

HEALTH AND WELLNESS NEWS ITEMS – December 2014

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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. IS SITTING THE NEW SMOKING?

Sitting is being compared to smoking to emphasize the dangers of too much immobility. But is that really an exaggeration or is sitting really that bad? After all, smoking is known to increase lung disease and cancer greatly and to increase heart disease and stroke by two to four times.

Over the past 15 years, evidence has accumulated that sitting is indeed a serious health risk factor. For example, researchers reported that adults who watched TV more than seven hours a day had a 68% greater risk of dying during an 8.5-year study than those who watched less than one hour a day, even when other risk factors were considered.

Surprisingly, a lot of sitting appears to be just as harmful to those who are generally healthy and not overweight as it is to those who are generally unfit and overweight. Sitting too much can largely negate many of the health benefits of moderate exercise. "While daily exercise is important for health and maintaining independence, you also need to be mindful of your sitting."

Preliminary studies have revealed that thirty-four chronic conditions and illnesses are associated with excess sitting. In a recent four-year study, adults who watched TV more than four hours a day were compared with those who watched less than two hours a day; the more frequent watchers had a 52% higher mortality rate and suffered a cardiovascular event twice as often.

A number of studies relate sitting with cancer; each two-hour-a-day increase in sitting time increases by 6 to 10 percent the occurrence of colon, endometrial, and lung cancer. These associations remain largely unchanged when statistically adjusted for smoking and obesity.

Muscles are very metabolically active when in use, soaking up blood sugar and blood fats. After a meal, blood sugar begins to spike in 20-30 minutes. Walking or just being on your feet during this time activates your largest muscles to take in more blood sugar, blunting the after-meal spike.

Find ways to reduce sitting time and to break up long stretches of sitting--

- *Get up during commercials
- *Pace while you are thinking
- *Walk while you are on the phone
- *Get up to throw things away
- *Get a small wastebasket and take the trash out more often.

Source: www.HealthLetter.MayoClinic.com, October 2014, Pgs. 4,5

2. A MORE EFFECTIVE PNEUMONIA VACCINE IS ON THE HORIZON

An estimated 900,000 people in the U.S. get pneumonia each year and 5,000 succumb from the infection.

A pneumonia vaccine, PCV13, has performed well in a trial with 85,000 older adults. Its effectiveness has led the Advisory Committee on Immunization Practices (ACIP) to recommend to the CDC that this vaccine be administered to all adults over 65 years. For those over 65 years, the ACIP also recommends the administration of vaccine PPSV23, the vaccine currently recommended for that age group. The two vaccines work in different ways to provide maximum protection. Check with your health provider to learn in what sequence the vaccines should be administered and whether they will be covered by your insurance.

The CDC might be expected to address this recommendation promptly. The recommendations would be scheduled for re-evaluation in 2018.

Sources: *CDC Morbidity and Mortality Weekly Report*, 63 (37) 19 September 2014, Pgs. 822-825

In Touch, Stein Hospital's Newsletter, November-December 2014

3. DIAGNOSING GLUTEN INTOLERANCE

Non-celiac gluten sensitivity is diagnosed by excluding related disorders as there are no definitive criteria nor reliable lab tests with which to make the diagnosis.

It is necessary to distinguish it from celiac disease, an autoimmune disorder that can damage the small intestine and lead to life-threatening complications. Even though the diagnosis might be suggested by a trial elimination of gluten, it is important for symptomatic patients to undergo tests to rule out celiac disease because of the long-term health risks it poses and to discover genetic links that can alert other family members.

Gluten intolerance can also be confused with wheat allergy or with irritable bowel syndrome. Wheat allergy, which can be ascertained with skin tests, may be treatable with desensitization without the need for the personal and social difficulties of a life-long gluten-free diet. An Australian study of patients with suspected non-celiac gluten sensitivity showed further variability in causes of familiar symptoms; many patients, who experienced an easing of gastrointestinal symptoms when placed on a diet that excluded carbohydrates high in gas-promoting components, remained free of these symptoms even when gluten was reintroduced.

The uncertainty of the causes of symptoms extends to the general population as well. A 2013 report stated that 1 out of every 3 U.S. adults was trying to cut back on or eliminate gluten consumption. Careful studies estimate the incidence to actually be between 1 and 6% of the population having some degree of sensitivity to the gluten of wheat, barley, and rye. Sometimes promoted as a weight-loss strategy, a gluten-free diet might actually cause weight gain because manufacturers will add fat and sugar to gluten-free foods to compensate for the lost taste of gluten.

For those who have non-celiac gluten sensitivity, a gluten-free diet will likely entail lower consumption of fiber and some vitamins, such as the B vitamins, so it is important that these people take a multivitamin and get good dietary counsel.

Sources: *Gastroenterology*, 2013

America College of Physicians Internist (on-line), 9 September 2014

4. GOOD NEWS ABOUT CARDIOVASCULAR DISEASE!

The dramatic reduction in rates of cardiovascular disease in the U.S. in the decades since 1980 has continued this past decade. Hospitalization for heart attacks dropped 38% between 1999 and 2011, deaths following such hospitalizations fell 23%, and big improvements were also found for heart failure, ischemic strokes, and unstable angina. Moreover during each of the past two decades, first-time strokes dropped 24% and deaths from strokes dropped 20%. These reductions have been attributed to better control of blood pressure, increased use of statins, declines in smoking, and better medical treatment.

Source: *University of California, Berkeley Wellness Letter*, 31 (2), November 2014, Pg. 1

5. UNNECESSARY CANCER SCREENING OF ELDERLY PATIENTS

Substantial proportions of patients with limited life expectancy are receiving prostate, breast, cervical, and colorectal cancer screenings that are unlikely to benefit them, a recent study found.

The study looked at 27,404 participants age 65 and over in the National Health Interview Survey, from 2000 through 2010. Participants were grouped by their risk for mortality within 9 years: low (<25%), intermediate (25-49%), high (50-74%) and very high (≥75%). Participants with very high mortality risk had been recently screened for at least 1 of the studied cancers. Prostate screening was the most common in men and cervical screening was most common in women.

These results suggest that over-screening is common in both older men and women, which not only increases health care expenditure but can lead to patient harm. There is increasing recognition that life expectancy, rather than just age, is important to determining the appropriateness of screening. However, life expectancy is difficult to calculate and to communicate to patients. Defensive medicine may also have contributed to the overuse of screening.

(Editor's note: This study is in line with Kendal's philosophy of the practice of Thoughtful Medicine.)

Source: *JAMA Intern Med*, 174 (10), October 2014, Pgs. 1558-1565

6. TREATING SHOULDER PAIN AND DISABILITY

Both physical therapy and corticosteroid injections into the shoulder provide significant improvement in pain and function for patients with common shoulder disorders such as rotator cuff problems and shoulder bursitis. One hundred four patients between the ages of 18 and 65 received either 6 sessions of physical therapy over a 3-week period or 1, 2, or 3 injections during a 1-year period. A variety of physical therapy modalities were employed and home exercises were prescribed to reinforce clinical interventions.

Both groups experienced about a 50% improvement in the Shoulder Pain and Disability Index score, maintained through 1 year. Patients receiving injections visited their primary care clinician more often. The authors concluded that patients in both groups experienced significant improvement in pain and function, but the physical therapy patients used less shoulder-related health care resources than the injections group.

An editorial noted, in choosing a management plan, clinicians should consider patient preference, availability of practitioners, and other health care use.

Sources: *InternistWeekly*, 5 August, 2014

Annals of Internal Medicine, 5 August 2014

7. IF YOU TAKE THIS, DON'T EAT THAT

Some common foods don't mix well with some common medications.

Large amounts of bananas, oranges, green leafy vegetables, and other high potassium foods should be avoided with ACE inhibitor meds (whose generic names end with "-pril"), and with potassium-sparing diuretics. These interactions may cause dangerously high levels of potassium that can lead to serious heart rhythm problems.

Eat a normal, balanced diet with a steady amount of green leafy vegetables while you are taking the blood thinner, Coumadin. The medication will be adjusted to take into account the vitamin K in these foods. Kale is especially high in this vitamin.

Don't eat food containing black licorice when taking Lanoxin (digoxin). A component of licorice and this heart medication together can cause life-threatening conditions. Licorice also interferes with a wide range of other prescription and over-the-counter medicines. In contrast with licorice "extract", licorice "flavoring" is not a problem.

Dairy products will interfere with the absorption of tetracycline antibiotics. Make sure you take the medicine one hour before or two hours after eating these calcium-rich foods.

Walnuts, soybean, cottonseed products, and high-fiber foods can interfere with the absorption of the thyroid medication levothyroxine, requiring an adjustment of the dosage.

Limit grapefruit to a moderate amount as large amounts increase the blood level of some cholesterol-lowering drugs (Lipitor, Mevacor, and Zocor, but not Crestor), increasing the risk of side effects.

The magnitude of the drug interaction depends on the amount of the listed foods consumed and, in some cases, the timing of when the food is eaten in relation to taking the drug. Check with your pharmacist or healthcare provider for specific recommendations.

Source: *Consumer Reports ShopSmart*, December 2013

8. END 2014 ON A HEALTHY NOTE

Among the simple things that *Consumer Reports on Health* suggests that you can do to improve your health and wellness is the "Overhaul of Your Medicine Cabinet!"

The author suggests that you dispose of all medications that are more than a year past their expiration date. The one exception would be tetracycline antibiotics; they should be thrown out on or before their expiration date because of toxicity considerations. Instead of flushing or tossing out old medications, first see if your local pharmacy will dispose of them for you. If not, see if the online resources, disposemy meds.org or sharpsinc.com/locations, can help you find a disposal location. As a last resort, throw the drugs into your trash after mixing them with cat litter, coffee grounds, or sawdust. Be sure to remove identifying information from the bottles to protect your privacy. Finally, store those meds that you are keeping in a place away from heat and moisture, until they too need disposal.

For further tips on ending 2014 on a healthy note, read (on Reference Shelf in the Kendal Library) the article's admonitions to "Make Over Your Fridge" and "Get the Screening Tests You Need."

Source: *Consumer Reports on Health*, December 2014, Pgs. 1,4,5

