

What's On

Health

Hormone therapy effective

Resistance-training may help reduce hot flashes

WASHINGTON, May 27, (RTRS): Postmenopausal women can fight off hot flashes and night sweats by pumping iron, a new clinical trial shows.

"Resistance training is already recommended for all women always, but now we can see it may be effective also for hot flashes around menopause," Dr Emilia Berin of Linköping University in Sweden, who led the study, told Reuters Health.

Hormone therapy is the most effective treatment for hot flashes and night sweats, which plague most women during menopause, Berin's team writes in the journal *Maturitas*. Some studies suggest that exercise may help quell hot flashes as well, but others have found no effect, they note.

Berin and her colleagues randomly assigned 58 women experiencing at least four moderate-to-severe hot flashes or night sweats daily to 15 weeks of resistance training or to a control group whose members did not change their physical activity. None of the study participants exercised regularly before the trial and none had used hormone therapy in the prior two months.

Exercises

The workout group's regimen included three weekly 45-minute sessions, with six exercises on resistance machines and two using body weight. Women worked out with lighter weights for the first three weeks, then with progressively heavier loads.

The exercise group averaged 7.5 hot flashes or night sweats a day at the beginning of the study, and after 15 weeks were having an average of 4.4 episodes a day. There was virtually no change in the control group participants, who went from 6.6 to 6.5 hot flashes daily.

The training program was challenging for the study participants, Berin noted in a phone interview. "To actually push themselves harder than they were used to was new to them. They had to be encouraged to increase the load

more so they would get the effects of the training," she said. "After they progressed, they enjoyed it and almost everyone continued to exercise after the intervention."

Future research should look at whether resistance training could benefit other groups who suffer from hot flashes but can't or won't take hormones, including breast cancer patients and prostate cancer patients on androgen-deprivation therapy, Berin added.

Menopausal women (or anyone) interested in starting resistance training should begin with lighter loads in the first week to avoid injury, Berin said. "Get instruction so that you're doing it right, and then don't be afraid to push yourself and increase the load."

"Women who are not candidates for hormone therapy or prefer to avoid hormones at menopause need tested alternatives to help with hot flashes, night sweats and sleep disruption," said Dr JoAnn Pinkerton, executive director of the North American Menopause Society and a professor at the University of Virginia Health System in Charlottesville, who wasn't involved in the trial.

"Exercise has many benefits for postmenopausal women, with decreased incidence of heart disease, bone loss and cancer, and thus finding that it worked to reduce hot flashes gives us another reason to recommend resistance training as well as cardio exercise for all the benefits including improvement in hot flashes," Pinkerton said.

Also:

LOS ANGELES: The US Food and Drug Administration approved Incyte Corp's treatment for acute Graft versus Host Disease (GvHD), an inflammatory response by the immune system after a bone marrow transplant.

The drug, ruxolitinib, sold under the brand name Jakafi, can now be prescribed to both pediatric patients, aged 12 years or above, and adults who have failed to respond to standard steroid therapy, the company said in a statement.



In this Jan 8, 2018 file photo, a certified pharmacy technician fills a syringe for use in an I.V. at a hospital in Toledo, Ohio. The highest pay packages go to CEOs at health care companies. For the third time in four years, chief executives in the healthcare field led the S&P 500 in terms of total compensation. (AP)

Discipline or treatment?

Schools rethinking vaping response

HARTFORD, Conn, May 27, (AP): A glimpse of student athletes in peak physical condition vaping just moments after competing in a football game led Stamford High School Principal Raymond Manka to reconsider his approach to the epidemic.

His school traditionally has emphasized discipline for those caught with e-cigarettes. Punishments become increasingly severe with each offense, from in-school suspensions to out-of-school suspensions and, eventually, notification of law enforcement.

But Manka began thinking about it more as an addiction problem, and less of a behavior issue, after seeing the two players from another school vaping near their bus. "It broke my heart," said Manka, whose school is now exploring how to offer cessation programs for students caught vaping or with vaping paraphernalia.

"We've got to figure out how we can help these kids wean away from

bad habits that might hurt their body or their mind or otherwise create behaviors that can create habits that will be harmful for the remainder of their lives," he said.

Schools elsewhere have been wrestling with how to balance discipline with prevention and treatment in their response to the soaring numbers of vaping students.

Overtaken

Using e-cigarettes, often called vaping, has now overtaken smoking traditional cigarettes in popularity among students, says the Centers for Disease Control and Prevention. Last year, one in five US high school students reported vaping the previous month, according to a CDC survey.

E-cigarettes produce an aerosol by heating a liquid that usually contains high levels of nicotine – the addictive drug in regular cigarettes and other tobacco products – flavorings and other

chemicals. Users inhale this aerosol into their lungs; when they exhale, bystanders often breathe it in too.

Compared with regular cigarettes, the research on the health effects of e-cigarettes is painfully thin. Experts say that although using e-cigarettes appears less harmful over the long run than smoking regular cigarettes, that doesn't mean they're safe – particularly for youth, young adults, pregnant women or adults who do not currently use tobacco products.

"Studies have shown that e-cigarette use among young people is potentially associated with an increased risk of progressing on to cigarette use and to vaping cannabis, which has become increasingly common in recent years," said Dr Renee Goodwin, a researcher and professor of epidemiology at the City University of New York and Columbia University who studies tobacco and cannabis use.

Besides nicotine, e-cigarettes can

include other harmful substances, including heavy metals like lead and cancer-causing agents. The vaping liquid is often offered in a variety of flavors that appeal to youth and is packaged in a way that makes them attractive to children. And the long-term health effects, Goodwin noted, are unknown.

Experts say the CDC classifies e-cigarettes as a tobacco product, and many schools lump vaping in with tobacco use in applying codes of conduct, treating offenses similarly.

In Connecticut alone, administrators dealt with 2,160 incidents in which students were caught vaping or with vaping paraphernalia in violation of school policies during the 2017-18 school year, up from 349 two years earlier. The schools issued 1,465 in-school suspensions and 334 out-of-school suspensions, according to the state Education Department.

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