

## HEALTH AND WELLNESS NEWS ITEMS – June 2018

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*If any of these abstracts seem relevant to your care, be sure to consult with your personal physician before changing your treatment.*

### 1. Shingles New Vaccine !

Shingrex, a new vaccine to protect against shingles, offers almost double the protection for older adults compared with the one currently in use. The vaccine, approved by the FDA last October, reduces the risk of shingles by an average of 97% among people 50 and older with a success rate of 90% across all older age groups. In contrast, Zostavax, issued in 2006, becomes less effective as people age. Shingrex differs because it contains an adjunct called ASO1. (Adjuncts are substances added to a vaccine to increase the body's immune response).

Shingrex is given in two doses at least eight weeks apart. As with most vaccinations it may cause temporary side effects like swelling or inflammation at the injection site or flu-like symptoms for a few days. The FDA has approved Shingrex for people ages 50 and older, even if they have previously had shingles or were previously vaccinated with Zostavax. The CDC's Advisory Committee on Immunization Practices recently made this a formal recommendation.

**Warning:** People with especially weak immune systems, such as those with cancer, should ask their doctor if they should avoid Shingrex. However, for most older adults, the new shingles vaccine is an opportunity to avert a potentially serious disorder. "Shingles is a neurological disease that is almost entirely preventable – but only if you get vaccinated" –Dr. Anne Louise Olander, director of the Nerve Unit at Massachusetts General Hospital.

*Editorial comment:* At this writing local availability varies. It is available at CVS and Amherst Giant Eagle, and Kendal will be offering it when Drug Mart back order supply arrives. The cost is covered at present by certain Medicare Advantage plans but not yet by traditional Medicare. Check with your insurance provider.

*Harvard's Men's Health Watch, 22 (7) February 2018*

### 2. Coffee Lovers Strike Back!

Two studies published in the *Annals of Internal Medicine* suggest that coffee may help you live longer, and the association holds across a number of countries and ethnicities. This is good news for the 3 out of 4 Americans who are coffee drinkers.

One study, conducted in 10 European countries over 16 years, found a higher consumption of coffee was associated with a lower risk of death, particularly deaths related to liver or cardiovascular diseases. It is possible that antioxidants in coffee protect against insulin resistance and inflammation.

However, the authors point out that the data establish an association between coffee drinking and prolonged life but not a direct cause and effect. While it is too soon to recommend drinking coffee solely to lengthen life, the studies reinforce drinking coffee as part of a healthy diet. Those who suffer from the effect of caffeine still have the option of enjoying decaffeinated coffee.

*Mayo Clinic Health Letter, January 2018, Pg. 4*

### **3. Reducing Inappropriate Medication Usage in Older Adults**

The use of a multidisciplinary medication review of frail nursing home patients allowed the discontinuation of inappropriate medications more successfully than did standard practice reviews of medications. Nursing home residents in Dutch nursing home wards (426 residents in 39 wards followed for 4 months) were entered into the trial to address the well-known clinical problem of inappropriate prescribing in this setting.

Few previous interventions had focused on reducing inappropriate medication while avoiding relapse or severe withdrawal symptoms and untoward clinical outcomes. This study employed an in-depth review of each patient's medications by an elder care physician and a pharmacist. The authors conclude that this approach is effective in discontinuing inappropriate medication use in frail nursing home residents without a decline in their well-being.

Source: *Annals of Internal Medicine*, published on-line 10 October 2017

### **4. Meditation, Not Medication, for Acute Pain**

Patients with acute pain in a hospital setting who received training in mindfulness or hypnotic suggestion techniques reported significantly lower pain severity than those in a control group. Non-pharmacologic treatment was applied in patients who reported intolerable pain or inadequate pain control. In the mindfulness intervention, patients were taught to accept their pain experience by focusing on their breathing before attending to their bodily sensations. In the hypnotic suggestion intervention, clinicians guided participants into a relaxed state of mind and then asked them to imagine sensations of warmth or coolness being superimposed over the pain. The control group received psycho-social education, only.

The mean reduction in pain intensity ratings was 23% in the mindfulness group, 29% in the hypnotic suggestion group, and 9% in the education group. About one-third of patients receiving one of the two mind-body techniques were able to achieve at least a 30% degree of pain relief, a level that is considered moderately clinically significant in the literature and is comparable to the effect of 5 mg of oxycodone.

Social workers were trained in teaching these techniques during a 3-hour session. It required only 15 minutes for the trained workers to instruct patients in the techniques, making this a cost effective means of pain management. A larger, national trial is being planned as another step to help reduce the risk of opioid addiction.

*Journal of General Internal Medicine*, October 2017, 32, (10), Pgs. 1106-1113

### **5. I like to Take an Afternoon Nap--Is That a Healthy Habit?**

A brief siesta in the late morning or early afternoon may reduce daytime sleepiness, boost alertness, and sharpen thinking and memory. Experts recommend limiting catnaps to less than a half-hour and not napping past 3:00 pm. Regular exercise can also combat daytime sleepiness. Your doctor needs to know if you have extreme sleepiness, for that can be a sign of a serious health issue.

*Journal of Sleep Research*, May 19, 2009

## 6. Improved Care after Falls in Assisted-living Facilities

A recent study has found that collaboration between primary care physicians (PCPs) and emergency medical services (EMS) personnel may reduce visits to the emergency department (ED) after falls for residents of assisted-living facilities. Many assisted-living facilities have policies calling for transport to the ED after a fall regardless of the extent of injury. In this study, paramedics responding to a fall followed a protocol that involved phone consultation with a physician and that assigned patients to one of three tiers based on their need for additional care. ED transport was recommended for patients in tier 1 and was not recommended for patients in tier 3. For patients in tier 2, who had no clear transport indication, the advanced practice paramedic could decide to transport to an ED or could contact a PCP.

The study involved 953 assisted-living facility residents with a mean patient age of 86 years; 76% were women. In the study, 840 ground-level falls occurred in 359 patients over 43 months. The protocol recommended that patients not be transported to the ED after 553 of the 840 falls. The researchers judged that appropriate care was received by 99.3% of these patients for whom ED transport was not recommended according to the protocol.

Source: *Annals of Internal Medicine*, published on-line 12 December 2017 as reported in *ACP Internist Weekly*

## 7. The Role of Probiotics

“Good” bacteria are essential for a healthy gut. In the gut they help with digestion and also help boost your immune system. But sometimes these bacteria need help to do their job, and that’s where a specific kind of good bacteria, called probiotics, come into play. “Probiotics work in a supporting role to keep your entire gut running smoothly and effectively,” says Dr. Allan Walker, a professor of Nutrition at Harvard’s School of Public Health.

Probiotics are found in fermented foods like yogurt and pickles and also in supplements. But don’t buy into probiotic supplements. They are best used under your doctor’s care for treating specific serious ailments like irritable bowel syndrome or chronic diarrhea.

You can boost the probiotic population in your gut by eating fermented foods. Fermented foods contain probiotics that develop during a preservation process called lactofermentation, in which good bacteria feed on the food’s sugar and starch to create lactic acid. There is no recommended daily allowance for probiotics. The general guidelines simply recommend adding more fermented foods to your diet. So enjoy:

- \*Yogurt-- look for the words “live and active cultures” on the label;
- \*Sauerkraut-- buy “raw” (non-pasteurized) brands;
- \*Pickles-- brined in water and sea-salt, instead of vinegar;
- \*Cheese--any brand that has been aged and not heated afterward;
- \*Sourdough bread, kefir, tempeh.

*Harvard Men’s Health Watch* 22 (7), 2017

*Journal of General Internal Medicine*, October 2017, 32, (10), Pgs. 1106–1113

Editorial comment: Remember that many fermented foods contain massive amounts of salt.

## 8. Even a Little Exercise Helps

Regular exercise is probably the best prescription for healthy aging. Working out for at least 3 hours a week has been shown to help reduce the risk of heart disease, hypertension, depression, stroke, diabetes, cancer, falls, and decreased cognitive function. However, fewer than one in five adults over 65 achieve this recommended minimum amount.

Publications of several recent large studies bring the good news that a switch from no activity to doing something is accompanied by a statistically marked decline in the risk of premature death from medical problems. A 13-year study of 139,000 adults published in the *American Journal of Preventive Medicine* found that those who walked 2 hours per week were 26% less likely than sedentary people to die early. Another study in the *European Journal of Preventive Cardiology* showed that older adults who exercised less than 30 minutes per day cut their risk of cardiac disease by 14% compared with inactive people.

For mental health, a study in the *American Journal of Psychiatry* found that inactive participants had a 44% greater odds of developing depression than those who were physically active for 1 to 2 hours a week; even 30 minutes of exercise per week was more beneficial than none. The authors concluded that the majority of the protective effects of exercise against depression are realized within the first hour of exercise undertaken each week. Finally, a 10-year study of those over age 65 published in *Alzheimer's & Dementia* revealed that those who were active 3 times a week for 20-minute periods reduced their chances of developing severe cognitive impairment by 20%.

Consumer Reports on Health, February 2018, Pg. 7

(For information on Kendal's staff led exercise, contact Jill Tvaroha; and for resident-led exercise, contact Jerry Berner.)

## 9. Keep Calm and Breathe

When you feel anxious or stressed, deep breathing can help you relax your mind and body. Deep breathing exercises can slow down the rate of breathing, settle your nervous system, and increase feelings of calm. These exercises can immediately lower your blood pressure and regulate your heart rate.

The technique is also called diaphragmatic breathing or relaxed breathing. It draws on the body's dominant breathing muscle-- your diaphragm--rather than your chest muscles to draw air into your body. To practice deep breathing:

- \*Settle into a chair with your feet on the floor or lie down flat;
- \*Close your eyes and place one hand on your abdomen;
- \*Take a deep breath through your nose;
- \*Send the air through the back of your throat to your abdomen;
- \*Notice how your hand rises as your abdomen gently expands;
- \*Let your abdomen slowly deflate as you breath out;
- \*Repeat several times, gradually lengthening the whole process;
- \*Direct your breath into your upper back, repeating several times;
- \*Throughout the exercise, let your breath flow naturally.

Mayo Clinic Health Letter, January 2018, Pg. 3

