

HEALTH AND WELLNESS NEWS ITEMS – July 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. THE PUBLIC HEALTH CRISIS HIDING IN OUR FOOD

"Hypertension afflicts 67 million Americans, including nearly two-thirds of people over age 60. But it isn't an inevitable part of the aging process. It's better to think of it as chronic sodium intoxication. And, as an important new study from Britain shows, there's a way to prevent the problem". A lifetime of consuming too much sodium raises blood pressure, and high blood pressure triggers strokes and heart attacks. Excess sodium is estimated by experts to kill between 40,000 and 90,000 Americans a year.

The average American consumes 3,300 mg of sodium a day which far exceeds the recommended less than 2,300 mg; less than 1,500 mg is recommended for those of us who are over age 50, are Black Americans, or have hypertension, diabetes, or kidney disease. Nearly 80% of the sodium that Americans eat comes in packaged or restaurant food. The only way to address this epidemic of hypertension and its medical consequences is for food companies and restaurants "to stop loading up their food with so much sodium." For decades, health experts have been making such requests, but the requests have remained unheeded.

Studies have shown that when salt levels in foods are gradually reduced, preference for salt also shifts down and the reduction goes unnoticed. The Food Standards Agency in Britain requested that the country's food companies aim to meet salt-reduction targets for each food category. As a result, sodium consumption dropped by 15% from 2001 to 2011. Over this period, the average blood pressure in Britain dropped substantially, accompanied by a 40% decline in deaths from heart attacks and a 42% decline in deaths from strokes; these dramatic results parallel findings from Finland and Japan in earlier decades.

In the U.S., the F.D.A. is developing a comparable national initiative to encourage companies to voluntarily and gradually reduce salt in their products. Unfortunately, the food industry is fighting the initiative, and the plan is stalled. On the bright side, the New York City Health Department has made some progress using the British initiative as a model. Health departments and national organizations (including the American Medical Association, the American Heart Association, the American College of Cardiology, and Consumers Union) have joined together to enlist 21 food companies (including Kraft, Subway, and Mars) in an effort to cut sodium in common products. Stay tuned!

Source: *The New York Times*, 21 April, 2014

2. **MEMORY LOSS: WHEN TO WORRY AND WHEN NOT TO WORRY**

According to *Consumer Reports on Health*, "Being forgetful from time to time is a normal part of life, not just aging. But what's normal, and what isn't?" The newsletter provides the following examples:

What's normal: Occasionally forgetting names and remembering later

What's not: Forgetting names of close friends; being unaware of forgetfulness

What's normal: Having trouble finding the right word

What's not: Forgetting common words

What's normal: Occasionally forgetting where you are going

What's not: Getting lost in your neighborhood

What's normal: Sometimes misplacing things

What's not: Putting objects in unusual places (such as keys in the freezer)

What's normal: Occasional moodiness or irritation

What's not: Rapid mood swings; increasingly suspicious or fearful

Sources: *Consumer Reports on Health*, May 2014, Pg. 5

Alzheimer's Association web address: alz.org

3. **SUNSCREENS: SOME SKIN-SAVING FACTS**

A recent *Consumer Reports* survey shows that the majority of those over 60 say that they usually skip sunscreen. Thus it is not surprising that the incidence of skin cancer has reached alarming numbers. "Knowing the facts can save your birthday suit—and possibly your life."

You are never too old to start using sunscreen. With age, your body begins to lose its ability to repair cell damage caused by sunlight and your immune system loses its ability to halt the growth of skin cancers. Moreover, medication such as antibiotics, antidepressants, diuretics, NSAIDs, and statins increase sun sensitivity and the risk of skin cancer.

A little dab of sunscreen is not sufficient—you should apply about two tablespoons to cover face and body. For prolonged sun exposure, reapply every two hours—activity and sweating remove sunscreen from the skin. Sunscreen in lotions and sprays are both effective, but remember that the sprays are flammable and should not be inhaled.

In addition to using protective sunscreen, cancer researchers advise:

- *wearing clothing made from tightly woven fabric and a hat,
- *avoiding direct sunlight between 10:00 am and 4:00 pm, and
- *eating a diet rich in antioxidants and essential fatty acids (such as olive oil, citrus fruits, dark leafy greens, eggs, and green tea).

Source: *The Consumer Reports*, July, 2014, Pgs 6-7

4. **TOO HOT TO HANDLE**

"Hot weather kills more Americans than all other natural disasters" trumpets a *New York Times* columnist. During the hot days of summer, this public health issue needs to be taken seriously. **Heatstroke** can cause permanent damage to the brain, muscles, kidneys and other organs and, without prompt and adequate treatment, it can be fatal.

Typical symptoms of heatstroke:

- *Body temperature of 104° F (40° C) or higher being the main sign;
- *Altered mental state or behavior- from confusion to coma;
- *Alteration in sweating- skin will feel hot and dry unless the heatstroke was brought on by strenuous exercise, in which case, the skin may feel moist;
- *Other symptoms may include nausea, vomiting, flushed skin, rapid breathing, racing heart rate, and headache.

What to do immediately if a person is experiencing heatstroke:

- *Seek medical help for the overheated person- **call 911 or 775-9800.**
- *While waiting for emergency treatment: get the overheated person into shade or indoors; remove excess clothing; fan; place ice packs or cold, wet towels on the person's head, neck, armpits, and groin.

Risk factors that increase the possibility of heatstroke:

- *Age-- after 65, the central nervous system begins to deteriorate and the body is less able to cope with changes in body temperature;
- *Exertion in hot weather;
- *Sudden exposure to hot weather--allow yourself time to acclimate to hotter weather;
- *Medications such as blood vessel constrictors, blood pressure regulators, diuretics, antidepressants, and antipsychotics;
- *Health conditions such as heart disease, lung disease, obesity, sedentary behavior, and a history of previous heatstroke.

Heatstroke prevention: During hot weather wear loose-fitting, lightweight clothing; protect against sunburn; drink plenty of fluids; take extra precautions if you are on the types of medications listed above; take it easy during the hottest parts of the day; allow time to get acclimated.

Heat exhaustion is a less serious condition than heatstroke, but can be a precursor of heatstroke. Many of the symptoms are similar to those listed above for heatstroke. Distinguishing symptoms of heat exhaustion are: normal or only slightly elevated body temperature; cool, moist, pale skin; sweating; weakness, fatigue, and muscle cramps.

Be alert for heat related symptoms in yourself and those around you during prolonged hot weather!

Sources: Mayo Clinic Patient Care and Health website
University of Texas Health Services website
New York Times, 24 June 2014

5. NEW GUIDELINES FOR PREVENTING CARDIOVASCULAR DISEASE (CVD)

The American Heart Association and the American College of Cardiology have issued new cardiovascular disease prevention guidelines on cholesterol treatment, lifestyle management, management of overweight and obesity, and cardiovascular risk assessment.

The CVD guidelines on **cholesterol treatment** substantially change the recommendations for the use of statins (cholesterol lowering drugs), moving away from specific cholesterol targets and likely increasing the number of patients taking the drugs. Moderate- or high-intensity statin therapy is recommended for patients who have one or more of the following:

- *clinical CVD;
- *LDL cholesterol level of 190 mg/dL or higher;
- *LDL cholesterol level of 70 to 189 mg/d, age 40 to 75, and diabetes;
- *LDL cholesterol level of 70 to 189 mg/d, age 40 to 75, and a higher risk of CVD determined by a calculator (see below).

In a related review, the authors state that available published evidence does not seem to support a link between statins and cognitive impairment, despite an FDA warning to that effect.

The guidelines focusing on **lifestyle management** strongly recommend a heart-healthy dietary pattern as the first step to lower risk of CVD. Specifically, Americans should:

- *limit saturated fat, trans fat, and sodium
- *emphasize fruits, vegetables and whole grains
- *include low-fat dairy products, poultry, fish, and nuts
- *limit red meat, sweets, and sugar-sweetened beverages
- *average 40 minutes of aerobic exercise 3 to 4 times a week.

The guidelines for managing **overweight and obesity** focused on using a team-based approach to treatment and on recommending weight-loss strategies based on body mass index measurements. Diet and exercise still constitute the best treatment options.

The guidelines for **assessment of risk** introduced a **calculator** to assess personal risk and to set the stage for discussion with a healthcare provider. It included risk of stroke and specific factors for African-Americans for the first time.

Sources: Websites of the ACC and the AHA, 12 November 2013
Circulation, 12 Nov 2013

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

- _____ When salt level in foods is gradually reduced, salt preference shifts down with declines in blood pressure, heart attacks, & strokes.
- _____ Age, summer sunlight, and certain medications are risk factors for both skin cancer and heatstroke.

Answers: T,T