

## Any Amount Is Better Than None

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physical activity in more than a decade, according to the HHS. The guidelines are aimed primarily at health care professionals and policy makers, but the HHS has produced a guide for adults called "Be Active Your Way." The guide is for men and women aged 18-64 years and suggests moderate-level activities that adults can fit into their lives, such as biking slowly and gardening.

The recommendations add "validity" to advice from physicians to be active, said Dr. Michelle May, a family physician in Phoenix, Ariz., and chairperson of the American Academy of Family Physicians' Americans in Motion advisory panel. However, it's critical that physicians don't just tell patients that the government is recommending more exercise. "That's really not what's helpful to patients," she said.

Patients already know that they need to be more active, and for those who have sedentary lifestyles, adding 2.5 hours of exercise a week can be daunting, Dr. May said. A more helpful approach is to find out what patients are already doing, what they enjoy doing, and what obstacles keep them from exercising on a regular basis.

If a patient wants to exercise to be healthier but can't find the time because of family commitments, brainstorm with him or her about some family activities that could incorporate moderate physical activity, such as going to the park, she said.

The guidelines alone won't make much difference in behavior, agreed Miriam E. Nelson, Ph.D., vice chair of the scientific advisory committee that worked on the government's new guidelines. However, if the report begins to influence policy makers within schools, businesses, and communities, it could have an impact in the long term, she said. For example, new policies could lead to the construction of more sidewalks and crosswalks, making it possible for children to walk to school.

"We need a collective effort around this," said Dr. Nelson, director of the John Hancock Center for Physical Activity and Nutrition at Tufts University, Boston.

For children and adolescents aged 6-17 years, the guidelines call for engaging in 60 minutes or more of physical activity daily, with most of the time spent on moderate- or vigorous-intensity aerobic

activity. Children should be participating in some type of vigorous physical activity at least 3 days a week. As part of their 60 minutes of physical activity, children should also spend at least 3 days a week on muscle- and bone-strengthening activities, according to the guidelines.

But this doesn't mean that children need to be hitting the gym, Dr. May said. Much of the natural play done by children—running, hopping, skipping, and jumping—is aerobic and bone strengthening.

Finding a safe place for children to play is also a challenge. In cases where a child's neighborhood isn't safe, parents can consider activities at the local YMCA, Dr. May said. Physicians can help by creating a list of local options for physical activity that includes locations and cost. This type of community-specific handout is more effective than a generic list of recommendations for physical activity, she said.

The guidelines also recommend that adults aged 18-64 years engage in either 2.5 hours of moderate-intensity aerobic exercise or 1 hour and 15 minutes of vigorous-intensity aerobic exercise weekly. Moderate-intensity activities can include brisk walking, gardening, and ballroom dancing. Vigorous activities include running, swimming laps, hiking uphill, or bicycling 10

miles per hour or faster. Adults can gain additional health benefits by performing moderate-intensity aerobic activities for 5 hours a week or performing vigorous aerobic exercise for 2.5 hours a week. The guidelines also call for adults to do muscle-strengthening activities 2 or more days each week.

But engaging in any amount of physical activity is better than doing nothing, according to the guidelines. Even exercising in 10-minute increments can have health benefits, according to HHS.

For adults aged 65 and older and those with disabilities or chronic diseases, the HHS recommends avoiding inactivity and being as active as a person's age or physical condition allows. Patients who are at risk for falls should focus on activities that maintain or improve balance.

Pregnant and postpartum women should try to meet the 2.5-hour requirement for moderate-intensity aerobic activity each week. Pregnant women who already engage in vigorous exercise need not significantly scale back their exercise regimens but should consult with their health care providers about their activity level during pregnancy, the guidelines say. ■

The guidelines are available online at [www.health.gov/paguidelines](http://www.health.gov/paguidelines).

## Taking the Stairs at Work Is a Leg Up for a Healthier Heart

BY BRUCE JANCIN  
Denver Bureau

MUNICH — "No thanks, I'll take the stairs instead," was the catch-phrase at the University Hospital, Geneva, last year as physicians and nurses in the Geneva stair study eschewed elevators for foot power.

The study was set up to test a population-based strategy for increasing physical activity that's easy to incorporate in the workplace, where most adults spend half their waking hours, Dr. Philippe Meyer said at the annual congress of the European Society of Cardiology.

The payoff from the 3-month intervention was significant reductions in waist circumference, diastolic blood pressure, body weight, fat mass, and LDL cholesterol, and increased aerobic capacity as measured by maximum oxygen uptake, or  $VO_2$  max, said Dr. Meyer of the University of Geneva.

The need to increase physical activity in the broad population arises from surveys showing that fewer than half of Europeans and Americans meet current public health guidelines recommending a minimum of 30 minutes of moderate-intensity aerobic activity 5 days a week as rates of obesity, dyslipidemia, and diabetes continue to climb.

The study included 77 physicians and nurses with a sedentary lifestyle, defined as less than 2 hours of exercise weekly and less than 10 flights of stairs covered a day. They had to use stairs exclusively instead of elevators at work for 12 weeks. The hospital building is 12 stories; most subjects worked on the first 7 floors. They wore badges with a staircase diary printed on the back.

The 42 women and 35 men in the study averaged 43 years of age, with a mean body mass index of 25.7 kg/m<sup>2</sup> and a mean

waist circumference of 88.1 cm. None had overt diabetes, but 40% were hypertensive and 30% had hypercholesterolemia.

The participants' combined daily ascent and descent of stairs jumped from a mean of 5.1 floors at baseline to 22.7 floors daily. Over 12 weeks, the 69 subjects who completed the study experienced a significant reduction in waist circumference, from a mean of 87.9 cm to 86.4 cm. Their mean weight dropped from 74.4 kg to 73.9 kg; this included a 350-g mean reduction in body fat.

Particularly impressive was the gain in aerobic capacity: mean  $VO_2$  max rose from 37.3 mL/kg per minute to 40.5 mL/kg per minute, an 8.6% increase. This corresponds to a gain of nearly 1 metabolic equivalent. When maintained long term, an increase of this magnitude has been shown to confer a 14%-15% reduction in all-cause mortality, Dr. Meyer noted.

They also experienced a mean 1.8 mm Hg decrease in diastolic blood pressure, a 3.9% reduction in LDL level, and favorable but nonsignificant trends with regard to systolic blood pressure, triglycerides, and HDL cholesterol. "At the population level, this could lead to significant cardiovascular preventive effects," he observed.

At 6 months' follow-up—3 months after the intervention's end—the mean number of floors of stairs covered daily declined to 10. The only benefits at 3 months that remained statistically significant at 6 months were the gain in aerobic capacity— $VO_2$  max was still 5.6% improved over baseline—and the reduction in fat mass. However, the 6-month data are misleading because at the end of the 12-week intervention, the building's main staircase was closed for renovation. Dr. Meyer cited lack of a control group as another limitation. ■

## Merck Drops Taranabant, Cites Psychiatric Side Effect Profile

BY JOYCE FRIEDEN  
Senior Editor

Pharmaceutical manufacturer Merck & Co. has stopped developing taranabant, a weight-loss drug, because of concerns over psychiatric side effects, the company announced last month.

"Available phase III data showed that both efficacy and adverse events were dose related, with greater efficacy and more adverse events in the higher doses," Dr. John Amatruda, senior vice president and research head, diabetes and obesity, at Merck Research Laboratories, said in a statement.

Interim results presented at the European Congress on Obesity in Geneva earlier this year from a 2-year study of taranabant in more than 1,200 overweight and obese patients showed average losses of 5.7 pounds, 14.5 pounds, and almost 18 pounds in patients who received placebo, taranabant 2 mg, and taranabant 4 mg, respectively.

However, psychiatric adverse events occurred in 20% of those on placebo, 28% of those on taranabant 2 mg, and 40% of those on taranabant 4 mg.

The company's decision "represents a major setback in the future development of agents for obesity," Dr. Yehuda Handelsman, director of medical education management at the Metabolic Institute of America, in Tarzana, Calif., said in an interview. "The message drug companies

got from the FDA is that they should not waste their money to study drugs for obesity and related diseases if they have some side effects, because the agency will not approve such drugs."

**Psychiatric adverse events occurred in 20% of patients on placebo, 28% of those on taranabant 2 mg, and 40% of those on the 4-mg dose of the drug.**

Merck's decision to abandon taranabant is only the most recent in a series of setbacks for the cannabinoid-1 (CB-1) receptor antagonist class of obesity drugs. Last year, an FDA advisory panel recommended against approval of Sanofi-Aventis's CB-1 antagonist rimonabant (Zimulti); the company withdrew its new drug application for rimonabant a few weeks later.

But Sanofi is not completely through with rimonabant. A phase III trial of the drug, marketed in Europe as Acomplia, is expected to report data in the second half of 2009.

Pfizer's CP-945598, another CB-1 antagonist for obesity, also seems to be on its way out. Results from a 2,000-patient phase III trial were expected in the first quarter of 2009, but Pfizer recently said obesity programs will be dropped.

One CB-1 antagonist that is still being investigated is Bristol-Myers Squibb/Solvay's CB-1 antagonist SLV-319. That compound is currently the subject of phase IIb trials.

Dr. Handelsman is on the speakers bureau for Merck & Co. and has received research support from Sanofi-Aventis. ■

Randall Osborne of Elsevier's "Pink Sheet Daily" contributed to this report.