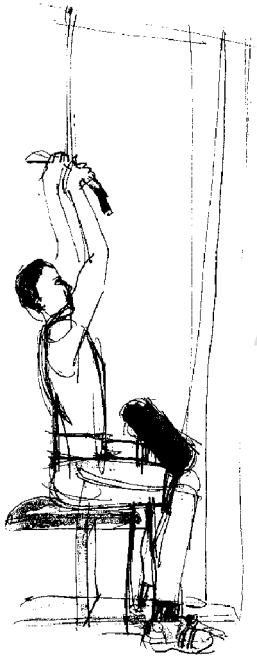


Fit Facts™

FROM THE AMERICAN COUNCIL ON EXERCISE®



AIDS and Exercise

by Connie B. Scanga, Ph.D.

ACCORDING TO THE CENTERS FOR Disease Control and Prevention, more than 240,000 Americans are living with Acquired Immune Deficiency Syndrome (AIDS), a disease caused by a retrovirus, the human immunodeficiency virus (HIV). There is a growing body of evidence that exercise training can improve mood state and quality of life for HIV+ individuals, and there is widespread belief among the HIV community that exercise training will make them stronger, improve their endurance and protect them from infection.

The symptoms of HIV infection vary during the course of the disease. In the first few months following infection with the virus, many people notice mononucleosis-like symptoms. After that time, the disease enters a symptom-free stage that may last up to 10 to 15 years. Eventually, as the infection takes its toll on the immune system, patients begin to experience night sweats and fevers, swollen glands, anorexia and digestive complaints, widespread musculoskeletal aches and pains, and fatigue. This collection of symptoms is referred to as AIDS-related complex (ARC). AIDS, the most advanced stage of the disease, is diagnosed in HIV infected people when CD4+ cell counts become very low and opportunistic infections or cancers occur.

Introducing exercise

HIV infection can lead to loss of muscle strength and reduced aerobic capacity. Deconditioning often becomes more severe as the disease progresses. An appropriate program of exercise can improve exercise capacity in infected people, and prevent or delay the downward spiral of deconditioning. Unfortunately, there is no evidence that exercise directly stimulates immune function or slows the onset of AIDS in HIV-infected people. However, regular exercise does have psychological benefits and can enhance the overall quality of life for HIV+ people.

Starting an Exercise Program

Persons living with AIDS should consult their physician before beginning an exercise program or increasing their level of physical activity. A physician

can offer advice on HIV-related medical conditions and side effects of medications that might affect one's ability to exercise.

An appropriate exercise program includes three basic components: aerobic exercise, strength training and stretching activities to improve flexibility. In the early weeks of exercise training, sticking to light or moderate-intensity activity will improve physical conditioning without harming immune function. A plan might include exercising three to four times per week on alternate days and can include 20 to 30 minutes of aerobic activity, such as outdoor or treadmill walking, cycling, group sports or aerobics classes. The resistance phase of the exercise session should include eight to 10 exercises that train major muscle groups. Initially, one set of 12 to 15 repetitions of each strengthening exercise will be a good start. A good routine should begin with a warm up and end with a cool down that includes light-intensity activity and stretching.

If the infected person has a fever or is experiencing a secondary infection, they should decrease the level of activity or take time off altogether from exercise training. They can try to get back into their regular exercise program as soon as they are feeling better. An ACE-certified Clinical Exercise Specialist can help design a safe and effective exercise program and monitor progression. Not only will exercise help an HIV-infected person reap physical benefits, the training can also improve sense of well being.

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