

Curves Women's Health & Fitness Initiative





Identify ways to optimize the health and well-being of women through various diet, exercise, and/or nutritional interventions













y	Curves Combined (n = 467)		
	Variable	Impact of Curves	
	Body Fat	↓ (1.5 – 2%)	
	Waist & Hip	↓ (1 - 4%)	
	Resting HR	↓ (2.6%)	1
	Resting SBP	↓ (3.0%)	
	Resting DBP	↓ (3.5%)	11
	1 RM Bench Press	↑ (5.1%)	
	1 RM Leg Press	↑ (13%)	H.
1	BP Endurance	↑ (21%)	
	LP Endurance	↑ (36%)	Curves
	Statistically significant time effects (p<0.05).	FASEB J. 2007 21:lb 227 & 229	

Curves Cor	mbined
Variable	Impact of Curves
Maximal Aerobic Capacity (n=467))
Total Cholesterol (n=335)	↓ (3-6%)
Triglycerides (n=335)	↓ (2-7%)
Glucose (n=335)	↓ (1-3%)
Leptin (n=216)	↓ (17-21%)
Fasting Insulin (n=216)	↓ (2-13%)
Insulin Sensitivity (n=216)	↑ (9-23%) Curve
Statistically significant time effects (p<0.05).	ASEB J. 2007 21:lb 227, 229, 230

Curves Combined (n = 287)			
Variable	Impact of Curves		
Physical Functioning	↑ (24-29%)		
Social Functioning	↑ (11%)		
Vitality	† (23-26%)		
Mental Health	↑ (7-8%)		
Appearance Evaluation	↑ (19%)		
Body Area Satisfaction	↑ (14-15%)		
Overweight Preoccupation	↑ (16-18%)		
Self-Classified Weight	↓ (3-7%) Curves		
Statistically significant time effects (p<0.05). FA	SEB J. 2007 21:1b 231 & 232		

















Curves for Seniors Rationale

- Lose muscle and gain fat as one ages (sarcopenia)
 - Loss of muscle mass and strength increases risk to falls and fractures
 - Resistance-exercise increases strength and muscle mass in elderly
 - High protein diets spare loss of muscle mass during weight loss
 - Hypothesized that elderly may benefit from following a high protein diet combined with resistance-training

Curve















Curves for	Seniors (n = 53)
Variable	Impact of Curves
Waist & Hip	↓ (2 cm)
Resting HR	↓ (2-3%)
Resting SBP	↓ (4 mmHg @ 10 wk)
Resting DBP	↓ (5 mmHg @ 10 wk)
1 RM Bench Press	↑ (21%)
1 RM Leg Press	↑ (32%)
BP Endurance	↑ (29%)
LP Endurance	↑ (23%)
Maximal Oxygen Uptake	<u>↑ (12%)</u>
6 Minute Walk-Test	↑ (6%)
Statistically significant time effects (p<0.05).	







Clinical Identification of the Metabolic Syndrome*: NCEP-ATP III

*Diagnosis is established when <u>></u>3 of these risk factors are present

Risk Factor	Defining Level	
Abdominal obesity		
(Waist circumference)		
Men	>102 cm (>40 in)	
Women	>88 cm (>35 in)	
TG	<u>></u> 150 mg/dL	
HDL-C		
Men	<40 mg/dL	
Women	<50 mg/dL	
Blood pressure	<u>≥</u> 130 / <u>></u> 85 mm Hg	
Fasting glucose	>110 (>100**) mg/dL	
* Expert Panel on Detection, Evaluation, an Adults. <i>JAMA</i> . 2001;285:2486-2497.	* 2003 New ADA IFG criteria (Diabetes C ad Treatment of High Blood Cholesterol in	Care)

















Curves for Medical Special Populations Rationale





- Many individuals have medically managed conditions in which exercise and weight loss may provide therapeutic benefit
- The purpose of this study was to determine the effects of the Curves fitness and weight loss program in individuals with various controlled medical conditions











Curves for Medic	Curves for Medical Special Populations Preliminary Analysis		
Variable	Impact of Curves		
Resting HR	↓ (3-4%)		
Resting SBP & DBP	↓ (2-6 mmHg)		
1 RM Bench Press	↑ (12%)		
1 RM Leg Press	↑ (12%)		
BP Endurance	↑ (14%)		
LP Endurance	↑ (17%)		
Maximal Aerobic Capacity	↑ (6%)		
Total Cholesterol	↓ (5-10%)		
Triglycerides	↓ (6-9%)		
Glucose	↓ (4-7%)		
Mean effects over time			







a construction	C-I Intervention	Fit II for At-Risk Ki	ds
	Monday	Curves.	
	Tuesday	Curves	
	Wednesday	Aerobic Activity	
	Thursday	Curves	
\bigcirc	Friday	Weight Check; Education; Diet Assistance	Curves
	Control Group – PE only (N	- 1-F)	











C-Fit II for At-Risk Kids

- Im Cu los Su Pi gr im of in
 - Implementation of the Curves fitness, weight loss, and behavioral support techniques during PE classes promotes greater weight loss and improvements in markers of health than standard PE in at risk kids.

























