

The

Liker Health Report



Keeping People Focused on Staying Fit & Healthy

Winter 2018

Resolve to be Healthier in 2018

Exercise Firms Your Muscles as Well as Your Memories

It turns out that exercise isn't just good for the body, but it's also good for the brain. Research shows that engaging in aerobic exercise four hours after you've learned something new helps improve memory retention. Utilizing ninety picture-location associations (similar to the 1970's "Memory" card matching game), seventy-two volunteers with average fitness levels were divided into three groups. First, everyone learned the picture-location associations, followed by either thirty-five minutes of cycling immediately after the learning session, four hours after the learning session, or no exercise at all. Two days later, participants were tested on the same pictures while they underwent an MRI scan of the brain. The volunteers who had exercised immediately following the learning session did not have any better memory retention than those who did not exercise, but the ones who exercised four hours later could remember about ten percent more material. Additionally, the MRI revealed increased activity in the hippocampus of the four-hour post learning/exercise group compared to the other two groups.

Exercise releases certain hormones, including dopamine and norepinephrine, that are helpful in solidifying memories, which may explain the study's results. However, because researchers only measured two time points (immediate and four-hours post learning), they could not pinpoint the ideal post learning time for exercise -- only that four hours afterwards was better than immediately after. The study does have potential uses for improving memory with appropriately timed aerobic exercise in both clinical and educational settings. Individuals with mild memory problems could learn a new task mid-morning and exercise after lunch to help solidify what they just learned; students could study and exercise four hours later to maximize memory retention; working professionals could switch their early morning workout for a mid-day or early afternoon session for improved performance. The key is simply putting a little time between mental activity and physical activity.

Tips for Successful Resolutions

- Set realistic goals.
- Divide big goals into smaller steps.
- Keep your priorities straight and remember the real goal.
- Make it a joint effort with a partner.
- Track your progress daily.
- Acknowledge your accomplishments.
- Schedule time for daily meditation or reflection.
- Thank your body and be grateful.
- If necessary, adjust your goals or ask for help.
- Don't give up.

RESEARCH PEARLS:

Prepare for a Potentially Bad Flu Season

The 2017-18 flu season is shaping up to be a bad one based on data from Australia. The Aussies experienced quite a difficult flu season (May - September 2017) with respect to one particular strain - H3N2. Statistical analysis showed that the Southern Hemisphere vaccine, upon which the Northern Hemisphere's formula is based, was relatively ineffective against the H3N2 strain. Overall vaccine effectiveness was 33%, and the effectiveness for the H3N2 strain specifically was a disappointing 10%. The take-away is still (1) get a flu shot; (2) wash your hands frequently; (3) cover your mouth when you cough or sneeze; (4) avoid people who are ill; and (5) stay well hydrated.

Euro Surveillance. 2017 Oct;22(43).



Blood Pressure Guidelines

A new definition of hypertension

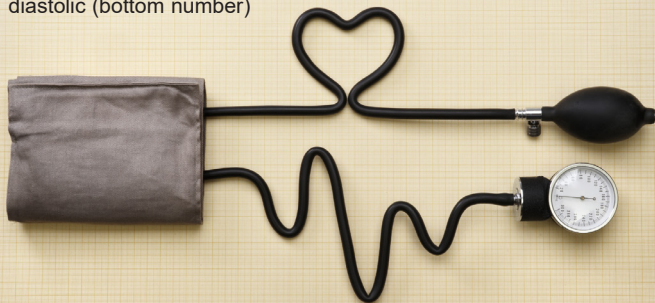
New, more stringent guidelines for high blood pressure have just been announced by the American College of Cardiology and the American Heart Association. The 114-page executive summary is designed to help physicians make definitive hypertension diagnoses, instead of relying on the previous classifications that were somewhat vague and inconsistent. Previously, "normal" blood pressure was under 140/90. With the new guidelines, it's under 120/80. "Prehypertension" used to be a systolic (top number) of between 120 and 129; now it is called elevated blood pressure.

The new guidelines also dictate that medical personnel avoid situations that result in an inaccurate reading (i.e., the patient has just consumed a caffeinated beverage or came rushing in to his/her appointment). Healthcare providers should take **careful** readings on two or more separate occasions before making a hypertension diagnosis. Anything else is considered poor clinical technique. Patients may also be advised to monitor their blood pressure at home with either a wearable digital monitor or a home blood pressure cuff. This can help determine a patient's normal (day-to-day) blood pressure; thus, ruling out "white coat hypertension" or teasing out "masked hypertension."

As for treatment, elevated blood pressure should first be addressed with non-drug interventions, such as more fruits and vegetables, decreased salt, fewer bad fats, less alcohol, more physical activity, and weight loss. Stage 1 hypertension without cardiovascular disease should be treated with lifestyle changes. Stage 1 with cardiovascular disease and stage 2 hypertension (with or without cardiovascular disease) require medication and lifestyle changes.

Stage 1 Hypertension

Between 130 and 139 systolic (top number) or between 80 and 89 diastolic (bottom number)



Stage 2 Hypertension

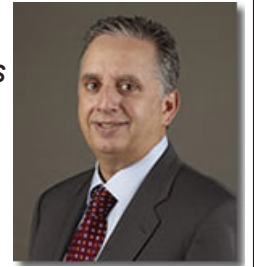
Over 140 systolic (top number) or 90 diastolic (bottom number)

There is nothing that wastes the body like worry.

Mahatma Gandhi

Dear Dr. Liker...

Should I get the new shingles vaccine even though I was vaccinated 10 years ago?



Absolutely. The new vaccine for shingles, called *Shingrix*, was recently approved by the Food and Drug Administration. Physicians are encouraging all patients to get the new vaccine, even if they were vaccinated previously with Zostavax. The Centers for Disease Control and Prevention's advisory committee is recommending Shingrix as the preferred vaccine for all adults over the age of 50. Large international studies have shown that Shingrix is more effective at preventing shingles than Zostavax, 90% versus 50%, respectively. Furthermore, Shingrix is more effective in older patients and unlike Zostavax, is appropriate for use beginning at age 50, not 60. And unlike Zostavax, Shingrix is recommended for people with compromised immunity, such as those with HIV, have had a transplant or are undergoing chemotherapy.

Zostavax has been in use since 2006, and studies show that its ability to protect against shingles virtually disappears after 11 years. As for Shingrix, data at the six year mark shows that it is doing a better job. Researchers believe that it will significantly reduce the incidence of debilitating and lingering nerve pain (postherpetic neuralgia) caused by shingles. Shingrix will become widely available in early 2018 for U.S. consumers.

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