

Which household chores burn the most calories?

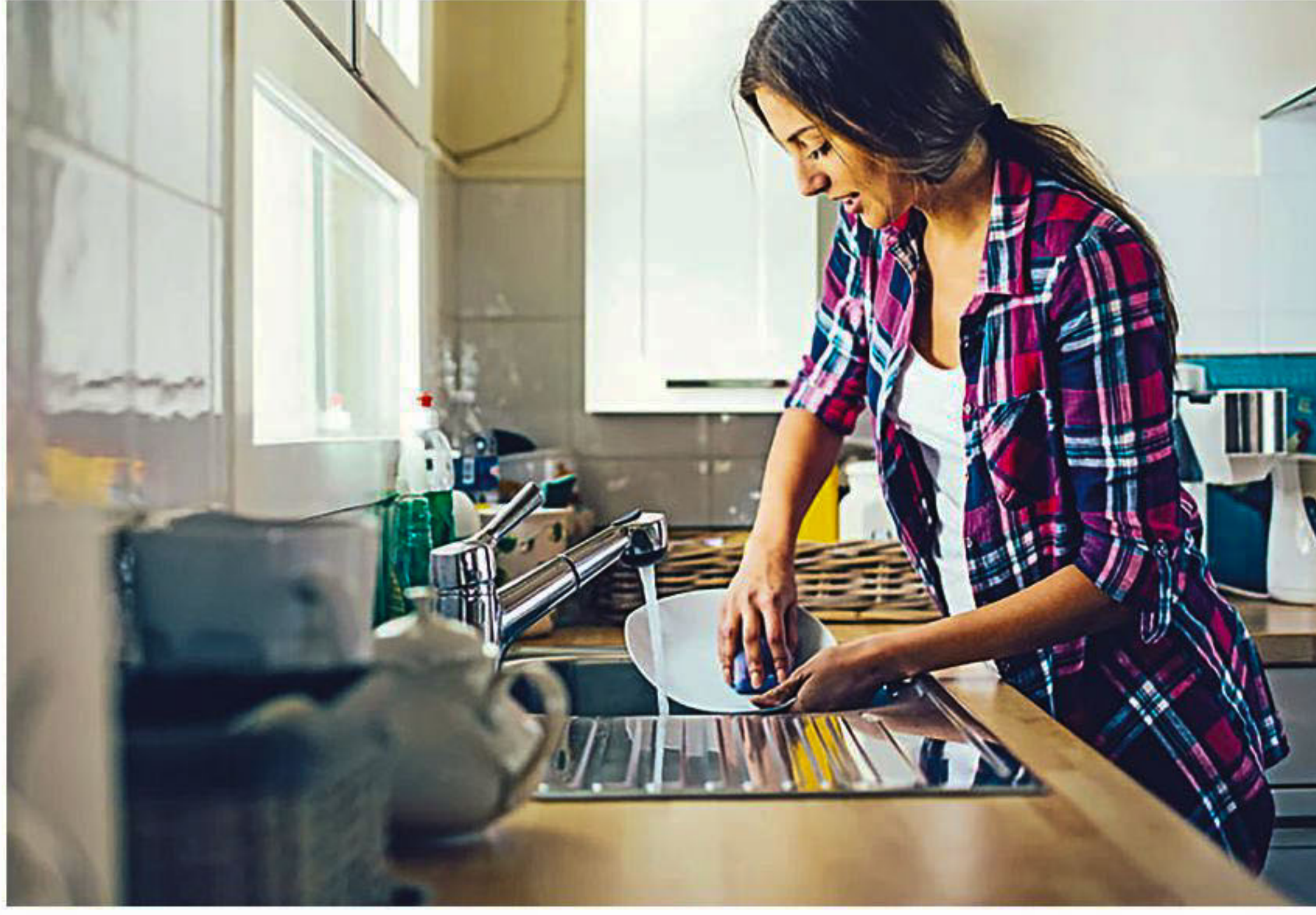
STAR HEALTH DESK

You might be surprised to know that you do not need to go to the gym or bundle up for a winter power walk to stay fit. Daily activities burn calories and can add up to a personal fitness routine.

Clean up, burn calories
Hate going to the gym? You can burn calories when you do chores around the house or in the yard. Non-Exercise Activity Thermogenesis, or NEAT, includes energy you burn doing anything except sleeping, eating, or exercise. House work can boost your metabolism and help manage your weight.

Vacuum carpets and floors
Pushing your vacuum cleaner around every room in the house requires some serious calories. Vacuuming for 30 minutes zaps 99 calories if you are 120 pounds, 124 calories if you are 150 pounds, and 166 calories if you are 200 pounds. Do dance moves or lunges while you push to pump up the burn.

Make and change the beds
If you have several bedrooms in your house, do not let them stay messy. Changing the linens takes some energy. Stripping and



remaking beds for 30 minutes torches 187 calories if you weigh 125 pounds and a whopping 300 calories if you weigh 200 pounds.

Play with your children
A fun family workout is good for your body and spirit. Even if you only do a little work, 30 minutes

of play time burns 120 calories if you weigh 125 pounds and 178 calories if you weigh 200 pounds. Ramp up to serious horseplay, and you will zap 30 or more extra calories per outing.

Clean up after a meal
Everyone loves eating a home-

cooked meal, but if you hit the sofa once it is time to do the dishes, you will miss a great workout. 30 minutes of washing dishes by hand and cleaning up the kitchen with moderate intensity gets rid of 187 calories if you weigh 125 pounds and

300 calories if you weigh 200 pounds.

Get into the garden
Just 30 minutes of pulling weeds cuts 139 calories for a 125-pound person and 205 calories for a 200-pound person. Plant some new trees for even more exercise: It burns 135 calories if you are 125 pounds and 200 calories if you are 200 pounds. Gardening is also a great way to strengthen and build muscles.

Pump up the pace
How do you know if your chores are really giving you a workout? Burn more calories by doing any activity at a pace quick enough to get your heart pumping and make you breathe harder. Do your activity for at least 10 minutes straight as well. Play upbeat music to raise your pace and stamina while you clean up or do yard work.

Stand up, add movement
Even standing more instead of sitting all day will increase your NEAT levels. Walk short distances whenever you can to add steps to your daily count and burn a few calories. If you take the bus, get off a few stops early and walk the rest of the way. Little movements can add up to more NEAT overall.

Source: WebMD

ASTHMA

Triple therapy for asthma in a single inhaler!



For a patient whose asthma is not controlled by medium-to-high-dose inhaled corticosteroids (ICS) and a long-acting β -agonist (LABA), current guidelines e.g., Global Initiative for Asthma recommend adding a long-acting antimuscarinic agent (LAMA). In two industry-sponsored European trials, which differed only in whether medium- or high-dose beclomethasone was used, researchers examined whether a single inhaler that contained ICS plus a LABA and a LAMA worked better than an inhaler that contained ICS/LABA.

More than 2,500 patients were randomised to beclomethasone, formoterol (a LABA), and glycopyrronium (a LAMA) in a single, ultra-fine, metred-dose inhaler (triple-therapy groups) or to beclomethasone and formoterol in a single inhaler (dual-therapy groups). After 26 weeks, mean improvement in pretreatment FEV1 (forced expiratory volume in 1 second) improved more with triple therapy than with dual therapy (by \approx 60–70 mL).

Although this study only showed modest improvements in lung function and exacerbation prevention, an FDA-approved triple-therapy option in a single inhaler for asthma would be convenient. The only currently available triple inhaler in the U.S. (Trelegy Ellipta) is approved for use only in patients with chronic obstructive pulmonary disease.

HEALTH bulletin



Improved support after self-harm needed to reduce suicide risk

To reduce the high risk of suicide after hospital attendance for self-harm, improved clinical management is needed for all patients – including comprehensive assessment of the patients' mental state, needs, and risks, as well as implementation of risk reduction strategies, including safety planning.

The results are from an observational study spanning 16 years and including almost 50,000 people from five English hospitals, published in The Lancet Psychiatry journal.

"The peak in risk of suicide which follows immediately after discharge from hospital underscores the need for provision of early and effective follow-up care. Presentation to hospital for self-harm offers an opportunity for intervention, yet people in are often discharged from hospital having not received a formal assessment of their problems and needs, and without specific aftercare arrangements. As specified in national guidance, a comprehensive assessment of the patients' mental state, needs, and risks is essential to devise an effective plan for their follow-up care," says study author Dr Galit Geulayov, Centre for Suicide Research, Department of Psychiatry, University of Oxford, UK.

Managing vaping-associated lung injury

STAR HEALTH DESK

The Centres for Disease Control and Prevention's (CDC) has updated its interim guidance for the evaluation and management of patients with suspected e-cigarette, or vaping-associated, lung injury (EVALI), based on the 1,299 cases reported as of October 8, 2019. The chemical(s) responsible for the lung injury have not yet been identified (Tetrahydrocannabinol or THC-containing products appear to be strongly associated) and no specific testing exists for a definitive diagnosis. Among the recommendations:

Evaluation

History: Ask about vaping. Consider EVALI in the differential diagnosis for patients presenting with respiratory, gastrointestinal (GI), or constitutional symptoms who vape. GI symptoms may precede respiratory symptoms.

Physical exam: Start with vital signs and pulse oximetry and a complete physical exam. Patients with EVALI may have unremarkable auscultatory findings.

Laboratory testing: Depending on history and presentation, consider testing for bacterial viral pathogens, endemic mycoses (e.g., histoplasmosis, coccidioidomycosis), and opportunistic infections. Test for signs of inflammation, including white blood cell count, serum inflammatory markers, and transaminases. Urine toxicology testing for THC is recommended.

Imaging: Consider chest x-ray and chest computed tomography (CT) scan for patients with vaping history and GI or respiratory symptoms, especially if hypoxic (O₂ saturation (95% on room air). An abnormal CT scan showing ground glass opacities despite a normal appearing chest x-ray is possible.

Management

Admit patients with hypoxia or respiratory distress. For those managed as outpatients, re-evaluate at 24 to 48 hours.

Consider initiation of corticosteroids. Start antibiotics and influenza antivirals if there are concerns for an infectious process.

Consider consultation with a pulmonologist and baseline pulmonary function testing.

After discharge, close follow-up

is recommended. Consider repeating pulmonary function testing and chest x-ray at 1 to 2 months. Advise patients to stop all e-cigarette and vaping use.

Considering EVALI in the differential diagnosis for patients with vaping history (one has to ask!) and GI complaints (hyperemesis, vomiting, nausea, abdominal pain) or respiratory distress (tightness, hypoxia) is now standard of care.

Although not mentioned in the CDC guidance, pulmonologists advise that patients with EVALI have responded well to albuterol and chest physical therapy in addition to corticosteroids. Prescribing a nicotine patch at discharge may help patients manage nicotine withdrawal symptoms.

Source: New England Journal of Medicine



Finding Progeria children in Bangladesh

The Progeria Research Foundation (PRF - www.progeriaresearch.org), the organisation dedicated to discovering treatments and the cure for children with Progeria, announced the launch of 'Find the Children - 10 in Bangladesh with Progeria' campaign recently. The campaign is designed to create awareness among the general public and healthcare providers, in order to locate and assist children with this rare and fatal rapid ageing condition.

Progeria is a rare, fatal genetic condition characterised by the appearance of accelerated ageing in children. Children with Progeria die of heart disease at an average age of 14 years.

Other symptoms of Progeria include stiffness of joints and hip dislocation, growth failure, loss of body fat and hair, and aged-looking skin that gives children with Progeria a unique and similar appearance, despite differences in ethnic backgrounds.

Today, experts estimate there are approximately 350-400 children living with Progeria worldwide, but only 161 children are identified by the Foundation as of October, 2019. Thus, approximately 200 children remain undiagnosed. Statistically, about 10 of the unknown children live in Bangladesh — untreated and in need of help. Over the past years, 3 children have been identified in Bangladesh.

PRF has developed programs and services to aid those around the world affected by Progeria, including diagnosis and treatment recommendations, so the children may have a better quality of life. This includes access to lonafarnib, which has been shown to give the children stronger hearts and longer lives. Lonafarnib is currently available to qualifying children through the ongoing PRF-funded clinical drug trial taking place at Boston Children's Hospital in Boston, Massachusetts, U.S.

If you see or know of a child who may have Progeria, please contact The Progeria Research Foundation at info@progeriaresearch.org.



World Diabetes Day

14 November, 2019

ডায়াবেটিস নিয়ন্ত্রনে আসুন পরিহার করি

- ⊕ অলস জীবনযাপন
- ⊕ অস্বাস্থ্যকর খাদ্যাভাস
- ⊕ অতিরিক্ত ওজন
- ⊕ উচ্চ রক্তচাপ
- ⊕ অস্বাভাবিক কোলেস্টেরল

প্রতি ৮ সেকেন্ডে একজন ডায়াবেটিসে মারা যায়

অধিকাংশ টাইপ-২ ডায়াবেটিস প্রতিরোধযোগ্য এবং নিয়ন্ত্রিত জীবনযাপন ও যত্নের মাধ্যমে জটিলতা পরিহার করা সম্ভব



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