



## **SELF-CONFIDENCE, SELF-ESTEEM, & EXERCISE** *by Robert Trauscht, M.D.*

One of the drawbacks of a technologically advanced society is that we are prone to becoming more sedentary as we become more sophisticated. In addition, when one begins to use mood-altering drugs one often becomes less active (in other words, a couch potato).

Recently, there has been increasing emphasis on regular exercise in the media. This has resulted in explosive growth of aerobic videotapes, health clubs, and in the recreation industry in general. There are a variety of interests that are pushing the exercise movement. Certainly the desire to look better underlies a large part of the marketing push for health clubs. There is ample evidence in medical literature on the benefits of regular exercise in relieving heart disease. It is also a great way of relieving stress and losing weight. (In addition, it is difficult to smoke cigarettes when one is exercising.)

So, what impact does all this have on the recovering patient? Certainly, self-confidence and self-esteem are areas that the recovering patient often needs help in. Being able to fit into clothes and being happy with the body image in the mirror can go a long way toward improving self-esteem. Stress relaxation is also a high priority for the patient in recovery. We have all experienced the cathartic release of tense muscles that comes from exercise. There is an excellent evidence that the body releases a chemical called endorphin during strenuous exercise. This acts like morphine, and some of the calming effect of exercise comes from this hormone. It has been reported that people who exercise regularly actually go through withdrawal if they are kept from exercising.

Because of their high rate of co-dependence with tobacco, sedentary life style, and drug associated hypertension, recovering patients are often at a high risk of coronary artery disease. This is the cause of 85 percent of the heart disease deaths in our country, and heart disease is the leading cause of death in the over-35 age group. It has been known for a long time that people who exercise regularly live longer than those who live a sedentary life. Total cholesterol levels are lowered and good HDL cholesterol is elevated in people who exercise regularly.

What is the definition of regular exercise? No, it is not an occasional round of golf or game of bowling. Frequency, duration, and exertion all play a role in the cardio-protective effects of exercise. The minimum effective level of exercise is thought to be three or four sessions per week, a minimum of 20-30 minutes per session, of aerobic exercise. Aerobic exercise is defined as the type of exercise that brings the heart rate to 75 percent of its predicted maximum heart rate (PMHR). (PMHR is defined as 220 minus your age.) A variety of exercises can do this. What they have in common is continuous repetition of a particular muscle contraction (swimming, bicycling, jogging, aerobic classes, fast walking, etc.). Though isometric exercises such as lifting a large amount of weight for a short number of repetitions increase strength, blood pressures go very high during this kind of exercise and it should be avoided. If you have not been active in a while you should start slowly. It will take a while to attain even 75 percent of your PMHR if you are not in shape. If you have not had a physical in the last year, you should see your doctor before starting a regular exercise program.

Regular exercise can be a very valuable part of a recovering person's program. It improves both quality of life as well as quantity of life.

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