

NUTRITION MATTERS

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WINTER 2010

PENNINGTON BIOMEDICAL RESEARCH CENTER AND FOUNDATION • LSU SYSTEM

LOUISIANA'S REPORT CARD ON PHYSICAL ACTIVITY: PBRC LEADING EFFORT TO IMPROVE CHILDREN'S FITNESS AND HEALTH

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

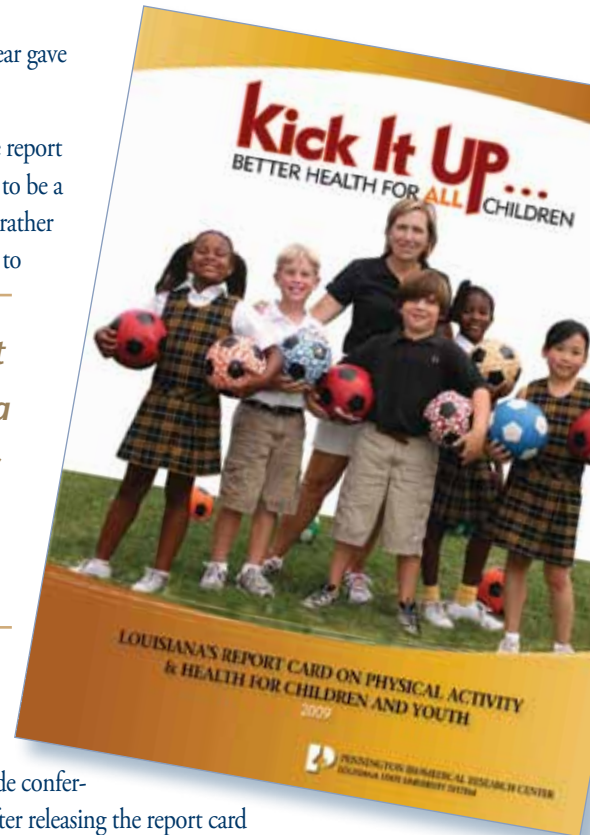
Katzmarzyk said the report card is not designed to be a final statement, but rather the start of an effort to improve the grade.

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.

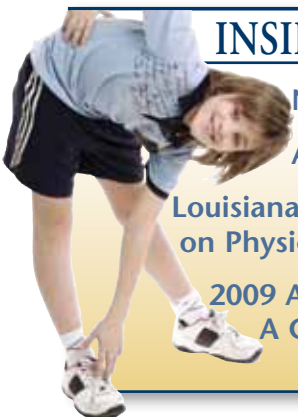
See page four for Recommendations



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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

Afschin 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.

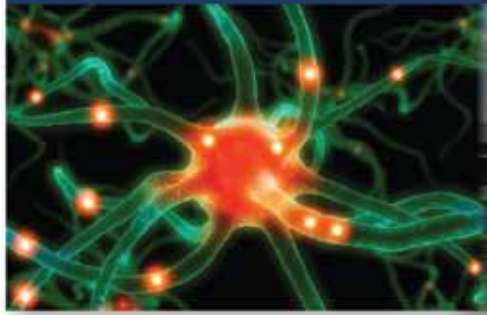


Nancy Arbour-Delahaye, Ph.D. joins PBRC as an Instructor working with Dr. Michael Salbaum. She will be engaged in developmental biology studies, including the regulation of gene expression. Dr. Arbour-Delahaye holds an undergraduate degree from LSU and received her Ph.D. in 1997 in Biochemistry from 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 continuing careers in biomedical research under Dr. Salbaum's RO1 grant, "Neural Tube Defects in Diabetic Pregnancy."



Sudip Bajpeyi, Ph.D., has joined the faculty as Instructor. Dr. Bajpeyi completed his undergraduate work in India in the field of physiology. 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.





▲ Kris Kirkpatrick
2009 Annual Fund
for Excellence
Campaign Chair

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

“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.”

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



Annual Fund For Excellence

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 Curet, Lee Griffin; Scott Hensgens, Breazeale Sachse 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;

“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.”

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. 📍

LOUISIANA'S REPORT CARD ON PE

RE

2008-2009 Summary of Report Card Grades:

Categories	2008 Grades	2009 Grades	Indicators
Physical Activity/ Inactivity	D	D	Physical Activity Levels
	D	D-	Screen Time
	C	C	Sports Participation
Health and Health Behaviors	F	F	Overweight and Obesity
	INC	C-	Overall Physical and Emotional Well-Being
	—	D-	Fruit and Vegetable Consumption
	—	C	Smoking Status
Family	INC	INC	Family Perceptions and Roles Regarding Physical Activity
School and Community	D	D	Physical Activity Programming at School
	C	C	Training of School Personnel in Physical Activity
	INC	D	Built Environment and Community Design
Policy and Investments	B-	B-	Progress on Government Strategies and Policies
	INC	INC	Government Investments
	INC	INC	Industry and Philanthropic Investment
Overall Grade	D	D	

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.

▲ Find copies of the Report Card and the full research report at www.pbrc.edu or www.louisianareportcard.org

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Louisiana Council on Obesity Prevention & Management



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PHYSICAL ACTIVITY: HOW CAN WE MAKE THE GRADE?

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.


- Ensure open access to sport and physical activity facilities for all people.
- Improve access to and the quality of public transportation systems.
- Implement public reporting requirements for school and local wellness policies that compel districts to report on their progress in a transparent manner.

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 State-wide (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. 

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PENNINGTON BIOMEDICAL RESEARCH FOUNDATION HOSTS 2009 FALL SCIENTIFIC DINNER FOR SUPPORTERS



▲ (left to right) **Eric Ravussin, Ph.D.**, Douglas L. Gordon Chair in Diabetes and Metabolism, Director of the Pennington Biomedical Research Center's Clinical Nutrition Research Unit; **Jennifer Winstead**, President and Chief Executive Officer, Pennington Biomedical Research Foundation (PBRF); **Janet Olsen**, Senior Vice President, Capital One; and **Tim A. Barfield, Jr.**, PBRF Chairman

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 PBRF'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. ▣

ACKNOWLEDGING TRIBUTE GIFTS... *The Foundation gratefully recognizes Memorial and Honor gifts received through November 13, 2009.*

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2009 Amedisys Soaring to New Heights A Glowing Success

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.



▲ **Amedisys, Inc. & Pennington executives:** Blaine Grimes, Campus Federal (Co-Chair), Mike Pitts, Amedisys, Paula de la Bretonne, Buddy Tucker (Co-Chair)



Right Photo: **Blue Cross and Blue Shield Louisiana families:** Brandon and Christy Reeves with daughters, Kyra and Lucy, enjoying an evening with Ob and Ana Soonthornsima and sons, Kyle and Kaden.

▼ **2009 Amedisys Soaring to New Heights Committee:** Blaine Grimes (Co-Chair), Buddy Tucker (Co-Chair), Annette Barton, Kelli Bondy, Melanie Boyce, Natalie Church, Maxine Cormier, Paula de la Bretonne, Millicent Dittmar, Nancy Dougherty, Anne Duke, Sylvia Duke, Barbara Anne Eaton, Laura Field, Pam Fisher, Holly Hidalgo-Dekeyzer, Jeanette Johnson, Kathy Kirby, Kendra Kimmons, C.C. Lewis, Sancy McCool, Christy Reeves, Melanie Roberts, Tena Roemer, Page Silvia, Mary Simpson, Therese Smith, and Clovier Torry



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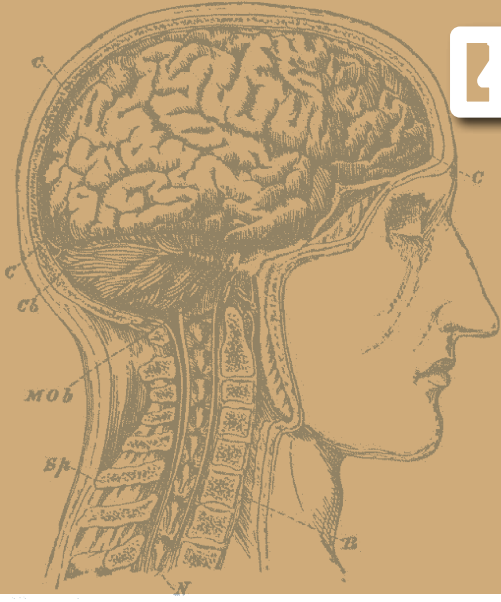


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One of the first goals of the Institute has been achieved with the enrolling of more than 600 individuals who are 60 years old and above. Researchers will complete a “brain physical” which will be given each year. The primary focus is to understand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

INSTITUTE FOR DEMENTIA RESEARCH AND PREVENTION INCREASES OPTIONS FOR PATIENTS WITH DEMENTIA AND ALZHEIMER’S

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 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.”

...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.”


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 was to find and enroll more than 400 individuals who are 60 years old and above. With extensive communication,

outreach efforts and overarching community support, the IDRP has seen remarkable progress in recruitment and program development in its first six months. “So many generous community leaders have stepped forward to make the new research program a success,” said Charles Lamar, Chair of the PBRF’s IDRP Development Committee, “I salute the committee who worked so diligently to raise funds for this important startup and especially salute the donors.” (see story page nine)

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.

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.

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.” 

Lyle Gift Brings Hope Through Dementia Institute

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. 



▲ Don and Pat Lyle with Dr. Jeff Keller

continued from page two

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. 

SPECIAL THANKS TO THE IDRP DEVELOPMENT COMMITTEE

Charles W. Lamar, *Chair*

Louis D. Curet	Neil Ann Parks
Rolfe H. McCollister	Charles E. Schwing
Jake L. Netterville	Marcy Simoneaux
James W. Parks	Beverly Smiley

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) 

LEGACY SOCIETY

PBRC In the News...

One More TIME

TIME magazine recently published a story on the work of **Dr. 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

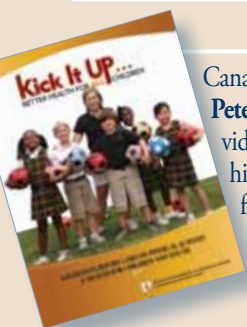
Other TIMES

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."

THE LONDON TIMES

That's Big News 'Eh?

Canadian TV reached all the way from Toronto to find **Dr. Peter Katzmarzyk**, who used an in-house computer with video camera and microphone to field questions concerning his paper on sitting and mortality. Louisiana news media focused on the second *Louisiana's Report Card on Physical Activity and Health for Children and Youth 2009* with features in *The Advocate* and on major television outlets statewide.



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.

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.

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

Prepregnancy BMI	BMI - (kg/m ²)	Total Weight Gain (lbs)	Rates of Weight Gain* 2 nd & 3 rd Trimester (lbs/week)
Underweight	<18.5	28–40	1 (1–1.3)
Normal weight	18.5–24.9	25–35	1 (0.8–1)
Overweight	25.0–29.9	15–25	0.6 (0.5–0.7)
Obese (includes all classes)	≥30.0	11–20	0.5 (0.4–0.6)

+ To calculate BMI go to www.nhlbisupport.com/bmi/

* 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)



WEIGHT LOSS

Weighing In

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.”

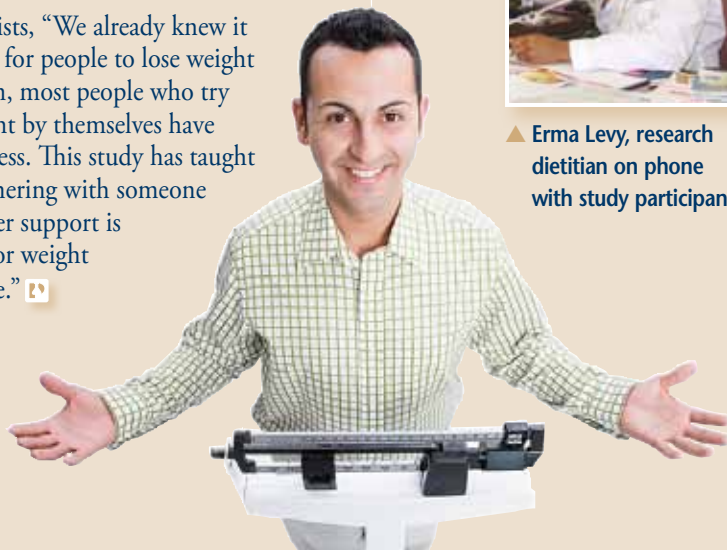
Working on the notion that continued encouragement from a weight loss specialist might work, Brantley and his team divided the participants into three groups to find an easier way to keep the personal counseling ongoing. One group received monthly personal telephone counseling; one group was given unlimited 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

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 or email 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.





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DID YOU KNOW...

PBRC has expanded its research programs to look for the basis and prevention of dementia.



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WELLNESS DAY
 for **WOMEN**

Sat., Feb. 27 7:30 a.m. - 12:30 p.m.
CB PENNINGTON, JR. BUILDING
 Register at www.PBRC.edu



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