

HEALTH AND WELLNESS NEWS ITEMS – April 2012

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

1. OPTIMAL TRIGLYCERIDE LEVELS

Blood triglyceride levels serve as one of the important markers of cardiovascular risk. The American Heart Association has defined the optimal upper limit for fasting triglycerides as 100 mg/dL. Fasting samples can be categorized as borderline high (150 to 199 mg/dL), high (200 to 499 mg/dL), or very high (>500 mg/dL). Treatment should focus on intensive therapeutic lifestyle change, which can reduce triglycerides by 50%. It is expected that weight loss of 5% to 10% could lower triglycerides by 20%. A low carbohydrate diet that reduces sugars and fructose while increasing unsaturated fat intake may lower triglyceride levels another 10% to 20%. Eliminating trans fats, restricting saturated fats, and introducing aerobic activity all help triglyceride-lowering efforts. The optimal 100 mg/dL level should not be attempted by medicinal therapy alone because studies have not shown the benefit of using drugs to reach this level.

Source: *Circulation*, 18 April 2011

2. HEARING DEFICITS IN THE OLDER PATIENT –“ I DIDN’T NOTICE ANYTHING”

Hearing loss is common in older adults. Patients, clinicians, and health care staff often do not recognize hearing loss, particularly in its early stages, and it is undertreated. Age-related hearing loss, the most common types in older adults, is a multifactorial loss that frequently includes a component of impaired speech discrimination.

Simple office-based screening and evaluation procedures can identify potential hearing disorders, which should prompt referral to confirm the diagnosis with audiometric testing. The mainstay of treatment is amplification. For many older adults, accepting the need for amplification, selecting and purchasing a hearing aid, and getting accustomed to its use are a daunting and often frustrating process. There are numerous barriers to hearing aid use, the most common of which is dissatisfaction with its performance across a range of sonic environments. Newer digital hearing aids have many features that improve performance, making them potentially more acceptable to users; but they are expensive and usually are not covered by Medicare.

Depending upon the etiology of the hearing loss, other medical and surgical procedures, including cochlear implantation, may benefit older adults. Older adults with multiple problems, and who are frail, pose specific challenges for the management of hearing loss. These patients may require integration of hearing assessment and treatment as part of functional assessment in an interdisciplinary, team-based approach to care.

Source: *Journal American Medical Assoc.* [307](#) (11): 1185-1194, 21 March 2012

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3. “ANTI-CHOLINERGIC” MAY ALSO MEAN “ANTI-COGNITIVE”

The *New York Times* reports on a study that found that seniors who take drugs with an “anti-cholinergic effect” are three times as likely to have mild cognitive impairment as those who don’t take these medicines. A great many common prescription and over-the-counter drugs

show an anti-cholinergic effect, which can be additive when taking two or more of these medications. Included in this list are: over-active bladder medications such as tolterodine (Detrol) and oxybutynin (Ditropan); allergy or sleep medications containing diphenhydramine (Benadryl, Tylenol PM); anti-depressants such as paroxetine (Paxil); Parkinson's Disease drugs such as amantadine (Symmetrel); anti-reflux medications such as cimetidine (Tagamet); and schizophrenia drugs such as clozapine (Clozaril). An inclusive list can be obtained at

www.indydiscoverynetwork.org/AnticholinergicCognitiveBurdenscale.html.

A broader lesson is that everyone, at every routine personal physician visit, should *review all the medications* they take routinely, to be sure that they continue to be needed or to determine if they could be replaced with safer ones. Remember: consult your physician before you change any medications.

Sources: *New York Times*, 28 Feb. 2012, Pg. D5
Aging Brain Program, Indiana Univ.

4. **DRY SKIN CARE**

1. Do not use excessively hot water in bath or shower. It strips moisture causing dry, irritated skin.
2. Bathe with soaps/body washes identified as "gentle," "hydrating," or "for sensitive skin." (Dove, Oil of Olay, Cetaphil, or CeraVe.)
3. Apply moisturizer immediately after bathing to damp skin. (Cetaphil, or CeraVe, cream or lotion).
4. Wash clothes with detergents labeled "gentle" or "free" (which means free of irritating chemicals). Avoid Bounce or other fabric softeners.
5. Wear cotton, not wool, against the skin.
6. A humidifier may be helpful in winter.
7. Try not to scratch.

Source: *Advanced Dermatology of Westchester, Tarrytown*, 10 December 2010

5. **IS THERE A HEART-HEALTHY MUFFIN?**

Yes, but...you are not likely to find it in the typical store-bought low-fat muffin package. Low-fat muffins get their name by skimping on fats, often the heart-healthy kind from plant oils (canola, olive). White flour and sugar frequently take their place. In your body, these quickly break down and spike your blood glucose and insulin causing a rebound of hunger; diets high in refined carbohydrates raise the risk of heart disease. Low-fat muffins also contain extra salt to make up the flavor loss from fat reduction. Furthermore, they may have as many calories as a "standard" one.

Use the following tips to make your own heart-healthy muffins:

- Use a standard-size muffin tin but fill each "cup" only halfway with batter.
- Replace half or more refined (all-purpose) flour with whole grain flour.
- Reduce sugar 25%.
- Add chopped nuts for protein, added flavor, and healthy fats.

Source: *Harvard Health Letter* 22 (8): 8 April 2012

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6. **WHAT IS PLANTAR FASCIITIS?**

Plantar Fasciitis begins with heel pain. Tenderness is focused in a small area in front of the heel at the attachment of the longitudinal ligament that forms the arch of the foot. Walking and standing aggravate the pain. Flattened arches or ankle pronation may precipitate the acute inflammation.

The usual treatment over a number of weeks includes applying ice (to reduce inflammation), wearing well-supporting shoes, and cushioning with heel cups, padded arch supports, or double socks.

After the acute phase, passive and active exercises are recommended, preceded by the use of heat. Specifically, massage of the heel using a rubber ball and exercises to stretch the Achilles tendon are recommended. Unfortunately symptoms can persist for many months.

Source: *Web MD*

7. EXERCISE FOR WHAT AILS YOU

It may seem counter-intuitive, but research is showing again and again that individuals with a chronic disease are finding relief by including exercise as part of their treatment. Even those with very serious health conditions, including cancer, diabetes, heart disease, arthritis, and Parkinson's, are finding that exercise increases longevity and reverses some symptoms. In only a very few conditions is exercise too risky—such as recent heart attack, heart failure, detached retina, and spinal instability.

How do I start? Start by realizing that, when approached properly, exercise can reduce pain and fatigue and increase strength and vigor. Start very slowly and cautiously. Even a little exercise can make a big difference.

How hard should it be? Choose activities you thoroughly enjoy and don't mistreat yourself. It is well documented that exercise combats exhaustion and can boost energy and elevate mood. Initially, exercise in several short, easy segments.

How do I avoid injury? Consult your doctor. Warm up. Drink plenty of water. Stop immediately and seek medical help if you experience nausea, dizziness, severe pain, or abnormal heartbeat.

How do I stay motivated? Document your progress and communicate that to your friends and your health care personnel.

Source: *Consumer Reports on Health*, April 2012

8. FALL RISK AND HEARING DECLINE

A 2001-2004 study of 2,017 subjects age 40 to 69 found that falling is linked to hearing loss. Each subject underwent an audiometer test for ability to hear sound frequencies, tested for balance, and questioned about falls that occurred in the previous year. Frequency of falling was correlated with even mild hearing loss. The frequency increased by 40% with every 10 decibel loss of hearing.

It was postulated that sensitivity to auditory cues needed for environmental awareness may affect sense organs needed for balance as they are both located in the inner ear.

Source: *Wall Street Journal*, 15 March 2012, Pg. D4

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9. ALLERGY SEASON AND CLIMATE CHANGE

Studies show that the incidence and severity of allergic disorders are increasing, and seem to have a relationship to the rise of carbon dioxide (CO₂) in the atmosphere. A study from the U.S. Department of Agriculture found that as preindustrial CO₂ atmospheric levels increased to 1999 levels, the amount of pollen produced by ragweed doubled and the pollen was more potent. Moreover, a study published in *The Proceedings of the National Academy of Sciences* found that the length of ragweed season in various areas of the country increased by as much as 27 days between 1995 and 2009.

Dr. Fineman, president of the American College of Allergy, Asthma, and Immunology, notes that quite a few studies have linked thunderstorms to a greater incidence of asthma-related hospitalizations. "Thunderstorm asthma" is probably related to increased levels of pollen and particulate matter stirred up by the storms.

Keeping your windows shut and staying indoors on dry and windy days, when pollen is more likely to get blown around, will help if you're allergic to pollen. But staying inside on rainy or excessively humid days could help, too, if mold is what triggers your allergies. Though rain washes pollen away, "fungus and mold spores love the humidity." Dr. Fineman says "It's important to find out what's triggering your allergy...by visiting an allergist and getting a skin prick test, which is the most accurate way to diagnose an allergy."

Published online by Rodale *Where Health Meets Life*, March 2012

10. THE AFFECT OF YOGA ON ATRIAL FIBRILLATION

The practice of yoga has been shown to moderate arrhythmia. At the University of Kansas Medical School, individuals with atrial fibrillation were monitored for frequency of episodes of irregular heartbeat as well as their anxiety, depression, and quality of life. After three months of monitoring, the patients were switched to a yoga regimen for another three month period; this "Iyengar" yoga consisted of breathing exercises, relaxation, and the holding of poses.

Initial studies "found that yoga produced a significant improvement in both their arrhythmias and their emotional well-being." The researchers concluded that "*Yoga doesn't cure atrial fibrillation; it only makes it less burdensome.* You still need to take your medications and...you should check with your doctor first."

Source: *Consumer Reports on Health*, May 2012

11, QUICK QUERIES: A TRUE/FALSE QUIZ ON ABSTRACTS FROM THIS ISSUE

_____ Exercise should be "off limits" for most individuals with a chronic disease.

_____ Users of sleep inducers and users of tranquilizers are more likely cognitively impaired than non-users.

_____ The hottest bathwater most thoroughly moisturizes your skin.

_____ The higher the blood triglyceride level, the lower is the risk of cardiovascular disease.

Answers to #11: F, T, F, F