

Mind Your Metabolism

Weight gain and a loss of lean muscle mass often start in your 30s – but you can fight both with these measures.

If you've recently let your belt out a notch or two, you're not alone. A number of factors conspire to expand your waistline during this decade of life, says Dr. Andrew Greenberg, director of the Obesity and Metabolism Laboratory at the USDA Nutrition Center on Aging at Tufts University. Research shows that after we turn 25, adults typically gain 0.4 to 1.7 pounds per year and (as if that's not painful enough to swallow) start losing lean muscle mass, which we need to regulate metabolism. Some of that may be attributed to the aging process, says Greenberg, but most of the blame rests on lowered activity levels. Increased job demands, which could require sitting in front of a computer for hours, and other responsibilities – especially looking after young children – can easily absorb your every waking second. So exercise often falls by the wayside.

Our busy schedules also impact the way we eat, making us less likely to listen to our bodies' natural hunger cues. We may eat because the clock says we should, grab unhealthy foods because they're quick, or give in to cravings to quell stress, all of which can lead to weight gain.

A study published last year in *PLoS Medicine* found that the amount of sleep you get also affects metabolism. Two key hormones, leptin and ghrelin, work in opposition to each other to regulate appetite. Shortchanging your sleep tilts the balance in favor of ghrelin, which triggers hunger and lowers energy expenditure.

To recharge your metabolism, says Greenberg, anything you can do to move more and increase lean muscle mass will pay dividends. Try taking 5- to 10-minute breaks at work at least twice a day to walk around the building, and try lifting weights to build muscle. Carry healthy snacks – like those below, recommended by Greenberg – and only eat when hungry. And get plenty of shut-eye to keep hunger hormones in check (bonus: exercise also helps you sleep better). – Julia Tolliver Maranan











LOW-FAT MILK

Get a Handle on Adult ADD

The use of medications to treat Attention Deficit Disorder (ADD) more than doubled among adults nationally from 2000 to 2004, according to an analysis released this fall by Medco Health Solutions, a prescription-drug benefit manager. One reason is simply a growing public awareness, says Dr. Edward Hallowell, author of the book *Delivered From Distraction* and founder of the Hallowell Center in Sudbury, which specializes in the treatment of ADD and learning disabilities.

Parents who get their children tested may spot similar symptoms in themselves, such as unexplained underachievement, inconsistent ability to focus, trouble getting organized or managing time, or procrastination. Of course, everyone experiences those symptoms occasionally, says Hallowell, "but it's the intensity and duration that marks ADD."

If your doctor is unfamiliar with adult ADD, ask for a referral for a professional evaluation or recommendations for helpful books. Treatment may include learning organizational strategies, evaluating whether you're in the right job, fine-tuning your diet and exercise plans, and medication, which Hallowell says can be very effective (although it doesn't always work).

Postponing Pregnancy

Ovarian tissue freezing, which usually involves removing an ovary and freezing it for later reimplantation, may soon be the method of choice to preserve women's fertility. It has several advantages over other methods under investigation, such as mature egg freezing, because it does not require hormonal

treatment, is a low-risk outpatient procedure, and could also act as a means of hormonal replacement.

The American Society of Reproductive Medicine believes this rapidly evolving procedure holds great promise, but don't sign up just yet. "There's only been one known human pregnancy resulting from ovarian tissue freezing," says Dr. Elizabeth Ginsburg, director of the In Vitro Fertilization Program at the Center for Reproductive Medicine at Brigham and Women's Hospital. She says that currently it's only being investigated in women receiving cancer treatments that would otherwise destroy their fertility or delay their ability to have children past their natural childbearing years.

