

HEALTH AND WELLNESS NEWS ITEMS – November 2017

Abstracted and produced at Kendal at Oberlin by Don Hultquist (editor), Don Parker (assistant editor), Nancy Hultquist (producer), Jerry Berner, Pam Lenz, Alan Lockwood, Paul Spierling, Gerald Zeitlin, and May Zitani.

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

1. When Your Medications Can Harm You

“According to the Centers for Disease Control and Prevention, older adults are twice as likely as other adults to suffer adverse drug events serious enough to require a trip to the emergency room and seven times more likely than younger adults to be hospitalized as a result.” One explanation is that older adults face more medical conditions and take more drugs to treat them. Other age-related factors also play a role in increasing the risk of side effects.

Medications often exert increased potency in older adults. This potency can result from a number of age-related physiological changes. As you age, the body often gains more fat and holds less water, changes that may result in drugs becoming more concentrated in the body. Likewise, drugs may be broken down and excreted more slowly as liver, kidney, and other organ functions begin to slow down. Drugs may pass through the digestive tract more slowly and thus be absorbed more fully.

The increase (or decrease) in potency upon aging varies widely from drug to drug. Drugs for which side effects upon aging are prominent or may lead to particularly serious results include opioid painkillers, blood thinners, and drugs for treating insomnia, heart disease, seizures, diabetes, and high blood pressure. Among the common symptoms that drug side effects cause or exacerbate are drowsiness, dizziness, weakness, poor balance, falls, constipation, and nausea.

Seniors who take prescription medicine are less willing than younger patients to discuss the potential for side effects with their doctor. Advice to patients—“If you experience a physical or mental change that’s bothersome, bring it up with your doctor. Even if the drug is working, talk to your doctor about trying a lower dose or a different medication, to see if you can minimize the risk of side effects. And ask about nondrug options such as exercise or cognitive therapy. Non-pharmacological therapies can be very effective, and without side effect.”

Source: *Consumer Reports on Health*, November 2017, Pgs 8-9

2. Your Gross-ery Bags

Do You Need to Wash Reusable Bags after Carrying Groceries? “Yes” according to the Centers for Disease Control and Prevention. Research shows that bacteria, including *E. coli* (from feces) and other coliform (from raw-meat juices), can grow in unwashed bags. Laundering can reduce bacterial levels by more than 99%, but few people bother.

Recommendations include machine-washing cloth grocery bags with detergents and hand-scrubbing plastic-lined bags with water and soap. Place raw meat and fish in plastic bags and don’t store dirty bags in your car where bacterial levels quickly spike in the heat.

Source: *Consumer Reports on Health*, November 2017, Pg 1

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3. An Update on the Use of Statins for Adults with no History of CV

An update from the U.S. Preventive Task Force gives an endorsement of statins, especially for people at greatest risk of cardiovascular disease (CV). However the report questions the

drug's benefits for people at lower risk of heart attack and stroke and people over age 75 with no history of cardiovascular disease.

The guidelines endorse the use of low to moderate doses of statins in adults, age 40 to 75, who have no history of cardiovascular disease but who do have one or more risk factors such as diabetes, high blood pressure, or smoking and who have at least a 10% risk of a heart attack, stroke, or similar event within the next 10 years. For those whose 10-year risk is 7.5% to 10% the certainty of benefit is quite small.

Studies are mixed on whether or not there are other benefits such as decreases in Alzheimer's Disease, thromboembolism, and the risk of dying from cancer. Other considerations include the risk of side effects; some studies suggest that 5% to 20% of people using statins experience muscle pain or fatigue and often feel weak or less energetic.

Bottom line. The best way to view the therapy is not for its impact on a large group, but rather for how it may help you on an individual level.

Sources: *Journal American Medical Association*, 15 November 2016

Harvard Men's Health Watch, 21 (9) April 2017

4. How Not to Be Stupid

Jane Brody writes a common-sense health column in the *New York Times* every Tuesday in the *Science Times* section. In a recent column she had this to say about helmets, "Riding a bicycle without wearing a properly fitted helmet is simply stupid." Brody speaks from experience. She fell and sustained a concussion while not wearing a helmet. Even low speed accidents pose a hazard. A fall of 5 feet or so involves the head hitting the pavement at a speed sufficient to cause a serious, even fatal, head injury.

It is likely that senior citizens are at a higher risk than those who are younger. Not only is our balance likely to be poorer, but vision and hearing may not be up to snuff. From a physiological perspective, our brains are slightly smaller than they were when we were younger. When the skull hits the pavement the jello-like brain bounces around. The veins that bridge the space between the brain and the skull may tear causing a hemorrhage. The brain itself may be injured to a variable degree.

A properly fitted helmet will protect you. *Consumer Reports* has reviewed helmets. You can read more about helmets on the consumer-funded web site: Bicycle Helmet Safety Institute (helmets.org). Helmets are available in Oberlin at the Swerve Bicycle Shop. They would be happy to help you be a safer, and potentially a repeat, customer.

Sources: *New York Times*, 24 August 2017

Consumer Reports, August 2016

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5. Good Sleep May Help Prevent Alzheimer's Disease

Sleep research shows our brains remain busy while we sleep – doing repairs, boosting the immune system and creating long-term memories. During deep sleep, excess amyloid protein-- the protein associated with the formation of plaques in Alzheimer's disease-- is cleared from the brain. More evidence is mounting that poor quality sleep is linked to a decline in memory and thinking abilities and leads to a higher risk of Alzheimer's.

In a preliminary [study](#) (reported in the journal *Brain*), researchers monitored the sleep of 17 healthy adults for several days. They concluded that just one night's disruption of quality sleep resulted in elevated beta-amyloid protein. Moreover, poor sleep over many days resulted in an increase in tau – another protein found in the brains and spinal fluid of people with Alzheimer's disease.

Another recent [study](#) (reported in *JAMA Neurology*) showed that adults with sleep-disordered breathing – such as sleep apnea or upper airway resistance syndrome – may face an increased risk of developing cognitive impairment (e.g., forgetfulness, trouble learning, difficulty concentrating).

If you have trouble sleeping...

- >Go to bed at the same time each night and get up at the same time each morning.
- >Exercise regularly but do not do it within three hours of bedtime.
- >Stay away from caffeine and other stimulants late in the day.
- >Don't use electronic devices in the bedroom. The light from laptops or cell phones may keep you awake.
- >Don't eat a large meal or drink alcohol close to bedtime.
- >Make sure your bedroom is quiet to avoid being awakened.

Tell your doctor if you have or think you have a sleeping disorder. Symptoms such as not feeling refreshed even after a full night's sleep, snoring, or feeling sleepy during the day can indicate a sleep disorder. Over-the-counter and prescription sleeping pills are only for occasional use and don't promote quality sleep. Your doctor can help you get the correct diagnosis and treatment to get you on your way to better sleep.

Source: Cleveland Clinic *Healthy Brains*, published on line 19 October 2017

6. Knee Pain- A Family Affair that You Might Avoid

If your parent had a knee replacement due to osteoarthritis you are more than twice as likely to develop knee pain in midlife as those with no family history of knee surgery. "It was abundantly clear that genes were a strong contributor to the risk of osteoarthritis", said the study's senior author.

However, a Tufts University study of 5,000 adults showed that individuals may reduce the risk of osteoarthritic knee pain by eating plenty of fiber. Those eaters who consumed 9 to 14 grams of fiber per day had a 30% lower risk and those consuming 22 to 27 grams per day had a 60% lower risk. Fiber is plentiful in beans, nuts, and whole grains, for example. The researchers suggest that fiber-rich foods may reduce pain-producing inflammation.

Sources: *Cleveland Clinic Arthritis Advisor*, 14 (3), March 2015
Consumer Reports on Health, September 2017

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7. Bone Health- the Roles for Exercise and Calcium

The ultimate concern with bone health is the risk of falling and breaking a bone. Two factors are important for bone health—regular exercise and calcium ingestion. Is one of these more important than the other in decreasing your risk of falling and breaking a bone?

Since calcium is the major component of bone, it is essential that your diet include foods that are high in calcium-- dairy products, dairy substitutes, dark green leafy vegetables, and certain fish. However, recent evidence suggests that increasing calcium intake with calcium supplements has only a modest and limited effect on bone density. Furthermore, calcium supplements at higher doses can also have certain side effects—constipation, development of kidney stones, and interference with other drugs.

On the other hand, regular exercise helps to build a protective framework around your skeleton. It also helps you to move more easily and improves your balance. Thus exercise decreases your risk of falling and breaking a bone.

Ingesting sufficient calcium, primarily through dietary sources and staying physically active, appear to be the best approaches to limit your fracture risk.

Source: www.Healthletter.MayoClinic.com, November 2017

8. Anticoagulation Therapy Preserves Cognitive Function in Patients with Atrial Fibrillation

Starting oral anticoagulation therapy soon after the diagnosis of atrial fibrillation (AF) can protect against dementia. An 8-year study showed that the early institution of anticoagulant treatment was associated with a 29% lower risk of dementia when compared to those not receiving anticoagulant treatment when the study began. Protection from dementia rose to 48% between those on anticoagulants versus those who still were not when analyzed later in the study.

This was a retrospective registry study in Sweden of 444,106 patients with AF and no previous diagnosis of dementia. During the 8 years of the study, 26,210 patients received a new diagnosis of dementia. Initially, 54% of patients were not taking oral anticoagulant treatment, 43% used warfarin (Coumadin) and 3% used one of the newer direct oral anticoagulants (e.g., Pradaxa). There was no difference in the effectiveness of protection by the different anticoagulants.

Patients who developed dementia were older and had more additional medical conditions than patients who did not develop dementia. The strongest predictors for dementia were age, Parkinson's disease, absence of oral anticoagulant treatment, and alcohol abuse. The data also showed specific markers suggesting that microemboli might be a cause of dementia in AF patients.

The authors stated, "Since the time from diagnosis to start of treatment appears to be an independent risk factor, early initiation of treatment is desirable in order to preserve cognitive function."

Sources: Published online by the *European Heart Journal*, 24 October 2017
[ACP Internist Weekly](#), 31 [October 2017](#)

