Researchers of the Pennington Biomedical Research Center issued their second annual *Louisiana’s Report Card on Physical Activity and Health for Children and Youth 2009*, and the grade did not improve. Overall, Louisiana received a grade of “D”, due to several reasons: too many children are overweight or obese, schools don’t offer enough physical activity, and children spend too much time in front of a TV or computer.

Researchers noted also that after-school activity does not seem to be improving, and participation in organized sports shows a strong socioeconomic divide, with poorer and rural children less likely to be involved. In the category of Sports Participation, Louisiana received a grade of “C.”

A panel of experts assembled by Center researchers reviewed available data in several categories, including “Sports Participation,” “Physical Activity,” “Training of School Personnel in Physical Activity,” “Screen Time,” “Government Investments” and “Strategies and Policies.” The panel assigned a grade to each indicator, which contributed to an overall grade for the State. (See grades and recommendations, page four.)

Panelists noted they had more data to work with this year, because some recent health surveys had been completed. The panel also added two important new categories: “Smoking” and “Fruit and Vegetable Consumption.”

“It’s hard to move the grade up,” said report leader Peter Katzmarzyk, Ph.D., “Of the categories that received no grade last year due to incomplete data, none came in with a good grade after we saw the new, available data. And one category seemed to slip. Screen Time received a D last year, and the panel this year gave it a D-.”

Katzmarzyk said the report card is not designed to be a final statement, but rather the start of an effort to improve the grade. He and his panel convened a state-wide conference immediately after releasing the report card to discuss the results and determine the best strategies to improve the health of Louisiana’s children.

Katzmarzyk is Associate Executive Director for Population Science at the Center and holds the LPFA Chair in Nutrition, endowed by the Louisiana Public Facilities Authority. The reports, as both summary and full versions, are available at [www.pbrc.edu](http://www.pbrc.edu).
Message from the Executive Director of the Pennington Biomedical Research Center

It is easy to see, now, the obvious physical results of many years of work and planning. Skilled work crews have erected the steel and poured the concrete to frame the floors, and currently the walls are taking shape on our new Clinical Research Building. What we cannot yet see, however, are the many other projects associated with this first phase of a multi-tiered construction project to meet the Center’s explosive growth and success. We are well underway in planning and designing a new Imaging Center, where the latest technology will help our researchers explore the fascinating chemistry and inner workings of human tissues and organs. Our new physical plant and storage facilities building is also in the near future, which will house advanced heating, air and power capabilities to meet the needs of tomorrow.

Yet as we enjoy the sounds and sights of progress, we find ourselves in a real dilemma. Although the generosity of the legislature has allowed us to undergo major expansion, the current state fiscal condition will limit our ability to recruit new leading scientists to make our new clinical research space come alive. The Center, unlike other campuses in the state, has no students and therefore no tuition and fees to offset budget cuts.

When the last legislative session ended, we found that cuts to the Center actually are more severe – due in part to our lack of ability to compensate by adjusting tuition and fees – than other campuses. We are working diligently to overcome this situation, knowing that as always for every dollar we receive from state allocations, the Center generates three to four more in direct research grants, contracts and donations. The legislature and the Governor have routinely singled out the Center during the last 20 years as a priority worthy of investment, and we are hopeful that as the economy begins to rebound, with their help, we will regain the lost ground.

Undeterred, we continue to reach for new goals. In previous issues, you have read about our new basic research director, Dr. Jeff Keller, and the new dementia and Alzheimer’s disease prevention research studies underway. Now, with the approval of the LSU Board of Supervisors and the Board of Regents, PBRC has created a new entity called the Institute for Dementia Research and Prevention.

Also within, you’ll learn more about the challenges faced by all who lose weight – how to keep the weight off. Dr. Phil Brantley recently conducted research that is quite promising. The findings could lead to long-term benefits to individuals in their efforts to shed pounds.

As a final note, we are all preparing for new leadership. A search committee is well underway to find the next Executive Director for the Center. We are also nearing the end of our second five-year plan, called Vision 2010, an important road map for unprecedented growth. The new Clinical Research Building is one concrete example. We look forward to the coming weeks as the search progresses and the stage is set for a new vision to emerge.

Claude Bouchard, Ph.D.
PBRC Executive Director,
George A. Bray, Jr. Endowed Super Chair in Nutrition

New Faculty

Afshin Gandjour, M.D., Ph.D., MA joins PBRC as an Associate Professor–Research in the Population Science area. At PBRC, he will lead the Laboratory of Health Economics. Dr. Gandjour will develop a research program in health economics and collaborate with other PBRC scientists on health economic issues, particularly cost effectiveness studies. He received his M.D. in 1994 from Hannover Medical School in Germany, an M.B.A. in 1998 from Duke University, and a Ph.D. in 2002 from the University of Cologne in Germany. He has done postdoctoral work at the University of Cologne, Institute of Health Economics and Clinical Epidemiology and most recently he has been the M.D. Anderson Visiting Scholar in Health Economics at the James A. Baker, III Institute for Public Policy at Rice University.

Nancy Arbour-Delahaye, Ph.D. joins PBRC as an Instructor working with Dr. Michael Salbaum. She will be engaged in developmental biology studies, including the regulation of gene expression. Dr. Arbour-Delahaye holds an undergraduate degree from LSU and received her Ph.D. in 1997 in Biochemistry from the University of Wisconsin-Madison. She held postdoctoral and research scientist positions at the University of Iowa from 1995 through 2001. Having left the field of scientific research to raise a family, she has moved back to Baton Rouge. Dr. Arbour-Delahaye’s position is supported through a National Institute of Health program to enhance scientists on health economic issues, particularly cost effectiveness studies. He received a M.A.Ed. in Exercise Science from the University of Nebraska and a Ph.D. in Bioenergetics from East Carolina University. Dr. Bajpeyi has been working as a post-doctoral researcher in the Molecular Endocrinology Laboratory since he arrived at PBRC in 2006. As an Instructor he will continue working on the USDA project under the mentorship of Dr. George Bray.
Every day, scientists at Pennington work to develop a better understanding of diabetes, obesity, heart disease, cancer and dementia through research, the key to unlocking the secrets to improved health and disease prevention. It is philanthropic support from the community that is vital to Pennington’s mission—promoting healthier lives through research and education in nutrition and preventive medicine. Community support is critical to recruit and retain Pennington’s most valuable resource—its research scientists. Pennington thrives as a public-private partnership; private support works in synergy with state support, helping to leverage vital state funding to bring important federal grants, enabling the scientific explorers at Pennington to bring hope to those suffering from or at risk for chronic diseases.

The Annual Fund for Excellence campaign launched in the early Fall to help raise vital support needed to provide the margin of excellence in scientific advancements. Chairing the annual fund campaign is Kris Kirkpatrick, attorney with The Long Law Firm. A long time supporter of the Center, Kirkpatrick noted that a gift to the Annual Fund for Excellence is one of the most effective investments that can be made as a personal gift. “For each dollar given privately, Pennington can bring more than three additional dollars in research grants to Louisiana—not only an investment in improved health but an investment to our knowledge-based economy as well.”

Dr. Claude Bouchard, Executive Director of the Pennington Biomedical Research Center, adds, “Pennington’s new clinical research building is set to open next year and will triple the capacity for clinical research trials. Now is the time we must be recruiting the next generation of scientists. Philanthropic support is critical to this effort.”

Community leaders will serve as volunteer ambassadors for the campaign. While the Annual Fund for Excellence invites individuals and businesses to join as Leadership Donors with gifts of $1,000 or more in support of Pennington, every gift is important to continuing the mission of the Center and is deeply appreciated.

Joining Kirkpatrick as members of the campaign cabinet are Bill and Anne Hise, the Hise Company; Annette Barton, community leader; John Milazzo, Campus Federal Credit Union; Janet Olson, Capital One Bank; and Tim Barfield, chairman of the board, Pennington Biomedical Research Foundation.

Also serving as campaign volunteers are Clay Allen, Allen and Gooch; John L. Daniel, Chase Bank; Michael DiVincenti; Joey Hagmann, Placid Refining; George Nelson, Louisiana Companies; Mike Pitts, Amedisys; Layne McDaniel, NOESIS; Ron Moreau, Campus Federal; Russel Primeaux, Kean Miller; Jeff Wright, Wright Feigley Communications; Todd Zirkle, Campus Federal. Also serving are Betsy Nalty; Paul Haygood, Fishman Haygood Phelps Walmsley Willis & Swanson; Si Brown, Bruce Foods; Richard and Debra Hise; Mike Bruce, ABMB Engineers; Maxine Cormier; Louis Griffin; Scott Hensgens, Breazeale Sachs Wilson; Jerry Jolly, KPMG; Tony Kurlas, Merrill Lynch; Rick Lipscomb, WHLC Architecture; Mick Mauldin, Jones Walker; Jim McIlwain, Lamar Advertising; Craig Netterville, IBERIABANK; Gary Phillips, Republic Finance; Mark Phillips, Whitney Bank; Jim Poché, Wells Fargo Advisors; Ragan Richard, Phelps Dunbar; Randy Roussel, Phelps Dunbar; Elizabeth Sammons, Morgan Stanley; Linda Jane Thompson; David Winkler, Faulk & Winkler; and Bobby Yarborough, Manda Fine Meats.

For more information on the Annual Fund for Excellence, contact Ann Wilkinson, Director of Leadership Giving, at (225) 763-2512.
Parents
- Spend time with your children in healthy outdoor activities such as biking, walking, swimming, and tennis. Parents are important physical activity role models for their children.
- Ensure that your children are provided with adequate free time to be physically active. The 2008 Physical Activity Guidelines for Americans indicate that children and youth require 60 minutes of physical activity daily.
- Establish household rules for television and computer use, and set reasonable limits. The American Academy of Pediatrics recommends that children and youth watch no more than 2 hours of quality television programming each day.
- Do not place televisions in children’s bedrooms. Children with a television in their bedroom are more likely to develop problems with their weight.
- Encourage, promote, and participate in school health advisory councils and parent school associations to advocate for healthy, active living environments at school.
- Volunteer to chaperone children during physically active field trips and days at school.
- Start a walk-to-school program with families in your neighborhood.

Teachers and School Administrators
- Incorporate and promote physical activity breaks during and between classes. Try 5 minutes of an activity such as marching in place, stretching - anything to get kids moving. Play some music and make it fun!
- Encourage and promote active commuting to school. Establish safe and accessible walking/cycling routes to and from the school and provide sufficient space for bicycle and helmet storage in the school or classroom.
- Model healthy habits for your students while in school. Eat healthy meals in the cafeteria with your students and drink healthy drinks in front of your students.
- Encourage moderate and vigorous physical activity behaviors during recess by coordinating games that can involve many children, such as tag, flag football, jumping rope, Frisbee, or soccer.
- Support intramural and interscholastic sports programs.
- Promote, coordinate, implement, and adhere to school wellness policies.
- Restructure physical education programs to teach more life-time and individual goal-based skills such as tennis, golf, dancing, martial arts, etc., in addition to competitive sports.
COMMENDATIONS

Ensure that children are engaging in at least 30 minutes of moderate-to-vigorous physical activity during Physical Education class.

Consider giving children physically active homework, such as nature walks, and reward superior academic performance with physical activity such as more time for outdoor play and active field trips.

Policy Makers

Provide tax credits to parents whose children participate in physical activity programs (for fees, equipment, uniforms etc.).

Increase opportunities for active transportation by legislating that appropriate levels of traffic safety are provided for pedestrians and cyclists.

Mandate certain physical activity promoting qualities of the built environment for new home construction, such as requirement for sidewalks, bike paths, bike racks, vicinity to parks, etc.

Ensure that children’s active play areas are not marginalized in community planning and design.

Put physical activity back into elementary schools. Bring back recess.

Implement school health advisory councils comprised of school administrators, teachers, school staff, parents, public health community members, and others from the community at large.

Physicians and Health Care Providers

Become familiar with, and keep information on hand, with respect to the 2008 Physical Activity Guidelines for Americans.

Include physical activity on the vital signs chart in doctor’s offices. This should be especially monitored for any patient age 6 years and over regarding their physical activity habits at every visit.

Monitor children’s BMI on pediatric body mass index growth charts and provide educational materials on physical activity and eating behaviors to parents.

Encourage parents to participate in physical activity with their children. Set physical activity goals, such as family biking on weekends or walking after dinner.

Encourage the development of a monitoring system to report height and weight for children and youth as a data source or surveillance system for weight status among children and youth in Louisiana that can be used alongside or with the Louisiana Immunization Network for Kids Statewide (LINKS) web application.

Researchers

Continue to advocate for better population surveillance of physical activity and associated health behaviors among children and youth in Louisiana.

Continue to conduct research to determine the best strategies to increase physical activity and improve health in children and youth.

Conduct research on the effects of sedentary behaviors such as television viewing on health among children and youth.

Conduct research on the effects of the built environment on physical activity and health among children and youth.

Conduct research concerning the long-term health benefits of physical activity among women during and after pregnancy and among children during the early years of development from infancy to pre-puberty.

Study the Louisiana Report Card on Physical Activity and Health in Children and Youth, and embark on research that will inform the “Incomplete” grades.

Incorporate objective measures of physical activity in research studies, including accelerometers and pedometers.
More than 100 supporters of the Pennington Biomedical Research Center attended the fall Scientific Dinner Series on Tuesday, September 22. Dr. Ravussin spoke on Caloric Restriction: The Fountain of Youth?. His presentation demonstrated research results of how lower calorie intake can slow the aging process.

Calorie restriction can have significant effects on secondary aging (diseases that accompany the aging process). Consistent lower calorie intake effects drops in cardiovascular risk factors and cancer — fewer calories mean fewer tumors to name just a few. Calorie restriction allows people to grow older in better health with less disease, fewer drugs and shorter hospital stays.

Honored at the event were Pat and Don Lyle (see story page 9), who were recognized with a special gift for their major support to PBRC’s new Institute for Dementia Research and Prevention (IDRP). Presenting the gift to the Lyles were Winstead and IDRP director, Jeffrey Keller, Ph.D., IDRP Director and Hibernia National Bank/Edward G. Schlieder Endowed Chair. The 2009 Scientific Dinner Series is underwritten by Capital One to enhance knowledge and education of scientific advances to PBRF donors and supporters.
More than 800 supporters of the Pennington Biomedical Research Foundation gathered at the annual fundraising event, **2009 Amedisys Soaring to New Heights**, during the Pennington Balloon Championships held this summer on the grounds of the Pennington Biomedical Research Center. The event raised more than $160,000 to support PBRC research programs in diabetes, heart disease, obesity, cancer and dementia. Soaring to New Heights carried the name of the title sponsor, Amedisys, Inc., a Baton Rouge-based home health company. The event’s Presenting Sponsor was the Irene W. and C. B. Pennington Foundation. Community and business leaders from Baton Rouge, New Orleans and Lafayette joined many local families for the spectacular event.

**Pennington Biomedical Research Foundation Recognizes:**

**Title Sponsor**
Amedisys

**Presenting Sponsor**
Irene W. and C. B. Pennington Foundation

**Silver Sponsors:**
Albemarle

**Soaring Bronze Sponsors:**
Arthur J. Gallagher Risk Management Services, Inc.; Jim and Laura Bailey, Bruce Foods Corporation; Business First Bank of Baton Rouge; Sylvia and Gene Duke; Investar Bank: KPMG, LLP; LEMIC Insurance Company; University Club Plantation; Wright & Percy Insurance- A Division of BancorpSouth Insurance Services, Inc.; and, Ross Barrett, Russ Vernon and Richard Montgomery

**Event In-Kind Sponsors:** Event in-kind support and underwriters are Baton Rouge Coca-Cola Bottling Company, Baton Rouge General’s Pennington Cancer Center, Cake Palace, Campus Federal Credit Union, Cintas, Community Coffee, ExC!te, Exxon Mobil, Kleinpeter Farms Dairy, Mail Comm, Inc., Matherne’s Supermarkets, Mockler Beverage Co.-Budweiser, Party Paradise, Rickey Heroman’s Florist and Gifts
The participants in these trials will allow the development of improved early detection and drug treatment options for dementia.

“There is such a wide range of normal mental conditions, it’s hard to detect dementia in early stages,” said Keller, “but if you’re in an ongoing research program, we can capture a change in your normal.”

Keller said the Institute is using three approaches: establish long-term studies of brain aging and dementia, develop a therapeutic screening program, and conduct conferences and outreach on the latest news in dementia prevention.

One of the first goals of the Institute has been achieved with the enrolling of more than 600 individuals who are 60 years old and above. Researchers will complete a “brain physical” which will be given each year. The primary focus is to understand the links between diabetes, obesity, nutrition and the development of dementia.

The first conference of the Pennington Biomedical Research Center’s new Institute kicked-off by holding a state-wide event which was open to care providers, members of the medical community and the public at large. That conference was recently held at the Pennington Biomedical Research Center.

When we reach age 65 one in seven of us is likely to develop dementia. Once we reach 85, our chances are 50/50. If we acquire dementia in Louisiana, our options are limited.

Dr. Jeff Keller of the Pennington Biomedical Research Center wants to change that, and has led the way to create the Institute for Dementia Research and Prevention (IDRP).

“Right now, the people in Louisiana have a limited set of options for the detection and treatment of dementia,” Keller said, “We will change that by improving detection and therapy and in increasing the availability of clinical trials.”

Indeed, the specific IDRP mission is to “improve the quality of life for individuals in Louisiana by generating world-class research programs focused on dementia prevention and providing opportunities for individuals affected by dementia.”

As it turns out, large pharmaceutical companies gravitate to locations and programs in the U.S. that carry out large, long-term clinical trials. That is the type of research the institute is working to create: enrolling residents in long-term studies to observe behavioral and physiological changes through time.

The first conference of the Institute kicked-off by holding a public forum open to care providers and the public at large. The conference was held in November at the Pennington Biomedical Research Center and was attended by more than 500 individuals.

Participants will complete a “brain physical” which will be given each year. The primary focus is to understand the links between diabetes, obesity, nutrition and the development of dementia.

To learn more about enrolling in the Institute’s studies, or how to support the IDRP, call 763-2973, email dementia@pbrc.edu or visit www.pbrc.edu and click on “Institute for Dementia Research and Prevention.”
Advancing dementia and Alzheimer’s research began at the Pennington Biomedical Research Center (PBRC) with the recruitment of Dr. Jeffrey Keller just 18 months ago. Keller assumed the head of basic research at the Center with the vision to create an entire range of research focusing on how nutrition and age related illnesses - like diabetes, metabolic syndrome and obesity affect the brain and promote maladies like Alzheimer’s disease.

“Today, when someone is diagnosed with dementia, they have a limited set of options,” Dr. Keller says. Based on the devastating impact of dementia and the need to focus on prevention, Pennington’s new dementia research team began work on a major new initiative, the formation of the Center’s Institute for Dementia Research Prevention (IDRP). But, where would the team find the seed funding to begin this important work?

It is not often that one has the opportunity to be on the ground floor of an effort which can change and improve lives. That is what transpired through Dr. Keller’s shared vision for IDRP and the Louisiana community. Working with the Pennington Biomedical Research Foundation, Dr. Keller began to reach out to share the goals for the Institute: establish a longitudinal study of aging and dementia, develop better tools to detect dementia, and to attract clinical research interventions to prevent dementia.

Pat and Don Lyle are two special donors who have made a major gift to the research effort. Don’s own parents had been affected by dementia and Alzheimer’s when they were in their 70s and 80s. As a minister, Pat has reached out to the elderly through her weekly visits to area nursing homes. “We recognize there is a great need for this program,” said Don.

“It is through the Lyles’ unique sensitivity and a desire to bring hope that they generously support the work of the IDRP. The Lyles’ gift coupled with others, will allow the IDRP to develop one of the largest longitudinal studies of dementia in the country,” says Dr. Keller.

In November, the Lyles met several of the country’s leading dementia researchers who came to Pennington as external advisors for the IDRP. One of the advisors spoke to the immediate success of the IDRP by noting that in just one year, Pennington’s IDRP has put itself on the map and is poised to be at the center of dementia research efforts in the U.S. in the future.

“It is because of the Lyles, and the generosity and leadership of many PBRF supporters, that this vital work is now underway,” said Dr. Keller. The Lyles made their donation from an Individual Retirement Account (IRA) to the PBRF, the non-profit organization dedicated to supporting PBRC.

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**New Faculty**

**Darcy Johannsen, Ph.D., R.D.,** has joined the faculty as Instructor. Dr. Johannsen received a B.S. and an M.S. from South Dakota State University. She then received a Ph.D. in Nutritional Sciences from Iowa State University. Dr. Johannsen came to PBRC in 2007 as a Postdoctoral Researcher in the Human Physiology Laboratory and will continue working with her mentor Dr. Eric Ravussin.

**Marc Hamilton, Ph.D.,** has joined the faculty as Professor. Dr. Hamilton received a B.A. and M.A. from the University of Texas-Austin. He then earned a Ph.D. in Exercise Physiology from the University of South Carolina in Columbia. Most recently he was in the Biomedical Sciences Department and a Dalton Cardiovascular Research Center Investigator at the University of Missouri, Columbia. His research has been funded by NIH and the corporate sector. Dr. Hamilton will lead a research program in inactivity physiology.

**Recognitions**

**Dr. Maria Barnes, Ph.D.,** an Instructor in PBRC’s Division of Neurosciences, was recently awarded the opportunity to participate in a highly competitive NIH-sponsored Summer Institute to Increase Diversity in Research in Cardiovascular Sciences. The program was sponsored by the National Heart Lung and Blood Institute through SUNY Downstate Medical Center. The program will help prepare Dr. Barnes develop her interests in failed cardiovascular regulation in obesity. Her work will address the role of leptin in the misregulation of cardiovascular control circuits in the brainstem.

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**SPECIAL THANKS TO THE IDRP DEVELOPMENT COMMITTEE**

Charles W. Lamar, Chair

Louis D. Curet
Rolfe H. McCollister
Jake L. Nettenville
James W. Parks

Neil Ann Parks
Charles E. Schwing
Marcy Simoneaux
Beverly Smiley

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**PLANNED GIVING: You Too Can Leave a Legacy**

We can assist you in supporting vital research with a charitable gift from your IRA. Contact Brad Jewell at 763-2684. For information on PBRF’s Legacy Society, please contact Ann Wilkinson (763-2512 or ann.wilkinson@pbrf.org)
PBRC In the News...

One More TIME

TIME magazine recently published a story on the work of Drs. Tim Church and Conrad Earnest… clinical research on fitness and health. This is the second large story in TIME of which PBRC was a major contributor. CNN and CNN.com also aired this story.

TIME

Other TIMES

The London Times, picking up on the discussion how exercise fits into weight loss plans, also found Dr. Tim Church’s work and quoted his concerns. “Sometimes,” Church said, “people who exercise a lot may ‘reward’ themselves with a snack that will contain more calories than the exercise just burned off.”

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Pregnancy Weight Guidelines

With a concern toward the increased weight of Americans, the Institute of Medicine gathered experts from across the nation to review and develop new pregnancy weight guidelines. Among the public health leaders serving on the advisory panel was Claude Bouchard, Ph.D., Executive Director of PBRC, who brings expertise in genetics, epigenetics, in utero programming and physical activity.

“We learned the guidelines developed in 1990 were thorough. Our changes are refinements, primarily directed to the issues of the increasing number of obese women who are becoming pregnant and to avoid complications for these mothers and their newborns.”

The new guidelines establish a range of pregnancy weight gain for women who fall into one of four pre-pregnancy weight classes based on Body Mass Index (BMI): underweight, normal weight, overweight and obese. For example, a normal weight female (18.5 to 24.9 BMI) would want to keep her weight gain within 25 to 35 pounds. An obese woman, on the other hand, (BMI > 30) would need to keep her weight gain within 11 to 20 pounds.

“This is a balancing act,” Bouchard said, “between guarding the health of the mother and the baby.”

He said obesity during pregnancy can lead to increased chance of large babies, increased frequency of a c-section, and post-pregnancy weight retention among other complications.

The complete report, as well as summaries are available at www.iom.edu.


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<td>25–35</td>
<td>1 (0.8–1)</td>
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<td>0.6 (0.5–0.7)</td>
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<td>Obese (includes all classes)</td>
<td>≥30.0</td>
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* Calculations assume a 0.5–2 kg (1.1–4.4 lbs) wt. gain in the first trimester (based on Siega-Riz et al., 1994; Abrams et al., 1995; Carmichael et al., 1997)

New Recommendations for Total & Rate of Weight Gain During Pregnancy, by Prepregnancy BMI

All the News that’s Fit

Rosemary Beall – PBRC fitness and employee health leader – captured two awards for developing a campus-wide fitness program, and was highlighted in The Advocate. PBRC clinicians, including Kathryn Laster, Michelle Begnaud and Barbara Cerniauskas were included in the coverage as examples of employees who “practice what they preach.”

Small Steps to Big Change

Good Housekeeping magazine interviewed Dr. Catherine Champagne as part of their article on how small life changes over a long period of time count in trying to get fit and stay that way. Dr. Champagne said, “If you totally overhaul your diet or start an ambitious exercise program, you’re less likely to stick with it.”

Breaking News – on the Blood Pressure Front

Dr. Alok Gupta has learned a drug (pioglitazone) combined with a portion controlled diet led to significant slow-down in weight gain in those with type2 diabetes. The American Diabetes Association website posted these findings in its “Breaking News” and “Most Popular” articles.

New Dementia Research Getting Ink and Air

Dr. Jeff Keller and the new Institute for Dementia Research and Prevention have become the talk of the town, or at least the subject of “Conversations in Medicine,” our local public radio show. The Advocate newspaper is also routinely publishing news of this growing effort.

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* Calculations assume a 0.5–2 kg (1.1–4.4 lbs) wt. gain in the first trimester (based on Siega-Riz et al., 1994; Abrams et al., 1995; Carmichael et al., 1997)
The words have become almost a cliché… it’s easy to lose weight; it’s just hard to keep it off.

That’s why researchers at Pennington Biomedical Research Center undertook an extensive, long-term study to help people shed pounds and keep them off. Called the **Weight Loss Maintenance trial**, researchers across the country recruited more than a thousand people who were overweight or obese and had high blood pressure, dyslipidemia or both. Those participants took part in a 30 month, two-part trial, led at the PBRC by Phil Brantley, Ph.D.

The first part of the clinical study was a weight loss program. To make it into the next part – maintaining that weight loss - participants had to have lost at least 8 pounds (average weight lost was just over 18 pounds). “We know people do better if they stay in touch with those who helped them lose weight,” Brantley said, “But after four to six months it’s hard for participants to remain in regular group meetings. People just can’t keep it up.”

Working on the notion that continued encouragement from a weight loss specialist might work, Brantley and his team divided the participants into three groups to find an easier way to keep the personal counseling ongoing. One group received monthly personal telephone counseling; one group was given unlimited access to an internet based, interactive program; the final group was a control group, allowed to seek their own means of weight loss preservation.

“We compared phone contact with internet contact,” Brantley said, “They both worked well for about 18 months, then regular phone contact worked better after that.”

Over the 30 months more than 70-percent of the participants remained at or below their start weight. Those with monthly telephone contact maintained the greatest weight loss; more than 45% maintained at least 9 pounds of weight loss, an amount with clear health benefits.

Participants in the telephone contact group who were most successful engaged in more physical activity and weighed themselves regularly.

Brantley insists, “We already knew it was difficult for people to lose weight on their own, most people who try to lose weight by themselves have limited success. This study has taught us that partnering with someone who can offer support is important for weight maintenance.”

**MAINTAIN YOUR WEIGHT LOSS**

- Keep in touch with a weight loss buddy or professional
- If not dieting, continue healthy eating habits
- Continue to exercise daily
- Weigh yourself regularly

**Erma Levy, research dietitian on phone with study participant**

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**CLINICAL TRIALS – FALL 2009**

*If you are interested in participating in these or other research studies, call our recruiting department at (225)-763-3000, or visit [www.pbrc.edu](http://www.pbrc.edu) or email [clinicaltrials@pbrc.edu](mailto:clinicaltrials@pbrc.edu).*

**EAT**

**Does your weight today affect your health tomorrow?**

The purpose of this study is to determine how your body weight today impacts your health in the future. Participants will be placed on a higher calorie meal plan for 8 weeks.

- **You may qualify based on**
  - Age (18-40 years)
  - Weight

- **Receive benefits such as:**
  - Study related medical testing at no cost to you
  - Meals at PBRC at no cost to you
  - Earn up to $3800

**DAPA**

**Do you have type 2 diabetes?**

If so, you may qualify to participate in a study looking at the impact of an investigational medication on how your body uses sugar and insulin.

- **You may qualify based upon:**
  - Age (35-70 years)
  - Diagnosed with type 2 diabetes

- **Receive benefits such as:**
  - Study related medical care at no cost to you
  - Qualified participants will be compensated for study participation.

**JUVENON**

**Have you noticed a decline in your memory as you have gotten older?**

If so, you may be eligible to participate in a research study to determine whether a dietary supplement, Juvenon, may help improve brain function in people suffering from age related memory problems.

- **You may qualify based upon:**
  - Age (over 60 years)
  - Weight
  - Beginning to see a gradual decline in memory
  - Not diagnosed with Alzheimer’s disease

- **Receive benefits such as:**
  - Study-related medical care at no cost to you.
PBRC has expanded its research programs to look for the basis and prevention of dementia. You can help by supporting this effort. To find out how—contact the Foundation office today or visit www.pbrf.org.

DID YOU KNOW...

YOU CAN MAKE A DIFFERENCE!

Please make a gift today to help continue the vital funding for nutrition-based research. See story page three.

WAYS TO MAKE YOUR GIFT:

- Make a gift online at www.pbrf.org
- Call us at (225) 763-2646 to make your gift by phone
- To mail your gift, use the enclosed postage-paid envelope or send to:

Pennington Biomedical Research Foundation
6400 Perkins Road
Baton Rouge, Louisiana 70808

Thank you for supporting the work of PBRC with your gift to the Pennington Biomedical Research Foundation.