Healthy Body/ Healthy Mind

Treatment of the obese person

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The fact that an individual is obese does not automatically make him or her a suitable candidate for treatment.

How do health professionals decide whom to treat and whom not to treat?

Not everyone should be encouraged to lose weight. Repeated weight gain and loss is harmful. Inappropriate weight loss methods, including crash diets, can have damaging effects on physical health and psychological well being. Screening is a part of a responsible weight-loss program. Such screening should include the following:

•Is weight loss necessary? Is this person internally motivated to lose weight? The basic motivation to lose weight must originate in the individual.

•What level of health supervision is necessary? Should they be screened for psychological conditions that would make weight loss inappropriate? Is this person at medical risk, requiring a physician's care?

•What factors in the person's history and life-style are relevant to the weight-loss program? For example, a weight-loss program that is costly may not be affordable for the low-income person.

The best candidates for weight reduction are those who express the desire to change their total lifestyle.

One must be motivated enough to agree to participate in a routine exercise program recommended by a physician, follow a low-calorie diet, and change lifelongfood behaviors.

A significant time investment is also necessary. The capacity to succeed is best demonstrated by deeds rather than words (Van Itallie,1988). In addition, the best candidates are not currently under stress.

Stressful life events such as a recent divorce, death of a significant other, or a change in living situation or job status may decrease the chances for success.

A realistic goal for weight reduction should be set. For example, the weight reduction diet may be planned to allow for a loss of 1 pound per week.

Sound weight-control programs include nutritional education, instruction on behavior modification, and an exercise program.

This is commonly called the Triangle plan. The best programs offer a lifelong support component. Recognition that it is far easier to lose excess body fat than to keep the lost fat off is important for a good long-term outcome.

Epidural associated with more test

By Lindsey Tanner
THE ASSOCIATED PRESS

CHICAGO – Epidural anesthesia, a common pain-reliever administered during childbirth, is strongly linked to fevers in mothers that may lead to unnecessary tests and treatment in their newborns, a new study suggests.

Fevers in women undergoing labor can signal an infection that may be passed on to their babies, where it could be life-threatening.

Standard procedure has been to administer blood tests and antibiotics as a precautionary measure in newborns whose mothers had a fever of 100.4 or higher during labor, said Dr. Ellice Lieberman, a Boston epidemiologist whose study appears in the March issue of the journal Pediatrics.

The study bolsters previous research suggesting that epidural anesthesia can cause non-infectious fevers that pose no risk to newborns. Further, Lieberman and colleagues at Brigham and Women's Hospital found that babies whose mothers had epidurals were not more likely to have infections.

"Given the cost, risk and pain to the newborn, the high proportion of sepsis (bacterial infection) workups that may be attributable to epidural use is cause for concern," the researchers wrote.

Such newborns typically have their blood drawn and are given antibiotics intravenously for two days, or until the test results are available, Lieberman said. This may prolong their stay in the hospital and unduly upset their parents, the researchers wrote.

Antibiotics themselves, in rare cases, can cause side effects, including kidney damage or hearing loss in newborns, Lieberman said. Over-administering antibiotics also can lead to drug-resistant forms of bacteria, she said.

Such concerns led the Elk Grove Village, Ill.-based American Academy of Pediatrics, which publishes the journal, to issue new guidelines for preventing sepsis. The revised guidelines are published in the March issue.

Lieberman and colleagues studied 1,047 women who received an epidural – a spinal injection to numb the lower body – and 610 who did not. Fourteen percent of the women in the epidural group developed fevers during labor, compared to just 1 percent of the others.

Newborns in the epidural group were four times more likely to be tested and treated with antibiotics than those in the second group, although they were not more likely to develop bacterial infections.

The authors said doctors should consider using a higher maternal fever threshold before treating newborns. They also advocate additional studies on ways to limit epidural-related fevers in pregnant women.

Lieberman did not know how many of the estimated 4 million babies born annually in this country are products of epidural births, although about 60 percent of the women she studied underwent the procedure.

Her findings present a dilemma for doctors trying to balance the risk of potential newborn infection with the risks and costs of treatment, said Dr. William Oh, chairman of the academy's committee on fetus and newborn.

The findings indicate doctors may be overtreating some patients and that some of that treatment is "probably unnecessary," Oh said. "On the other hand, you cannot rule out infection" as a possibility in newborns of mothers with fevers, he said.

Oh noted that the academy's new guidelines include a recommendation not to treat newborns of mothers with fevers if the babies appear healthy and the mothers receive at least two doses of penicillin during childbirth.

In such cases, the infants "should be watched closely for several days," but they do not need tests or antibiotics if there is no sign of infection, Oh said.

Yearly mammograms at 40?

THE ASSOCIATED PRESS

CHICAGO – Adding to the debate over how early and often women should be screened for breast cancer, an American Cancer Society panel of experts is recommending annual mammograms beginning at age 40, rather than 50.

The recommendation will be voted on by the cancer society's board at its March 19-22 meeting.

Currently, the society recommends that women ages 40 to 49 get mammograms every year or two. But a panel of experts that met in Chicago over the weekend said annual mammograms for women in their 40s could save more lives.

Scientists agree that annual mammograms starting at age 50 significantly cut the breast cancer death rate. And they agree that women in their 30s should get regular mammograms only if they have a strong family history of breast cancer.

But the question of whether women ages 40 through 49 need regular mammograms is so difficult that in January, a panel of experts convened by the National Cancer Institute could not reach a recommendation. The NCI panel declared women should decide for themselves whether to have mammograms in their 40s.

That advice produced an outcry. The Senate unanimously urged women to get mammograms in their 40s.

"To have different guidelines drives women crazy," American Cancer Society spokeswoman Joann Schellenbach said.

She said if the cancer society votes to change its recommendations, it will also offer a detailed explanation of its reasoning and all the issues involving mammograms, including safety, false test results and biopsies.

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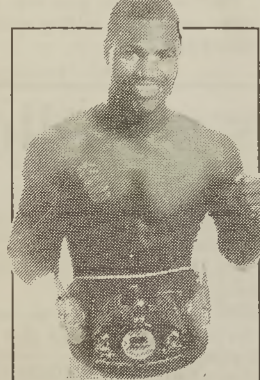
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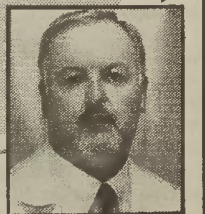
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