

# NEED TO KNOW?

## YOUR QUESTIONS ANSWERED

### My racing heart

**Q** I'm 50 years old and recently started running. It can certainly get the heart pounding very quickly! Should I be worried?

**Dr. Ilka Lowensteyn responds:**

This depends on your overall health. It could be a concern if you're at increased risk for a **cardiovascular event** due to risk factors such as elevated cholesterol, high blood pressure, diabetes, being a cigarette smoker, or having a family history of premature heart disease.

If you enjoy running and want to continue, then it would be a good idea to get clearance from your doctor and preferably have an exercise stress test to determine your maximal heart rate and check your heart's response to exercise training.

A safe approach to exercise would be to gradually build up your running stamina by starting off with a walk/run program. In this kind of program you alternate three minutes of walking with one minute of running. As this becomes comfortable, you decrease your walking time by 30 seconds and increase your running

time by 30 seconds. This allows your heart and lungs to gradually strengthen and adapt.

An easy way to tell if you're exercising in the right zone is to use the sing/talk test. If you can't hold a conversation when you exercise you're likely training at too high an intensity (> 85% maximal heart rate). At this level, the benefits to your heart start to plateau and the risks start to increase. If you can sing while you're exercising you're probably not working hard enough to strengthen your heart muscle (< 60% maximal heart rate).

A few last pieces of advice: Don't forget to warm-up and cool-down by walking for three to five minutes; stretch your muscles after your exercise program and make sure you buy good running shoes and replace them yearly; finally, the most important thing is to enjoy your exercise and train at a comfortable pace so you continue with your program.


**Ilka Lowensteyn, PhD**, is a consultant at the McGill Cardiovascular Health Improvement Program (CHIP), Montreal

### Do you have a question for our panel of expert physicians?

Take charge of your health and find out what you can do to better manage your illness.

Please send your questions to [health\\_essentials@parkpub.com](mailto:health_essentials@parkpub.com), or by mail to:

*Health Essentials*  
400 McGill, 3<sup>rd</sup> floor  
Montreal, Québec H2Y 2G1

 See the glossary on page 23 for a definition.



## Allergen effects

**Q** I have allergic asthma and can't always avoid exposure to allergens. What can I do to reduce the effects?

**Dr. Susan Wasserman responds:**

When you have allergic asthma, breathing in an **allergen** triggers an **immune response** that causes the airway to narrow, leading to wheezing, shortness of breath and mucous production. Allergies are a common cause of adult-onset asthma.

When it's impossible to avoid exposure to allergens, treatments are available to help minimize your reaction. Medications like antihistamines and leukotriene inhibitors block the mediators that cause symptoms. Inhaled corticosteroids reduce the overall inflammatory response, and B-agonists help open narrow airways. Allergy shots can desensi-



tize your immune system to a particular allergen.

It's especially important to prevent and treat episodes of allergy-induced asthma in order to avoid late-onset changes that can cause permanent changes in the way the lungs function. Ask your doctor

about a treatment plan that's right for your particular situation.

**Dr. Susan Wasserman** is a specialist in Allergy and Clinical Immunology at the Hamilton Health Sciences Centre and an Associate Professor of Medicine at McMaster University.

## Pre-diabetes

**Q** My doctor just told me I had "pre-diabetes." What does that mean?

**Dr. Alice Cheng responds:** The term "pre-diabetes" refers to the stage when blood sugars are above normal, but not high enough to call it diabetes.

To check for diabetes, your doctor will order a fasting blood sugar test. In a completely normal individual, the fasting blood sugar will be 6.0 or lower. If the fasting blood sugar is between 6.1 and 6.9, that's known as "impaired fasting glucose" (IFG), which is a form of pre-diabetes. If the fasting blood sugar is 7.0 or higher, then a diagnosis of diabetes can be made.


When the fasting blood sugars are in the pre-diabetes zone, your doctor will recommend an oral glucose

tolerance test (also known as an OGTT), which is a more complete diabetes test. For this test, you'll go to the lab on an empty stomach and have your blood drawn. You'll drink a sweet orange drink and then have your blood drawn again two hours later to see how your body handles the sugar load.

In a normal individual, the two-hour sugar level should be below 7.8. If it's higher than 11.0, that is indication for a diabetes diagnosis. If the two-hour sugar level is between 7.8 and 11.0, you may have "impaired glucose tolerance" (IGT), which is the other form of pre-diabetes. The presence of pre-diabetes indicates that your risk of developing type 2 diabetes is very high (about 8% per year).

Lifestyle changes with healthy eating, regular physical activity and

weight loss are very effective and can reduce the risk of progression by 58%. On top of lifestyle changes, your doctor may also consider a medication to further reduce the risk, such as metformin, acarbose, rosiglitazone or pioglitazone. These medications have been shown to reduce the risk of progression to type 2 diabetes by 25-60%.

To sum up, the diagnosis of "pre-diabetes" is important because it identifies you as "at risk" for diabetes, which will hopefully motivate you to make the necessary changes to prevent progression to type 2 diabetes. 

**Dr. Alice Cheng** is an Assistant Professor at the University of Toronto and a specialist in endocrinology and metabolism at St. Michael's Hospital in Toronto.