am).



In this photograph taken on July 13, an health worker wearing protective suits enters an isolation pod to treat a patient at a treatment center in Beni, Congo DRC. (AP)

Risk of regional spread of virus remains high

Congo Ebola outbreak declared an emergency

GENEVA, July 18, (Agencies): The deadly Ebola outbreak in Congo is now an international health emergency, the World Health Organization announced Wednesday after a case was confirmed in a city of 2 million people.

A WHO expert committee declined on three previous occasions to advise the United Nations health agency to make the declaration for this outbreak, even though other experts say it has long met the required conditions. More than 1,600 people have died since August in the second-deadliest Ebola outbreak in history, which is unfolding in a region described as a war zone.

A declaration of a global health emergency often brings greater international attention and aid, along with concerns that nervous governments might overreact with border closures.

The declaration comes days after a single case was confirmed in Goma, a major regional crossroads in northeastern Congo on the Rwandan border, with an international airport. Also, a sick Congolese fish trader traveled to Uganda and back while symptomatic – and later died of Ebola.

While the risk of regional spread remains high, the risk outside the region remains low, WHO chief Tedros Adhanom Ghebreyesus said after the announcement in Geneva.

The international emergency "should not be used to stigmatize or penalize the very people who are most in need of our help," he said. Tedros insisted that the declaration was not made to raise more money – even though WHO estimated "hundreds of millions" of dollars would be needed to stop the epidemic.

Dr Joanne Liu, president of Doctors Without Borders, said she hoped the emergency designation would prompt a radical reset of Ebola response efforts.

"The reality check is that a year

into the epidemic, it's still not under control, and we are not where we should be," she said. "We cannot keep doing the same thing and expect different results."

Liu said vaccination strategies should be broadened and that more efforts should be made to build trust within communities.

The US Agency for International Development applauded the WHO decision and said USAID officials would "continue to scale up life-saving support" to end the outbreak.

Killed

This is the fifth such declaration in history. Previous emergencies were declared for the devastating 2014-16 Ebola outbreak in West Africa that killed more than 11,000 people, the emergence of Zika in the Americas, the swine flu pandemic and polio.

WHO defines a global emergency as an "extraordinary event" that constitutes a risk to other countries and requires a coordinated international response. Last month, the outbreak spilled across the border for the first time when a family brought the virus into Uganda after attending the burial in Congo of an infected relative. Even then, the expert committee advised against a declaration.

Alexandra Phelan, a global health expert at Georgetown University Law Center, said Wednesday's declaration was long overdue.

"This essentially serves as a call to the international community that they have to step up appropriate financial and technical support," she said but warned that countries should be wary of imposing travel or trade restrictions.

Such restrictions "would actually restrict the flow of goods and health care workers into affected countries so they are counterproductive," she said. Future emergency declarations

might be perceived as punishment and "might result in other countries not reporting outbreaks in the future, which puts us all at greater risk."

WHO had been heavily criticized for its sluggish response to the West Africa outbreak, which it repeatedly declined to declare a global emergency until the virus was spreading explosively in three countries and nearly 1,000 people were dead. Internal documents later showed WHO held off partly out of fear a declaration would anger the countries involved and hurt their economies.

The organization's emergency committee will meet again within three months to assess the situation. Committee members will review whether the outbreak is still a global emergency and whether other measures are needed.

Wednesday's announcement prompted fear in eastern Congo, where many do business across borders and travel overseas.

"I am vaccinated and I protect myself against Ebola," said Zoe Kibwana, a 46-year-old shoe salesman who does business in Uganda, just 70 kilometers (40 miles) from Beni. "Closing the borders would handicap our economy. The health ministry and WHO need to end this epidemic as soon as possible."

The current outbreak is spreading in a turbulent Congo border region where dozens of rebel groups are active and where Ebola had not been experienced before. Efforts to contain the virus have been hurt by mistrust among wary locals that has prompted deadly attacks on health workers. Some infected people have deliberately evaded health authorities.

Contacts

The pastor who brought Ebola to Goma used several fake names to conceal his identity on his way to the city, Congolese officials said. WHO on Tuesday said the man had

died and health workers were scrambling to trace dozens of his contacts, including those who had traveled on the same bus.

Congo's minister of health resisted the characterization of the outbreak as a health emergency.

"We accept the decision of the committee of experts but one hopes that it's a decision that wasn't made under pressure of certain groups that want to use this as a way to raise funds for certain humanitarian actors," said Dr Oly Ilunga.

Those working in the field say the outbreak is clearly taking a turn for the worse despite advances that include the widespread use of an experimental but effective Ebola vaccine.

Dr Maurice Kakule was one of the first people to survive the current outbreak after he fell ill while treating a woman last July, before the outbreak had even been declared.

"What is clear is that Ebola is an emergency because the epidemic persists despite every possible effort to educate people," he told the Geneva meeting.

Also:

GENEVA: A woman who died of Ebola in the Democratic Republic of Congo may have taken the deadly disease into Rwanda, according to a Ugandan Health Ministry report published by the World Health Organization on Thursday.

The woman, a fishmonger who vomited multiple times at a market in Uganda on July 11 before dying of Ebola in Democratic Republic of Congo, the WHO said on Wednesday. The case raised the risk of the disease spreading in Uganda.

"Upon leaving Uganda, she is suspected to have gone to Goma in DRC and later to Gisenyi in Rwanda with unknown business interests," the latest report said. Rwanda has never had a recorded case of Ebola.

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