



Hydration in the weight room

Staying well hydrated can keep you healthy and improve your workout. On the other hand, according to the Mayo Clinic, "even mild dehydration – as little as one percent to two percent loss of body weight – can cause symptoms such as weakness, dizziness and fatigue and may have a negative effect on long-term health." Most people know that they should drink more water, but sometimes it's difficult to do. How can you get enough fluids – especially if you're active and work out regularly?

The experts say...

Lonny Lee, a 24 Hour Fitness trainer in Honolulu, says that, even among active people, fluid requirements are different. "For the average person who is interested in health and good fitness, (not athletes involved in intense training) I would recommend the following fluid intake:

Before working out drink 12 to 16 ounces of water

During a workout drink a few ounces of fluid every 15 minutes during exercise

After working out, replenish fluids by drinking the fluid that you've lost. Weigh yourself; if you've lost a pound, then drink 16 ounces of water afterwards."

The National Athletic Trainers Association has the following recommendations for athletes and endurance sports:

Two to three hours before working out, drink 17 to 20 ounces and then an additional 7 to 10 ounces of fluid right before the workout

During the workout, drink 7 to 10 ounces every 15 minutes

After the workout, drink at least 20 ounces per pound of weight loss within two hours after the workout

Don't wait until you feel parched to drink fluids. The American Dietetic Association cautions that proper hydration means drinking fluids before you feel thirsty.

What to drink

"Drinking water is always a good idea," says Lee. "Most people don't need the extra electrolyte replacement or the extra carbs found in many sports drinks. Sports drinks are definitely helpful for endurance athletes or when you're working out for long periods of time." However, he says, if they're necessary, Powerade has a good ratio of carbs to fluid.

Lee says that some of his clients enjoy drinking fitness water – vitamin-enhanced low-calorie drinks that have a light flavor. But he does not recommend caffeinated drinks during a workout because they may cause dehydration. He also does not recommend a new beverage that contains pickle juice that claims to have an extremely high amount of electrolytes and is marketed for serious athletes.

Tips to help you stay hydrated

Carry a water bottle at the gym

Drink non-caffeinated, non-alcoholic beverages

Water down sports drinks to cut down on calories

Drink fitness waters that contain sodium and

potassium but no extra carbs

Keep water cold by freezing your water bottle before heading to the gym

Use the drinking fountain – one gulp equals approximately one ounce

Increase fluids with soup, milk or juice before or after a workout

Drink lots of fluids with the meals you eat after a workout

Remember to regularly drink fluids, even if you don't feel thirsty!

Source: 24 Fitness e-newsletter



Exercise Helps Slow Smokers' Lung Function Decline

Activity levels tied to 21% drop in new cases of chronic obstructive pulmonary disease

Moderate to high levels of regular exercise may help slow lung function decline in smokers and lower their risk of developing chronic obstructive pulmonary disease (COPD), a Spanish study suggests.

Researchers publishing in the March issue of the American Journal of Respiratory and Critical Care Medicine examined the physical activity, smoking history and lung function of nearly 6,800 people over 11 years. None of them had COPD at the start of the trial, but 928 of the participants developed the lung disease during the study.

The researchers found that moderate to high levels of exercise among smokers in the study were associated with a 21 percent decline in potential new cases of COPD. They believe that regular exercise suppresses the production of inflammatory markers in the lungs caused by smoking.

It had been believed that quitting smoking and reducing occupational exposure to smoke were smokers' only options for slowing lung function decline. This study showed that exercise may provide another important option, the study authors said.

"The interaction between physical activity and smoking should be taken into account when projecting the future burden of this respiratory disease," researcher Dr. Judith Garcia-Aymerich, of the Center for Research in Environmental Epidemiology at the Institut Municipal d'Investigacio Medica in Barcelona, said in a prepared statement.

COPD, the fourth leading cause of death in the United States, results from chronic bronchitis and emphysema. Smoking is the primary cause of COPD.

Source: HealthDay News

Fight Insomnia Through Diet and Exercise

Nutrition & Recipes

It's 1 a.m. You're wide awake. And there's isn't a sheep to count in sight. Relax, you're not alone. Millions of people suffer from insomnia. So, what's the cause? Unless you're a princess sleeping on a pea or just afflicted with a sleep disorder, chances are stress, lack of exercise or poor eating habits are keeping you from a quality snooze.

To reduce the hours of bad late night TV and increase productivity during the day when it really matters, follow these simple precautions.

Avoid alcohol

You've been warned about the dangers of mixing alcohol with driving, operating machinery, work, and even sex. The same goes for nightcaps. Although touted as a traditional sleep aid, drinking two glasses or more of alcohol up to an hour before bedtime can suppress your REM* time.

Don't overeat

Big meals can make you drowsy, but not long enough to aid sleep. Experts suggest a light evening meal consisting of chicken, extra-lean

meat or fish not to exceed 500 calories.

Watch the salsa

Meals laced with garlic, chilies, cayenne powder and other spicy gas-forming foods can cause abdominal discomfort, which wreaks havoc with your REM.



Exercise your way to REM

A Stanford study suggests that as little as 45 minutes a day of exercise twice a week helps people sleep up to 45 minutes longer. However, strenuous exercise should be avoided up to six hours before bedtime, and mild exercise should be discontinued four hours prior to

snoozing.

High-carbohydrate bedtime snacks

Snack foods such as crackers, fruit, cookies or toast can help the release of a natural sleep aid called serotonin within the blood stream. While the aforementioned edibles are better than a chemical sleep aid, be sure to watch your overall calorie intake for the day.

Still can't fall asleep?

Get out of bed and go for a walk or do some exercise! Regular exercise can help you sleep better, give you more energy during the day and also help you look and feel better. So what are you waiting for?

*REM: rapid eye movement sleep phase is your deep sleep phase, when you usually dream.

Source: 24-hour Fitness



Ouch! My (tennis) elbow hurts! By Arièle M-Ali, physiotherapist

Tennis elbow, clinically known as lateral epicondylitis, is becoming increasingly prevalent among office workers today. The increase is by no means due to an increased interest in the game but rather is more often due to increased workloads and repetitiveness in the tasks we perform daily – even using your computer mouse incorrectly can provoke a case of tennis elbow! Interestingly enough, tennis players account for less than 5% of all reported cases of tennis elbow.

Tennis elbow occurs when the tendons which attach to the bony bump on the outside of our elbow (the lateral epicondyle) become inflamed (hence the medical name of 'lateral epicondylitis'). These tendons connect the muscles which are responsible for strengthening and raising your hand and wrist.

Symptoms often include:

- Pain on the bony prominence on the outside of the elbow or just forward of it on the tendon (pain may also be felt further down the arm and into the wrist)
- A weak grip and simple activities such as pouring a cup of coffee, turning a door knob or shaking hands with someone may provoke pain.
- Pain with lifting of heavy objects
- In more advanced cases, pain may also be felt when the arm is at rest or even at night.

Tennis elbow is an overuse injury and is best

treated sooner rather than later since the pain can become chronic and more difficult to treat.

Treatment typically involves the following:

- On your own: In the early stages, rest, ice, bracing and the use of anti-inflammatory medications is often advised. Attention should also be paid to analyzing and modifying your tennis technique; job tasks and even your lifting and weight training form as necessary.
- Physical Therapy: Your physical therapist may employ the use of electrotherapy to help reduce inflammation and stimulate healing; manual therapy to correct movement patterns and exercises for stretching and strengthening the affected muscles and tendons. Your physical therapist may also analyse your sport and working habits and make recommendations as to how they might be modified so as to cause you less pain and prevent future injury.
- Corticosteroids: For severe and persistent pain, your doctor may suggest the injection of corticosteroids. These injections assist in reducing pain, swelling and inflammation, however, corticosteroids may weaken tendons and cause softening of cartilage if used repeatedly.
- Surgery: If after a year other treatments have proved futile, your doctor may suggest surgery. The procedure typically involves either the removal of a portion of the

damaged tendon or the release and re-attachment of the tendon. Less than 10% of all patients with tennis elbow actually require surgery.

Other treatments for this condition which are currently being investigated include extracorporeal shock wave therapy, acupuncture and autologous blood injection.

How do I prevent a tennis elbow injury?

Below are a few tips to help you avoid the pain of having a tennis elbow injury.

- Review your tennis technique – have a tennis professional analyze your game to ensure that you are employing the proper motions.
- When playing tennis, ensure that your racquet is not too heavy and that the strings are not too tight (better to stay at the lower end of the manufacturer's recommendations)
- At work, have your workspace and work habits evaluated to ensure that they are ergonomically sound
- Work on strengthening your wrists and arms
- Keep your wrist straight and in line with your forearm when weight training and when playing tennis
- Warm up properly
- Use ice and rest when necessary.

Sources: Jobe and Ciccotti. "Lateral and Medial Epicondylitis of the Elbow" *Journal of the American Academy of Orthopaedic Surgeons*, Jan 1994; *The Mayo Clinic Staff*, October 2006; *Sports Injury Clinic* 2007.

Obesity Doubles Odds of Prostate Cancer Mortality

SEATTLE, March 15 -- Obese men diagnosed with prostate cancer in middle age are at a 2.6-fold higher risk of dying from the disease than are patients of normal weight, according to a case-control study.

Surprisingly, the increased prostate-cancer-specific mortality risk was independent of treatment and key prognostic factors at diagnosis, including disease grade and stage, reported Alan R. Kristal, Dr.P.H., of the Fred Hutchinson Cancer Research Center here, and colleagues, in the March 15 issue of *Cancer*.



Epidemiology data has consistently indicated a modest increase in prostate cancer mortality among men with a body mass index (BMI) of 30 kg/m² or greater. However, it was unclear whether the effect was due to poor prognostic factors or an effect on progression after treatment.

So, the researchers looked at 752 men ages 40 to 64 with newly diagnosed, histologically confirmed prostate cancer in the Seattle-Puget Sound Surveillance, Epidemiology, and End Results (SEER) cancer registry.

The men reported their pre-diagnosis height and weight in a baseline interview and were followed through the registry for an average of 9.5 years.

The mean BMI was 26.7 kg/m², and 17.0% of the men were obese. About a quarter had regional- or distant-stage prostate cancer at diagnosis (27%), and 14% had Gleason scores of 7 or higher. Most underwent radical prostatectomy as the primary treatment (63%).

During follow-up, 50 men died of prostate cancer, 64 died of other causes, and 36 developed metastases.

The researchers found that obesity at diagnosis significantly increased risk of prostate-cancer-specific mortality [hazard ratio 2.64, 95% confidence interval 1.18 to 5.92, P=0.03 for trend] after controlling for age, race, smoking status, and clinical prognostic factors at baseline. Mortality from other causes was not linked to BMI (P=0.40).

The prostate-cancer-specific mortality rates were:

- 6.5 per 1,000 person-years for normal or underweight men (BMI less than 25 kg/m²).
- 5.4 per 1,000 person-years for overweight men (BMI 25 to 29.9 kg/m²).
- 13.0 per 1,000 person-years for obese men.

When the researchers stratified mortality by BMI categories, the adjusted findings were:

- No significant associations between obesity and Gleason score (P=0.72 for interaction), cancer stage (P=0.78 for interaction), or serum prostate specific antigen level at diagnosis (P=0.11).
- No significant trend for higher mortality with higher BMI whether the primary treatment was radical prostatectomy (P=0.26 for trend) or androgen-deprivation therapy only (P=0.07 for trend).
- No significant association between mortality and androgen-deprivation therapy use (P=0.32 for interaction) though there was a suggestion that the risk was higher among those that did not receive it (HR 15.92, 95% CI 1.37 to 85.18).

Obesity also significantly increased the risk of metastasis for men diagnosed with local- or regional-stage disease (HR 3.61, 95% CI 1.73 to 7.51, P=0.0006 for trend). This finding did not vary significantly across BMI strata with Gleason score, cancer stage, or primary treatment.

Mechanisms by which obesity could affect cancer outcomes may include altered steroid hormone concentrations, high levels of leptin and other adipokines, and inflammation, Dr. Kristal and colleagues suggested.

They said their findings were unlikely to be biased by the effects of treatment or diagnosis on weight since men reported their pre-diagnosis weight and androgen-deprivation treatment showed no interaction with reported BMI.

However, they noted that such self-reports may have introduced error.

While it is unknown whether weight reduction post-diagnosis could affect prostate cancer outcomes, the researchers said the study suggests that this avenue should be studied.

"Although a randomized clinical trial would be needed to definitively determine whether weight reduction would be an effective adjunct treatment for men diagnosed with prostate cancer," they wrote, "these results provide yet one more important reason for men to adopt healthful patterns of diet and physical activity to achieve and maintain a normal weight."



The Chefs' Corner

by Derek Dammann,
Executive Chef
at Le Bistro Mansfield,
Montreal

Swordfish Carpaccio

Enough for 6 person

¾ lb	very fresh swordfish
¼ cup	raisins, soaked for an hour in sweet wine
¼ cup	toasted pine nuts
¼ cup	capers rinsed
¼ cup	Italian parsley, torn up roughly
2 tbsp	lemon juice
2 tbsp	good quality extra virgin olive oil
1 tsp	hot red pepper flakes
	A handful of bitter spicy leaves, such as: wild arugula, dandelion, endive, frisee, etc.
	Sea salt and cracked black pepper
1	lemon for zesting



With a very sharp knife, slice the fish as thin as possible. Because the swordfish is extremely fresh and firm it should be quite easy to get it extra thin. Arrange onto chilled plates and season with sea salt and pepper.

In a stainless steel bowl, combine the drained raisins (but keep the wine), pine nuts, capers, lemon juice and olive oil. Season with sea salt and pepper. Sprinkle the caper mixture over the carpaccio and top with some of the bitter lettuce mixture. Zest a little bit of lemon over each plate, sprinkle the red pepper flakes, then drizzle some of the raisin wine and olive oil.

Serve immediately.



Sunlight and Ultraviolet Exposure

We need the sun for its light and warmth, but the sun's ultraviolet (UV) radiation can cause damage to our skin and eyes – even when it's cloudy or overcast.

What Damage Does UV Cause?

The short-term results of unprotected exposure to UV rays are tanning and sunburn. A sunburn causes skin redness, tenderness, pain, and in some cases, swelling and blistering. Symptoms of more serious sunburn include fever, chills, upset stomach, and confusion. If these symptoms develop, see a doctor.

The long-term effect of sunburn is more serious.

UV exposure that is intense enough to cause sunburn clearly increases a person's risk of developing skin cancer. And UV exposure can increase skin cancer risk even without causing sunburn.

Long-term exposure can also cause premature changes in skin including:

- Aging
- Wrinkles
- Loss of elasticity

- Dark patches (lentigos, that are sometimes called "age spots" or "liver spots")
- Actinic keratoses

Actinic keratoses are small (usually less than 1/4 inch) rough or scaly spots. Usually they develop on the face, ears, back of the hands, and arms of middle-aged or older people with fair skin, although they can develop on other sun-exposed areas of the skin. Although actinic keratoses grow slowly and usually do not cause any symptoms, they sometimes turn into squamous cell cancer.

Besides skin cancer, the sun's UV radiation also increases the risk of cataracts and certain other eye problems, and can suppress the immune system.

Are Any UV Rays Safe?

There are no safe UV rays.

Two main types of UV radiation reach the earth, UVA and UVB. Scientists now believe that both UVA and UVB rays contribute to skin damage, including skin cancer. UVB radiation is known to cause damage to the DNA of skin cells. Skin cancers develop when this damage affects the DNA of genes that control growth

and division of skin cells. Recent research has found that UVA also contributes to skin cancer formation.

Artificial sources of UV light, such as sunlamps and tanning booths, may increase risk of developing skin cancer.

What is the UV Index?

To remind people to take precautions against the potential damage of UV exposure, the Environmental Protection Agency (EPA) and the National Weather Service developed the UV Index.

The UV Index number, ranging from 0 to 10+, indicates the amount of UV radiation reaching the earth's surface during an hour around noon. A higher number means greater exposure to UV radiation.

The UV Index is forecast daily for 58 cities, based on locally predicted conditions. It is valid only for about a 30-mile radius from the city, and, as with any forecast, local changes in cloud cover and other factors may alter actual levels experienced.

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Exercise boosts brainpower

WASHINGTON (Reuters) -- Exercise boosts brainpower by building new brain cells in a brain region linked with memory and memory loss, U.S. researchers reported Monday.

Tests on mice showed they grew new brain cells in a brain region called the dentate gyrus, a part of the hippocampus that is known to be affected in the age-related memory decline that begins around age 30 for most humans.

The researchers used magnetic resonance imaging scans to help document the process in mice -- and then used MRIs to look at the brains of people before and after exercise.

They found the same patterns, which suggests that people also grow new brain cells when they exercise.

"No previous research has systematically examined the different regions of the hippocampus and identified which region is most affected by exercise," Dr. Scott Small, a neurologist at Columbia University Medical Center in New York who led the study, said in a statement.

Writing in the Proceedings of the National Academy of Sciences, the researchers said they first tested mice.

Brain expert Fred Gage, of the Salk Institute in La Jolla, California, had shown that exercise

can cause the development of new brain cells in the mouse equivalent of the dentate gyrus.

The teams worked together to find a way to measure this using MRI, by tracking cerebral blood volume.

"Once these findings were established in mice, we were interested in determining how exercise affects the hippocampal cerebral blood volume maps of humans," they wrote.

They of course could not dissect the brains of people to see if new neurons grew, but they could use MRI to have a peek.

They recruited 11 healthy adults and made them undergo a three-month aerobic exercise regimen.

They did MRIs of their brains before and after. They also measured the fitness of each volunteer by measuring oxygen volume before and after the training program.

Exercise generated blood flow to the dentate gyrus of the people, and the more fit a person got, the more blood flow the MRI detected, the researchers found.

"The remarkable similarities between the exercise-induced cerebral blood volume changes in the hippocampal formation of mice and humans suggest that the effect is mediated by similar mechanisms," they wrote.

"Our next step is to identify the exercise regimen that is most beneficial to improve cognition and reduce normal memory loss, so that physicians may be able to prescribe specific types of exercise to improve memory," Small said.

Here comes the sun!

Did you know that if you're overweight, you're at a higher risk of being deficient in vitamin D? That's because vitamin D is absorbed by excess body fat and rendered useless. Vitamin D actually helps with weight maintenance by working with a protein called leptin that tells your brain that you're full and to stop eating.

Unfortunately, there aren't too many foods that contain vitamin D say for soy and regular milks and some cereal grains. The greatest source of vitamin D comes from the sun. The Solution? Look out the window and if it's sunny, get out there for a little stroll, while your at it, breathe in the fresh non office air filling your lungs at the moment.

Next time that you have a craving to grab what's not good for you, repeat these steps!