

## HEALTH AND WELLNESS NEWS ITEMS – March-April 2013

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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. GOOD THINGS ABOUT AGING

An article in the current *Consumer Reports on Health* highlights studies documenting that a number of aspects of living get better with age, even though aging is accompanied by a decline in cognitive skills. Statistically speaking, aging is accompanied by relief from stress, decreased rates of depression, and increased happiness, well-being, and wisdom.

Among the studies cited was a Gallup telephone survey of 340,000 Americans showing that people in their 70s and 80s were less troubled by anger, stress, and worry than adults in any other age group. Likewise encouraging for seniors was a study from the University of Michigan and the University of Texas that concluded that “people are wiser in their old age”; those over 65 outperformed younger participants in their ability to see other points of view, the uncertainty and limits of knowledge, and the possibilities for conflict resolution and compromise. The author concludes, “The brain clings to its experience-based knowledge well into old age. .... That’s one reason wisdom doesn’t seem to decline.”  
Source: *Consumer Reports on Health*, May 2013, Pgs. 1,4

### 2. FUTURE MEDICINE: CAN WE DETECT CANCER EARLIER?

“A fundamental strategy in the war against cancer is to catch it early.” This statement summarizes the intense approach to cancer research in the past and for the future. Unfortunately, some cancers remain difficult to detect even using the advances in high-tech imaging, tissue sampling, and surgical exploration.

A less invasive approach is to look for signs of cancer in the blood. Tumors shed, into the blood, small numbers of cancer cells and a larger amount of cellular protein and “debris” derived upon *in vivo* disruption of these cells. Attempts to detect cancer by detecting, in blood, cancer cells or their released proteins has yielded only modest success.

Only recently, has the cancer cellular “debris” been studied and shown to contain millions of saucer-shaped microvesicles in a drop of blood. A large number of such structures is an indication of cancer in the patient and the components associated with these vesicles can identify the origin of the cancer. A research group at Massachusetts General Hospital has developed a hand-held device that uses a nanotechnology sensor to detect and quantitate these vesicles in a drop of blood in two hours. They aim to have the device in doctors’ offices in three to five years to detect cancer and hopefully to assess very quickly the effectiveness of anti-cancer drugs for a given patient.

Source: *Harvard Health Letter*, February 2012, Pgs. 1, 7

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### 3. UNMASKING HIDDEN HYPERTENSION

Untreated high blood pressure markedly increases the risk of stroke and diseases of the heart, kidney, and eye. *White-coat hypertension, observed only in the doctor’s office*, and *sustained hypertension* are common diagnoses, but now a third variation of the condition has been identified- ***masked hypertension***. The name describes a condition in which normal blood pressure is observed by health care personnel, but undetected high pressure actually occurs other times throughout the day and night. The masked variation appears in

about 10% of the population, with higher incidence in males and type 2-diabetics.

However, by definition, masked hypertension remained difficult to identify. But now a simple test has been developed to detect this malady—a measurement of blood pressure immediately following 30-seconds of breath-holding. A significant increase in blood pressure following this procedure is characteristic of hypertension but needs to be confirmed by 24-hour ambulatory monitoring. Other indications for the need of ambulatory monitoring include type 2-diabetes, multiple risk factors for or indications of coronary disease or stroke, abnormal ocular blood vessels, and border-line-high in-office blood pressure.

Sources: *Consumer Reports on Health*, April 2013, Pg. 11  
*Blood Pressure*, December 2012.

#### **4. TOMATOES AND STROKE PROTECTION**

The brilliant red color in tomatoes is the result of the large amount of the carotenoid, lycopene. Earlier research indicated that this antioxidant may reduce the risk of cancer. Recently it has been observed that men with larger amounts of lycopene in their blood had a 55% lower chance of having a stroke. There is indication that this antioxidant may also reduce inflammation, decrease cholesterol levels, improve immune function, and prevent blood from clotting.

Sources of lycopene in foods include tomatoes (in many forms such as juice, sauce, paste, salsa, and catsup) watermelon, and pink or red grapefruit. A small amount of fat helps the body absorb the lycopene. Researchers caution against substituting lycopene supplements for lycopene-rich foods since a supplement may be the wrong form of lycopene and additional compounds in the foods may be necessary to help make the lycopene beneficial.

Source: *Harvard Health Letter*, February 2013, Pg. 4

#### **5. Z-PAK WARNINGS**

Warnings about the antibiotic azithromycin, familiar to many as Z-Pak, have been sounded once again. A recent study found a small increase in the death rate for people treated with the 5-day dose. Older patients are particularly at risk, especially those with heart problems, those with low levels of potassium or magnesium in their blood, and those taking medications to lengthen intervals between heart beats.

Antibiotics related to azithromycin (erythromycin and clarithromycin) had already been known to raise the risk of death. Antibiotics such as amoxicillin and ciprofloxacin have so far proven safer and can be effective in treating many bacterial infections.

Source: *New York Times*, 13 March 2013

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#### **6. BITTER PILL**

A feature report in a special edition of *Time* magazine builds the case that “outrageous pricing and egregious profits are destroying our health care”. The 40-page article, resulting from a seven-month investigation by journalist Steven Brill of the hidden costs in hospital bills, has set records for the number of sales of an issue of *Time* and for readership on-line.

Brill asks why we spend nearly 20% of our gross domestic product on health care, twice as much as most other developed countries, which get the same or better health outcomes? Why does America spend more on health care than the next ten highest-spending countries combined?

One answer that the author provides is that this \$2.8-trillion market is not a free market, but rather a seller’s market with buyers who have little knowledge and or ability to

negotiate. Hospitals and health providers offer services at prices that very often bear little relationship to costs; they charge what they want to and, since it is a life-and death issue, the buyer has to pay. Brill claims that about one-fourth of our bloated health care spending results from overpayments.

The article focuses on **chargemaster**, the “mysterious internal price list for products and services that every hospital in the U.S. keeps”. Whereas Medicare can pay hospitals only the approximate costs of care, the chargemaster may list outrageous costs; an acetaminophen pill, for example, may be subjected to a 10,000% markup for individuals who are not covered by a government program or insurance. Hospital spokespersons, point out that only a small percentage of patients are subjected to such enormous chargemaster pricing; but those who are may be driven to poverty. The article documents a number of such scenarios and describes an industry that has developed to negotiate dramatic reductions of hospital bills for patients.

Surprisingly, in health care, non-profit hospitals produce more profit than do for-profit hospitals. An analysis of all hospital financial reports found that “the 2,900 non-profit hospitals across the country, which are exempt from income taxes, actually end up averaging higher operating profit margins than the 1,000 for-profit hospitals after the for-profits’ income-tax obligations are deducted”.

What do non-profit health providers (including university hospitals) do with their large profits? They can’t distribute overage to shareholders since they have no shareholders. The article documents that the hospitals use the overage to (1) expand and improve facilities, (2) buy more equipment and expand services, (3) buy rival hospitals, and then, because their operations have gotten so much larger, (4) raise executive salaries to very high levels.

The last three pages of the article provide a surprising array of suggestions for correcting unsustainable health care spending by reducing the incentives for optimizing profits. The author then assesses the feasibility of bringing about such changes. The responsibility for participating in this assessment falls on each of us.

Source: *Time*, 4 March 2013, Pgs. 16-55

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## **7. BRAIN STIMULATION HELPS PARKINSON'S PATIENTS**

Advanced Parkinson’s disease patients who respond to drug therapy gain improvement in their symptoms and quality of life when they receive deep-brain electrical stimulation, according to recent studies. In one study, researchers tracked 251 patients with Parkinson’s for 2 years while they were treated with drug therapy with or without deep-brain stimulation from an implanted medical device. Quality of life improved significantly for those getting both treatments, while it worsened slightly for those given only drugs. Patients had a significantly greater improvement in being able to take care of themselves, their emotional well-being, and cognition as compared to results from previous studies involving patients with more advanced disease. It was noted that serious side effects occurred in 54.8% of the patients in the neurostimulation group and in 44.1% of those in the medical-therapy only group.

About 1.5 million people in the U.S. have Parkinson’s, according to the Parkinson’s Disease Foundation. An editorial accompanying the study stated that the number is expected to double by 2030 because of the aging population. People with Parkinson’s gradually lose neurons that synthesize the brain chemical dopamine. Early-stage patients now are treated with drugs designed to increase dopamine in the brain. The drugs typically

lose their benefits after several years and can also trigger serious side effects. That is when deep-brain stimulation might be employed.

Sources: *New England Journal of Medicine*, 368, 14 February, 2013, Pgs. 610-622

*Harvard Health Letter*, October 2012, Pg. 3

**8. QUICK QUERIES: A TRUE/FALSE QUIZ ON ABSTRACTS FROM THIS ISSUE**

\_\_\_\_ Statistically speaking, seniors outperform younger individuals in the ability to see other points of view.

\_\_\_\_ Analysis of blood has great potential for the detection and identification of tumors in various organs of the body.

\_\_\_\_ *Masked hypertension*, like *white-coat hypertension*, is a completely benign condition.

\_\_\_\_ Lycopene is a colorless antioxidant present in vegetables.

\_\_\_\_ Z-pak is prescribed for older adults with sleep disorders.

\_\_\_\_ Non-profit hospitals are prohibited by law from making profits.

Answers to #8: T, T, F, F, F, F