

the healthy swimmer



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Exercise May Reduce Pregnancy-Related Health Risks

Physicians used to advise women not to exert themselves during pregnancy—particularly by exercising. But the pendulum has swung, and more obstetricians and gynecologists now encourage their pregnant patients to follow the same exercise recommendations as most other people—30 minutes or more of moderate exercise, five to seven days a week.

“Generally women feel better and are fitter if they exercise during pregnancy,” says Richard P. Frieder, M.D., a clinical instructor of obstetrics and gynecology at UCLA. Exercise during pregnancy certainly has its benefits, most commonly weight control. But women who exercise during pregnancy shouldn’t necessarily expect labor to be any easier. Frieder calls that notion “a marketing myth that sells exercise classes.” Of more value is a recent University of Washington study that shows regular exercise may help women avoid pregnancy-related health risks.

Conducted by pregnancy expert Michelle Williams of Seattle, the study compared two groups of pregnant women—93 who did not exercise and 44 who were active. Results indicated that moderate exercise during pregnancy reduced the risk of gestational diabetes by 50 percent and pre-eclampsia, an often-dangerous condition accompanied by high blood pressure, by 35 percent.

The American College of Obstetricians and Gynecologists have issued revised recommendations for women who exercise while pregnant. Although the guidelines suggest a wide range of activities may be safe, women should consult with their physicians before beginning any exercise program. <<<

>>> To learn more about exercise and pregnancy, visit the American Academy of Family Physicians at <http://familydoctor.org/305.xml>.

Echinacea’s Medicinal Value Debated

According to a broad clinical report published in the *New England Journal of Medicine*, there may be reason to question the medicinal value of the popular herb, echinacea. The report not only claims that the herbal remedy does not ward off runny noses, sore throats or headaches, it also suggests the herb does not help patients recover from cold symptoms more quickly than other medications.

Echinacea’s widespread popularity with consumers spurred the two-year study, in which researchers produced samples from the root of an *Echinacea angustifolia* plant—each dosage containing the equivalent of 300 milligrams of echinacea.

“We find no evidence that it actually does anything to common cold symptoms,” says Ronald B. Turner, M.D., a professor of pediatrics at the University of Virginia School of Medicine and the study’s lead author. “If that’s the reason you’re buying it, then you’re wasting your money.”

But echinacea advocates question the legitimacy of the study, saying the results were not definitive because the dosages in



ECHINACEA PURPUREA,
aka purple cone flower

Annedore Liebs-Schuchardt

the study were too small. “This is a good contribution to the clinical literature, but it’s not the definitive study on echinacea,” according to Mark Blumenthal, executive director of the American Botanical Council, a nonprofit organization backed by herbal supplement makers.

“It would have been optimal if this trial had tested the echinacea preparations at more frequent and/or higher doses. Dosage is one of the most important aspects in assessing

any therapeutic agent,” Blumenthal notes. The council also points out that the extracts used in the study do not correlate with echinacea products that are available commercially to consumers because they were produced in a university laboratory. <<<

>>> To read more about echinacea, visit the National Center for Complementary and Alternative Medicine at <http://nccam.nih.gov/health/echinacea>. Additional data can be found on ABC’s web site at www.herbalgram.org.

READERS ASK:

Q: I have been swimming for over 20 years in a regular group wherever I happen to live. Throughout the entire time I have suffered from what I would consider nasty reactions to the chemicals used in pools. My latest episode was a massive cold-like reaction to a pool in a private club in California following a one-hour workout. The symptoms persisted for almost three days and were severe in my opinion. Any suggestions for a real dyed-in-the-wool swimmer who wants to avoid constant post-pool drip?

—Dan Love, Southern Pacific LMSC

A: “There is great variability in the levels of chlorine used in pools for chemical sanitation. Unfortunately, it is easy for the concentrations to fluctuate significantly,” says Ralph Bovard, M.D., who practices sports medicine and occupational and environmental medicine in St. Paul, Minn., and is a member of the USMS Sports Medicine Committee. “While many pools will keep chlorine at one to three parts per million (ppm), some studies have shown that anything over 0.5 ppm can increase the

risk of airway irritability, actual exercise-induced bronchospasm (EIB), loss of body hair, fading of suits, etc.” Some pools run excessively high levels of chlorine especially if there is a high kid load. Occasionally, pools will do a “shock” treatment of up to 10 ppm if there has been a contamination episode,” he notes.

Chlorine and the halogens are potent chemicals, says Bovard. “These chemicals are very useful for hygienic reasons but, like most things, potential irritants at elevated doses. Some pools use bromine, which seems to be better tolerated by many folks. Alternately, if the chlorine/bromine levels get too low, one can develop skin rashes and bacterial infections from contaminants in pools. So it is a fine line and some pool engineers are obviously more meticulous (better) than others. If you find a good one, let them know you appreciate their care and dedication. Even great pools can slip once in a while.” <<<

>>> Do you have a health or fitness-related question to pose to our health and medical professionals? Send it to editor@usms.org, or mail to: Readers Ask, c/o Bill Volckening, 1220 NW 119th Place, Portland, OR 97229.

Five Tips for Better Work/Life Balance

Many of us talk about balancing our workloads with our home lives, but don't live it. The fact is, most people really don't know how to do it. The primary purpose of achieving work/life balance is to minimize stress in your life. Chances are, if you're feeling stressed and tired you probably haven't achieved the balance.

Management consultant Lonnie Pacelli has some good advice on the subject. Pacelli, who has more than 20 years of corporate experience with Fortune 500 companies and is creator of Leading on the Edge (www.leadingonedge.com), focuses on helping today's leaders be more effective through practical skills assessment, action planning and follow-up.

To realize a practical work/life balance and reduce stress, Pacelli offers the following tips:

1. Consciously (and honestly) decide what is really important. Saying that work/life balance is important is one thing—truly meaning it is a different game altogether.

2. Make your calendar a life thing, not just a work thing.

Integrate important personal activities into your calendar. Examples include exercise, being home at a specific time for dinner and kids' activities. Also include important meetings that your spouse or significant other needs to attend.

3. Measure success in results, not hours. Those who measure success based on results are more likely to figure out better ways to do things, prioritize their work and get home in time for dinner. Don't use the clock as your gauge of success.

4. Don't succumb to peer pressure. Don't let your peers' actions pressure you to run the wrong race. Just stay focused on providing meaningful results that provide value to the organization.

5. Don't take on too much “life” in work/life balance. Achieving good work/life balance means doing both in moderation and minimizing the stress in your life. You could be working a 40-hour workweek and still be stressed out because of the nonwork activities you've committed to. Doing too much life can be just as stressful to you and your loved ones as doing too much work. <<<



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Pain Medications Linked to High Blood Pressure

Recent studies suggest that high doses of over-the-counter pain medications may increase the risk of hypertension in women—no matter what age. According to one study, women between the age of 51 and 77 who took more than 400 mg per day of non-steroidal anti-inflammatory drugs (NSAIDs) had a 78 percent increased risk of hypertension compared with non-users. A separate study on younger women found the increased risk of hypertension was 60 percent greater for those who took NSAIDs.

“These results confirm and expand on our previous reports that frequency of acetaminophen and NSAID use increases the risk for incident hypertension in women,” according to the research team led by John P. Forman, M.D., of Brigham and Women's Hospital in Boston. “Because acetaminophen and NSAIDs are commonly used, they may contribute to the high prevalence of hypertension in the United States.”

Hypertension was defined as blood pressure greater than 140/90 mm Hg—but because the study was based on self-reported data, researchers noted no other blood pressure readings.

Although these studies showed alarming results for women who take NSAIDs, aspirin intake showed considerably lower risk. In fact, aspirin did not affect hypertension risk for older women—but there was a slight risk observed among younger women. <<<

>>> To learn more about controlling hypertension, visit the American Heart Association at www.americanheart.org.