

HEALTH AND WELLNESS NEWS ITEMS – February 2015

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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. MEDICATION MISCONCEPTIONS

Older adults are more likely than younger ones to be taking multiple medications and finding it challenging to keep them organized. Those realities, plus the fact that aging can alter the effectiveness and side effects of drugs, increases the probability of drug side effects and interactions between drugs. The Mayo Clinic provides the following list of myths about drugs and the facts to correct these misconceptions.

Myth 1- If a drug works well at a certain dose, taking more will have a better effect.

Fact- With many drugs, the benefits do not increase after a certain dosage, but the risks of side effects or toxicity do increase. Tylenol is a case in point.

Myth 2- If a drug has not caused side effects in the past, a new side effect is not due to that drug.

Fact- Aging of your body is expected to result in changes in weight, ratio of muscle to fat, digestion, circulation, and organ functions. Such changes affect the metabolism, circulation, and excretion of drugs, thus changing the effectiveness and side effects of drugs.

Myth 3- My doctor never told me when to stop taking the drug, so I should just keep taking it.

Fact- Communication about drugs can get lost. When you are prescribed a drug, ask your doctor how long you should take it. In addition, once a year ask your doctor or pharmacist if you should be discontinuing any drugs.

Myth 4- It is easy to distinguish between the side effect of a drug and a symptom of a medical condition.

Fact- Drug side effects are often mistaken for diseases or simply attributed to “getting older”; weakness, drowsiness, anxiety, or memory loss could be drug side effects. Drug side effects may also worsen symptoms of medical conditions. Drugs that are poorly tolerated by older adults include tricyclic antidepressant drugs, certain antihistamines, nausea medications, muscle relaxants, and drugs for incontinence.

Source: www.HealthLetter.MayoClinic.com, December 2014, Pg.7

2. TO HEAR OR NOT TO HEAR- THAT IS THE QUESTION

One of the probabilities of aging is loss of hearing. An estimated 1 in 3 people 65 years and older suffer this decline and this rises to 1 in 2 after 75 years. The problem is that hearing loss can have a major impact on relationships, mood, and memory. If it further affects a person's ability to manage daily activities, hearing loss can lead to anxiety, depression, and even cognitive problems.

A Norwegian study involving more than 50,000 subjects showed significant associations between hearing loss and mental health. A 2014 study indicated an association between hearing decline and depression. Another study followed 2000 volunteers for six years and found significantly higher rates of cognitive decline in the group who experienced hearing loss at the onset of the study. Scientists at Johns Hopkins University found that hearing loss is associated with accelerated brain shrinkage as people age. Brain regions in the temporal lobe that control memory were especially affected.

Every person has a certain genetic disposition for hearing loss, but various chronic diseases, including heart and kidney disease, can also degrade hearing. Hearing loss is twice as common in people with diabetes, possibly caused by the damage it does to small blood vessels in the inner ear.

One of the most preventable causes is exposure to loud noises. High-risk events include explosions, playing loud music, using headphones or ear-buds, or attending loud concerts or sporting events. The sound volume of normal conversation averages 60 decibels. Hearing loss can result from noises louder than 85 decibels, e.g., city traffic (85 decibels), a digital audio player at high volume (100 decibels), or a police siren (120 decibels). The duration of exposure and distance from the sound will determine the level of risk.

The bottom line- medical help is available and there are strategies that can also help deal with hearing loss. Early detection and early treatment are vitally important. They can have a major impact on how you live and help to optimize the health of your mind.

Source: Dr. Gary Small's *Mind Health Report*, 6 (13), November 2014

3. BRINING MEAT INCREASES ITS SALT CONTENT

Not surprisingly, brining (soaking in a salt and sugar solution) increases the salt content of the meat. Brining has become popular because it makes meat more moist and flavorful. The salt carries moisture into the meat making it more tender. A small amount of sugar (or honey or molasses) penetrates the meat and masks the saltiness without making the meat taste sweet. The amount of sodium that enters the meat depends on the brine solution, the time of soaking, and the type and quality of the meat. The article quotes an example with chicken. Chicken is naturally very low in sodium (<80 mg/4 oz); after brining there were 420 mg/4 oz.

Source: *Univ. of California, Berkeley Wellness Letter*, 31 (2), November 2014, Pg. 7

4. DRIVING WHILE OLDER

Motor vehicle injuries are the second leading cause of injury-related deaths among older adults. Actually, most older drivers are safe drivers and are less likely than younger people to drive recklessly, at high speeds, or under the influence of alcohol. However, adults over 80 years have higher rates of fatality and injury in motor vehicle crashes per million miles driven than any other age group except for teenagers. Safety screening should be done on older drivers, especially those with high-risk medical conditions, including: dementia (such as Alzheimer's disease), Parkinson's disease, fainting, cardiac arrhythmias, epilepsy, and patients with an implanted cardioverter-defibrillator.

Driving evaluations are best done by a certified driver rehabilitation specialist (CDRS). A CDRS will also offer the patient or caregiver information on local resources for transportation alternatives. A list of local CDRSs can be found on the Association for Driver Rehabilitation Specialists website, www.aded.net. The evaluation typically involves an assessment of the driver's knowledge of traffic signs and laws, a cognitive assessment, and possibly a simulation and/or an on-road driving evaluation. Medicare coverage of evaluation depends on diagnosis and the state Medicare carrier.

Source: *Cleveland Clinic Journal of Medicine*, 82(1), January 2015, Pgs. 22-25

5. THE WHOLE TRUTH ABOUT COFFEE

Consumer Reports on Health asks "Should you savor every drop or try to cut down? Here's what we know right now."

It may lengthen your life. A decade-long study of 300,000 adults (age 50 to 71) found that those who drank at least one cup of coffee per day had a lower risk of dying from diabetes, heart disease, or other health problems. Since decaf drinkers had the same lowered risk, the authors ascribed the benefit to the large amount of antioxidants and not to caffeine.

It may make you happier. A decade-long study of caffeinated coffee drinkers found that women who drank four or more cups per day lowered the risk of depression by 20% relative to nondrinkers. In another study, adults who drank two to four cups per day were half as likely to attempt suicide as decaf drinkers or abstainers. The researchers speculated that coffee drinking may boost the production of "feel good" hormones including dopamine.

Moderate your happiness. On the other hand, caffeine stimulates the central nervous system, heart, and muscles and, especially in seniors, may cause insomnia, irritability, and restlessness. Residents on certain medications and those with anxiety disorder, irritable bowel syndrome, heart disease, or acid reflux should consume caffeinated coffee with special care. Moreover, further research is needed to assess the potential dangers of acrylamide, a carcinogen present in coffee, and cafestol, a compound in coffee grounds that increases blood "bad cholesterol".

Source: *Consumer Reports on Health*, December 2014, Pg. 8

6. **NEW COLON CANCER TEST TO BE AVAILABLE SOON**

The FDA has approved a new and less invasive screening procedure for the detection of colorectal cancer. A new stool DNA test (Cologuard) looks both for hidden colon bleeding and for genetic changes associated with colorectal cancer. This simpler, but equally accurate, screening procedure will provide an alternative to colonoscopy for the detection of the earliest stages of colorectal cancer.

Researchers analyzed the stool samples of 10,000 adults who were at average risk of colorectal cancer and scheduled to undergo colonoscopy. Cologuard detected 94% of the earliest and most curable stages of the cancer, a detection rate comparable to that of colonoscopy and much higher than the 70% rate detected with the currently used fecal immunochemical test (FIT). In addition, Cologuard detected 70% of polyps at greatest risk of progressing to cancer; FIT detected only 45%.

The new test is carried out on stool samples collected at home. It is hoped that this more user-friendly procedure will encourage increased screening participation and will become a first-line test to identify those individuals who are candidates for colonoscopy in order to confirm the diagnosis and move toward treatment.

Source: www.HealthLetter.MayoClinic.com, October, 2014, Pg. 4

7. **SHALL WE DANCE?**

The *Berkeley Wellness Letter* proclaims "Dancing provides physical, psychological, and social benefits galore, so put on your dancing shoes and follow along."

A large number of studies, reviews of the literature, and meta-analyses conclude that dancing can:

- *Improve heart and blood vessel function;
- *Improve balance, gait, walking speed, and fine motor ability;
- *Improve cognitive performance;
- *Reduce depression, anxiety, and stress;
- *Boost self-esteem, body image, and overall sense of well-being;
- *Benefit people with cancer, heart disease, Parkinson's and arthritis;
- *Provide quality time to be with a partner or meet new people.

Other forms of exercise can have many of the same benefits, but dancing is more appealing to some and encourages them to stick with it. There are innumerable types of dance opportunities differing in intensity, difficulty, and whether or not you choose to dance alone, with a partner, or in a group. Some classes join dance with other fitness programs.

"Dance is a form of exercise in which movement, social interaction, and fun are mixed together."

Source: *Univ. of California, Berkeley Wellness Letter*, 31 (2), November 2014, Pg. 6