

International

Adults, children 'must move' to stay fit in COVID era: WHO

WHO issues first physical activity guidelines since 2010

GENEVA: All adults should do a minimum of 150 minutes of vigorous physical activity per week, even more vital for well-being and mental health in the COVID-19 era, the World Health Organization (WHO) said on Wednesday in its first guidance in a decade. It recommended that children and adolescents have an average of one hour of daily physical exercise and limit time in front of electronic screens.

And people of all ages must compensate for growing sedentary behaviour with physical activity to ward off disease and add years to their lives, the WHO said, launching its "Every Move Counts" campaign. "Increasing physical activity not only helps prevent and manage heart disease, type-2 diabetes and cancer, it also reduces symptoms of depression and anxiety, reduces cognitive decline including Alzheimer's and im-

proves memory," Ruediger Krech, WHO director for health promotion, told a news briefing.

Yet one in four adults and a "staggering" four out of five adolescents do not get enough physical activity, which can include walking, cycling, gardening and cleaning, the WHO said. "These guidelines emphasise what many are experiencing during the COVID restrictions that are applied all over the world.

And that is that being active every day is good not only our bodies but also our mental health," said Fiona Bull, head of WHO's physical activity unit.

"Phone a friend and do classes online to-

gether, help your family members, do it as a family. And when you can, get outside," she said. Research into the ill-effects of sedentary behavior has grown in the past decade, leading to the new advice, Bull said.

"That is limit sedentary time, and do more activity to offset sedentary time, particularly for those who do long hours of sedentary, which includes a lot of people who have got office-based work environments," she said. "For children we also recommend they limit sedentary time, particularly screen time."

Pregnant women and postpartum mothers

are now included in the recommendations of 150 to 300 minutes of moderate to vigorous aerobic activity per week for adults. This brings health benefits for both the mother and baby, according to Juana Willumsen, a WHO technical officer. "For example there is a 30% reduction in gestational diabetes amongst women who are physically active during pregnancy," she said.

Adults above 65 are advised to add muscle strengthening and activities focusing on balance and coordination to help prevent falls later. Devices worn on the wrist or hip that track physical activity are helpful for all, Bull said. "Monitoring how active you are is very good feedback," she said. "That is important because we tend to underestimate how much time we spend sedentary." —Reuters



Children should have 1 hour daily exercise

COVID-19 treatments: Progress, no panacea

PARIS: Nearly a year after a mysterious pneumonia emerged in China and began its global spread, there is still no silver bullet treatment for COVID-19 despite an unprecedented effort to discover new medicines or repurpose existing drugs. A single family of cheap, widely available medications — corticosteroids — has proven its effectiveness, but some other drugs that were initially hyped have disappointed.

What works? Dexamethasone

This is the only treatment that has reduced mortality from COVID-19, although it has only been shown to work for patients who are severely ill in hospital and need oxygen therapy. The World Health Organization (WHO), as well as the European Medicines Agency (EMA) have been recommending dexamethasone for these patients since September, based on the findings of a large British clinical trial called Recovery. Dexamethasone can actually inhibit the immune system, so it should not be given to those in the early stage of the disease. But this is why it works in those who are very ill — it acts to tame a runaway immune response, which can trigger the inflammation characteristically seen in severe forms of disease. And it appears that it's not just dexamethasone.

Research published in early September in the American medical journal *Jama* showed that other drugs in the same corticosteroid family could also be effective, reducing mortality by 21 percent after 28 days for patients with severe COVID-19. This led the WHO to recommend "systematic" use of corticosteroids in severe and critical patients. Anticoagulants — Like corticosteroids, these drugs are used only in the most severely ill patients. The goal is to prevent blood clots, one of the serious complications of COVID-19. What doesn't work well enough —

Remdesivir

For a time this antiviral treatment had the hopes of the world riding on it. The drug, developed for Ebola, was initially thought to be very promising. The European Commission announced that it had ordered 500,000 doses in October, while the US granted it permanent authorization for use. Its manufacturer, US pharma giant Gilead, has said the drug boosted 2020 third quarter sales by almost \$900 million

(756 million euros). But it has not lived up to expectations. On November 20, the WHO said remdesivir should not be used to treat COVID-19 patients no matter how serious their illness, saying it had "no important effect" on survival chances. That does not mean it is proved to be ineffective, but rather that it had not been shown to improve patient outcomes. There were also concerns about possible side effects, particularly affecting the kidneys, as well as the drug's cost. The WHO advice was based on four international randomised clinical trials involving more than 7,000 patients hospitalised with COVID-19. What does not work at all.

Hydroxychloroquine

This drug became a lightning rod for politicized debates over the pandemic. Used as a treatment for malaria or autoimmune diseases, depending on the country, hydroxychloroquine was touted as something of a miracle cure by its proponents — notably US President Donald Trump — despite a lack of evidence that it worked. Among scientists, controversial French professor Didier Raoult argued vociferously in favour of the drug.

Hydroxychloroquine was at the centre of an academic scandal, when the prestigious medical journal *the Lancet* had to retract a study that suggested negative effects from the drug, after concerns were raised about the underlying data. The retraction of research critical of hydroxychloroquine only served to galvanize supporters of the drug. But study after study has shown that it is not effective against COVID-19 including the British trial Recovery, whose results were published in the *New England Journal of Medicine* in October.

Lopinavir-ritonavir

Used against HIV, the virus that causes AIDS, this one-two antiviral punch has shown to be ineffective at treating COVID-19 in hospital settings, according to the Recovery trial, which published its results in the *Lancet* in October.

Still under investigation

Tocilizumab: Scientists hope this immunosuppressant, currently used against rheumatoid arthritis, will be able to prevent potentially deadly inflammation in serious cases. So far, however, studies have not yet provided a definitive answer. Researchers from Imperial College London announced on November 19 that tocilizumab appeared to be having a beneficial effect, according to preliminary results from their clinical trial. The larger-scale Recovery trial may reveal more in the coming weeks.



MULHOUSE: Employees of the Lantz funeral company, wearing face masks as protective measures, close the coffin of a victim of the COVID-19 at a hospital in Mulhouse, eastern France. —AFP

Synthetic antibodies

When the body fights off viruses such as SARS-CoV-2 it develops antibodies — proteins that are programmed to target specific pathogens. These anti-bodies can be synthesized in a lab and could in theory be given to patients sick with COVID-19 to boost their own natural immune response. Trump received this still experimental treatment, manufactured by the American biotechnology company Regeneron, when he was hospitalized with the virus. This treatment, and one of the same type manufactured by Eli Lilly, have received authorization for emergency use in the US. But their effectiveness continues to be evaluated, with the Regeneron treatment included in the Recovery trial.

Plasma

Plasma taken from the blood of recovered patients showed some early promise when given intravenously to people sick with COVID-19. It has already shown to help speed recovery from Ebola as well as SARS, which is caused by the same family of pathogens as the novel coronavirus. Recovery has an ongoing clinical trial for plasma treatment. —AFP