



## **Starved for Sleep? Watch Your Waistline** - By Serena Gordon HealthDay Reporter

### **Not enough slumber can contribute to weight gain, experts say**

(HealthDay News) Could the key to weight loss for some people be as simple as getting some extra shuteye?

Possibly. New research suggests that people who don't get enough sleep tend to weigh more, and that sleep can affect levels of the appetite-regulating hormones leptin and ghrelin.

"There is a dynamic balance between proper sleep and proper health. Sleep deprivation affects weight and a lot of other things. If you cheat sleep, there are a number of consequences, including affecting your hormones, appetite and mood," said Dr. Patrick Strollo, medical director of the University of Pittsburgh Medical Center's Sleep Medicine Center.

Two out of three Americans are overweight, and almost one in five are obese, according to the U.S. Centers for Disease Control and Prevention. And, while most people are aware of the relationship of diet and exercise to excess weight, few realize that the amount of sleep they get each night can also affect their weight.

Researchers at the Sleep Disorders Center at Sentara Norfolk General Hospital in Virginia conducted two studies. Each included 1,000 men and women, and they found that those who reported sleeping less tended to weigh more.

Of course, it could be that being overweight might make it harder to get a restful night sleep.

"People who are overweight may have less restful sleep due to heartburn, snoring or more serious sleep disorders like sleep apnea or night eating syndrome," said Dr. Michelle May, author of "Am I Hungry? What To Do When Diets Don't Work."

But, she said, "It works both ways," and that a lack of sleep can affect your weight. Sleep

deprivation affects your body chemistry, appetite and the choices that you make throughout the day, May said.

Another recent study included 12 healthy men in their 20s. Each of the men slept only four hours for two nights. The study found that levels of leptin, a hormone that tells the brain it's time to stop eating because the stomach is full, decreased by 18 percent during the two-day study period. Levels of another hormone, ghrelin, which turns the hunger mechanism on, increased by 28 percent.

On average, the men reported that their hunger pangs increased by 24 percent.

"Hormones change with sleep loss and deprivation," said Strollo. "Sleep deprivation can affect appetite and also the type of food that one desires. When you're sleep-deprived, you generally don't crave carrot sticks."

May agreed, adding, "When you're tired, you're less resilient to stress and other common emotional triggers for eating. When you eat to help you cope with emotions, you're more likely to choose comfort foods like chocolate, ice cream or chips. And, since eating only helps temporarily, you may find yourself reaching for food again and again to try to make yourself feel better.

"Getting enough sleep is the best way to prevent sleep deprivation from contributing to weight gain," May advised. "When you aren't able to get your Zzzs, pay more attention to how much you eat and how you handle fatigue and stress. A short walk will be a better energy boost than a trip to the candy machine."

Strollo said that while most people need between seven and eight hours of sleep a night, there are some people who need as many as 10 and others who may do well on just five hours.

The best way to figure out how much sleep you need, he said, is to take a long vacation and after a couple of days of catching up on your sleep debt, see how many hours of sleep you need to wake without an alarm clock. Since many Americans don't take long vacations, if you feel that you're not fully functional all day, or that you're doing things to stay awake, like a double-espresso shot, you're probably not getting enough sleep, he said.

May added that it's important to remember that "healthy eating, physical activity and sleep are not luxuries, they are necessities."



## Ask the expert - Back Pain

**Q: If my back hurts what would you recommend before opting for a treatment?**

A: Back pain is unfortunately a very common phenomenon. There are many people who suffer from this problem which can get to be very debilitating.

Most often, the reason of the back pain needs to be properly understood to alleviate your pain and, more importantly, ensure that it doesn't return. If you are a downtown professional, as a lot of our clients are, the pain is due in large part to sitting at your desk for 40 hours per week and is compounded by lack of activity during your personal life as well.

Sitting in a chair is very detrimental to your health. If you think about it, you can be asleep in a chair and remain in the same seated position as when you are conscious, which is not the case if you are standing. This lack of muscular activity creates significant weakness in the lumbar and abdominal regions as well as tightness in the muscles of the thighs/pelvis. The resulting effects in the body give rise to the ever common back pain.

While consulting a professional physiotherapist, osteopath or acupuncturist is the best course of action for back pain, there is much that you can do initially to manage the pain yourself. If these efforts are successful, you may not even need any further intervention.

Weakness in the abdominal and low back muscles can make you more susceptible to injury, however it arguably does not cause you your low back pain as much as the lack of flexibility in your pelvic/thigh muscles does. Simple stretches for your hamstrings and hip flexors will start to bring you relief.

Examples of these stretches are sitting on the floor with your legs straight out and trying to lean forward towards your toes to stretch the hamstrings; and standing on one leg while pulling your opposite leg behind you and tucking in your abdomen to stretch the quadriceps and hip flexors. These are relatively common exercises you may have seen people do before and after exercising.

Please keep in mind that these are general recommendations for an otherwise healthy individual in which case, these exercises can be very valuable for you to use as tools to maintain your back health without need for consultation. That being said, there is nothing more complete and thorough as having a professional therapist evaluate your needs and build you a proper rehab/maintenance exercise program for your back.

Take care.

Faisal Naqvi, CAT®, GRT  
Clinic Director, Athletic Therapist,  
Osteopathy

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*We're looking forward to hear from you!*



## Painful Truths: Why the Body Hurts - by David Donnini, Pht

Still waiting for that sore shoulder to suddenly and miraculously heal on its own? Getting fed up with back pain keeping you laid up every once in a while? The truth is, many of the pains that we suffer from are not random and the vast majority originate from very specific causes. Determining what those causes are and how to correct them is the key to living a healthy, pain-free life. Until people are born with an instruction manual, they will require the services of a skilled physiotherapist to fill precisely that role.

When our cars make funny noises or do not perform as they normally should, we seek expert advice. However, when our joints make funny noises or are generating pain, we assume that it will simply go away with time. This philosophy normally leads down the path to chronicity: conceding to those injuries that just refuse to repair themselves. After living with pain for a while, we adopt it as normal

and incurable. Lifestyles change and activities are abandoned due to bodily restrictions. Resigning to injuries leads to feelings of fragility and disappointment. Experiences are missed out on so as not to aggravate the "bad back" or "weak shoulder".

Taking control of your body rather than allowing it to control you is a healthier alternative. Working with a physiotherapist gives insight into the reasons for the problems and the solutions available to resolve them. Working together, function and wellness can be restored, activities resumed and life enjoyed.

Many of you have undoubtedly been exposed at one time or another to the generic and static sides of physiotherapy. Using only machines, heat and ice is a tedious formula for failure. A world of options is available in manual and mechanical therapy, exercise prescription, postural correction, manipulation and

biofeedback. The most important issue to be addressed is the education regarding your injury: its anatomy, dysfunction and treatment options. Without fully understanding the problem, it is unlikely that long term relief can be achieved.

At the Mansfield Health Clinic, the approach has always been to assist in the understanding and resolution of injury and dysfunction. With extensive business hours and an expert approach, you are assured of high quality, dynamic physiotherapy for all your musculoskeletal concerns. Many of the success stories are from clients who have had poor results in previous treatment approaches. Taking an appointment at your convenience is the first step to a full recovery.

David Donnini, Pht  
Physiotherapist  
Mansfield Athletic Club Health Clinic

## Most Heart disease patients not active enough

(Reuters Health) The majority of Americans with coronary heart disease do not engage in physical activity at recommended levels, study findings suggest.

National guidelines generally call for a minimum of 30 minutes of moderate physical activity on at least 5 days each week, as well as 20 or more minutes of vigorous activity on at least 3 days per week.

Moderate activity includes brisk walking, bicycling, vacuuming, gardening, or any other exercise or work that causes small increases in breathing or heart rate. Vigorous activity such running, aerobics, or heavy yard work involves large increases in breathing or heart rate.

Despite the known health benefits of physical activity, a survey of nearly 300,000 adults in the United States shows that those with coronary heart disease are less likely to comply with physical activity recommendations than those without heart disease, researchers report in the American Journal of Cardiology.

Dr. Guixiang Zhao, of the Centers for Disease Control and Prevention, in Atlanta, Georgia, and colleagues compared levels of physical activity reported by 24,496 adults with and 272,649 adults without coronary heart disease who participated in the Behavioral Risk Factor Surveillance System telephone survey in 2005.

The investigators found that just 32 percent of those with coronary heart disease engaged in recommended levels of moderate activity and only 22 percent achieved recommended amounts of vigorous physical activity.

By contrast, 37 percent and 29 percent of individuals without coronary heart disease met recommended levels of moderate and vigorous physical activity.

"Intensive physical activity counseling is needed for patients with coronary heart disease to increase their physical activity levels if no contraindications to increased physical activity exist," the team concludes.

SOURCE: American Journal of Cardiology, March 2008



### The Chefs' Corner

by Derek Dammann, Executive Chef  
at the Mansfield Bistro and DNA Restaurant

### Skate wing with parsnip puree, Brussels sprouts, pancetta and balsamic brown butter

Yield: 8 portions

¼ cup	wondra flour
2 pounds	skate wing
¼ cup	olive oil
6 tbsp	unsalted butter
2 tbsp	balsamic vinegar
	Parsnip puree
	Balsamic braised Brussels sprouts with pancetta
2 tbsp	Italian parsley
	sea salt and fresh black pepper

- Season the skate with the salt and pepper and dredge in the wondra flour.

- Heat a large sauté pan over high heat for two minutes and swirl in 2 tbsp of the butter. Place the fish in the pan and cook for about 3 minutes, until the skate is nicely browned. Turn the fish over, turn the heat down to medium and cook for another minute or so. Transfer to a plate and keep warm.

- Pour the oil from the pan and discard it, Wipe the pan clean and return it to the stove over medium heat, add the remaining butter and heat for 3 minutes, or until it browns. Turn off the heat and add the balsamic vinegar, swirl the two together and season to taste. Stir the parsley into the balsamic butter just before plating.

#### Parsnip puree

1 ½ pounds	russet potatoes, peeled and cut into quarters
1 ½ pounds	parsnips, peeled and cut into chunks
¾ cup	heavy cream
¾ cup	whole milk
6 ounces	unsalted butter, cubed
	sea salt and black pepper to taste

- Place the potatoes and the parsnips in two medium sauce pots, add a pinch of salt to each pot and fill with cold water. Bring both the pots to a boil, reduce the heat to a simmer and cook until tender. Strain and allow to steam dry for a one minute.

- Heat the cream and the milk together. Pass the parsnips and the potatoes through a tamis and transfer to a heavy bottomed pot. Stir over low heat to help further dry them out. Slowly add the butter, stirring with a wooden spoon. After the butter has been incorporated, slowly add the cream mixture. Season to taste and depending on the consistency, pass once

again through the tamis.

#### Balsamic braised Brussels sprouts with pancetta

2 tbsp	extra virgin olive oil
2 tbsp	unsalted butter
1 pound	small Brussels sprouts, washed and trimmed
	pancetta, finely diced
¼ pound	finely diced shallots
2 tbsp	minced garlic
1 tbsp	fresh thyme
1 tsp	balsamic vinegar
¼ cup	veal stock
1 cup	sea salt and black pepper to taste

- Heat a large sauté pan over high heat, and add the olive oil and the butter. Add the Brussels sprouts and season lightly, shake the pan on occasion to help them brown evenly. After a few minutes, turn the heat to medium and cook for 4 minutes to soften the sprouts.

- Add the diced pancetta and cook for 2 minutes, or until it starts to crisp. Add the shallots, thyme and the garlic and cook until they are translucent. Add the vinegar and reduce by half, add the veal stock and reduce until there is only ¼ cup of liquid left, shaking the pan to glaze the sprouts. Readjust the seasoning if necessary.

## ***It's Never too Late to Get Active*** - by Megan Rauscher

(Reuters Health) For life-long couch potatoes in their 60s, 70s and beyond, the prospect of starting an exercise program can be daunting, but it doesn't have to be, a researcher told the American College of Sports Medicine's 12th annual Health and Fitness Summit in Long Beach, California.

In an interview with Reuters Health, Melissa Miller, who spoke at the meeting, noted that 4 out of 10 older adults suffer from a chronic condition, like heart disease, high cholesterol, or arthritis. "A lot of these older adults avoid exercise because they think they are going to hurt themselves or make their condition worse, when, in fact, almost all conditions can be helped by exercise," Miller said.

Almost anyone can do some form of exercise and reap the benefits, which in the immediate-term include relaxation, stress and anxiety reduction, and enhanced mood. Long-term benefits of exercise, in addition to weight loss, are increased strength and balance, and improvement in chronic ailments, including

improved mental health, a sense of belonging, increased life span and overall quality of life.

"There is really only 1 or 2 percent of the population that cannot exercise in some capacity to improve well being," Miller said. "Most just need guidance on what type of exercise is best for them."

Miller, a PhD candidate at Walden University, Minneapolis, Minnesota, suggests that older adults talk to their doctor first and work with a qualified trainer, at least initially. Having someone to exercise with is also a good idea.

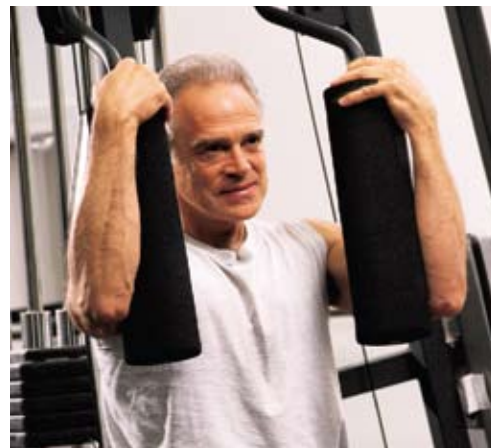
"For older adults, once they start exercising and understand the benefits of exercise, they are more likely to stick with it than any other age demographic. It's just getting them started," Miller noted.

Because a person's confidence that he or she can do a specific task decreases with age, Miller suggests building on what they've done in the past. For example, a former dancer could practice leg lifts; a former basketball player could start by shooting some hoops; a

former runner could take up walking.

"Doing what you've done in the past at a younger age is a great way to build confidence and motivation," said Miller. "Realizing that 'my body can do still do this, I can be active, is a big motivating factor for many."

It's critically important, Miller added, for older adults to know that it is never too late to improve their health and fitness level.



## ***Personal Contact Helps Maintain Weight Loss*** - by Serena Gordon, HealthDay Reporter

### **Interactive Web sites may also help, at least for a while, study finds**

(HealthDay News) Statistics on maintaining weight loss are often dismal, but a new study finds that when people have monthly personal contact with a weight-loss professional, they're able to keep off more weight.

The study also found that people using an interactive Web site were more likely to maintain their weight loss than people who didn't, but only for two years. After two years, the beneficial effect began to wane.

"Two and a half years after weight loss, the personal contact group had gained less weight. The difference was only 3.3 pounds [between the personal contact group and the interactive technology group], but even small amounts of weight loss can improve health," said study lead author Dr. Laura Svetkey, a professor of medicine at Duke University Medical Center.

Results of the study are published in the March 12 issue of the *Journal of the American Medical Association* and are to be presented that same day at the American Heart Association's annual meeting in Colorado Springs, Colo.

Almost 1,700 overweight or obese people were recruited for the study. In addition to excess weight, all of the volunteers had either

high blood pressure, high cholesterol or both. Almost 40 percent of the study participants were black, and more than one-third were men. Svetkey said these factors were important, because blacks and men tend to be underrepresented in weight-loss studies.

The first phase of the study was a six-month weight loss program. Groups of dieters met every week for group-based behavioral intervention treatment. Goals for treatment were 180 minutes of exercise each week, reducing caloric intake and adopting the DASH (Dietary Approaches to Stop Hypertension) diet. The weight loss goal per week was one to two pounds.

The average weight loss in the first phase was just under 19 pounds, the study authors said.

During the second phase, study volunteers were randomly assigned to one of three groups for maintenance, the "personal contact" group, the "interactive technology" group, and the "self-directed" group. The personal contact group was contacted 12 times each year by a counselor, three times in person and nine times by phone. The interactive technology group had unlimited access to a special weight-loss Web site designed by the researchers. The "self-directed" group

was urged to maintain their weight loss but received no further intervention.

After 30 months, the personal contact group had regained an average of 8.8 pounds less than the self-directed group. The difference between the personal contact group and the interactive technology group was 3.3 pounds.

"I think that the tools we used in the weight loss phase and then tried to reinforce in the maintenance phase may have been easier to reinforce in an in-person setting," Svetkey said. "There's something about human contact that seems to make a big difference."

Dr. Kelly Machesky is medical director of the St. John Weight Loss Institute in Michigan. She said, "I believe the crux of [the personal contact group's success] has to do with someone else taking an interest in seeing the outcome."

Overall, 71 percent of the study volunteers maintained at least some weight loss over 30 months.

"Change is possible. Truly, you can make a difference with simply reducing caloric intake and increasing energy expenditure," said Machesky, who added that this study's finding suggests that surrounding yourself with people who are supportive could also be helpful.