

## HEALTH AND WELLNESS NEWS ITEMS – May 2014

Abstracted and produced at Kendal at Oberlin by Don Hultquist & Don Parker (co-editors), Nancy Hultquist (producer), Nancy Beauchamp, Jerry Berner, Pam Lenz, Paul Spierling, and May Zitani.

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

### 1. **MULTIVITAMINS: TO TAKE OR NOT TO TAKE? THAT IS THE QUESTION**

Two recent review articles in the prestigious *Annals of Internal Medicine* conclude that studies fail to show health benefits from multivitamins. Meanwhile, the influential U.S. Preventative Health Services Task Force concludes that it still cannot recommend for – or against – taking multivitamins. Where does this leave us?

**On the negative side-** The weight of the evidence suggests that multivitamins provide little or no benefit for most well-nourished people, who ironically are the ones most likely to take them. Few Americans have vitamin deficiencies. Moreover, high doses of some nutrients, including calcium, beta carotene, vitamins A and E, iron, zinc, selenium, and copper, are considered dangerous. Large, well-designed clinical trials in both the U.S. and France found that taking nutritional doses of multivitamins for many years had no effect on the risk of cardiovascular disease and only a very slight reduction in cancer risk. In none of the studies was there a reduction in the mortality rate. Accompanying the *Annals of Internal Medicine* articles is an editorial titled “Enough is enough. Stop wasting money on vitamins or mineral supplements.” Also to be considered, is the danger of supplement/drug interactions.

**On the positive side-** Most supplement preparations have not shown any harm and need not cost more than a few cents a day. It is a fact that most observational studies have found that people who take vitamin and mineral supplements tend to be at lower risk for a variety of diseases. This does not prove cause and effect, however, because most people who take supplements tend to be more health conscious in general.

There is no doubt that nutritional supplementation with specific vitamins helps those with special needs. Included in this heterogeneous group are (a) those individuals with a specific vitamin deficiency, (b) pregnant women, (c) breast-feeding women, (d) strict vegetarians, and (e) people on prolonged weight-loss diets. In addition to nutritional benefits, some individual vitamins, at doses higher than nutritional doses, have been successfully used as therapeutic agents; such special targeted therapy needs to be carried out under a physician’s guidance.

**How about older adults?** There remains a question of the benefit of multivitamin supplementation in older people in general. People over age 65 may benefit because they have a harder time absorbing or utilizing certain nutrients and in addition, may be on medications, such as those for reflux disease, that block absorption of some nutrients. Some older adults have decreased appetites and eat less and thus get fewer nutrients; vitamin B12 and magnesium are among the nutrients that may be deficient in older adults.

**To take or not to take?** There may be little benefit for many of us, but we have to decide for ourselves.

Source: *Berkeley Wellness Letter*, 30, May 2014, Pgs. 1-2

Health and Wellness News Items, 5/14, Pg. 1

### 2. **IS EXERCISE FUN OR IS IT JUST WORK?**

Researchers at Leiden University Medical Center in the Netherlands have addressed that issue by answering the question, “If an exercise wheel sits in a forest, will mice run on it?” To their surprise and pleasure, the answer is “Yes!”

Behavior scientists have long observed the willingness of laboratory animals to run on exercise wheels. However, animal welfare committees at universities have wondered

whether the animals “were really enjoying wheel-running ... or were instead like bears pacing in a cage stressed and neurotic. Would they run on a wheel if they were free?”

Exercise wheels were placed outdoors and the wheels were monitored with motion detectors and automatic video cameras. Several years and 12,000 snippets of video later, the results are in—“Mice came to the wheels like human beings to a health club holding a spring membership sale. They made the wheels spin. They hopped on, hopped off and hopped back on.” Mice spent between 1 and 18 minutes on the wheel. They ran, never walking slowly. One of the researcher concludes that “there is an intrinsic motivation for organisms to be active”.

One expert in this field of study observed, “It’s not a surprise. All you have to do is watch a bunch of little kids in a playground or a park. They run and run and run.” But she added, “Rats that do not like to run can be bred. And plenty of people do all they can to avoid jogging, cycling, and elliptical machines.”

Sources: *The New York Times*, 20 May, 2014

*Proceedings of the Royal Society B*, 281 (1786), 21 May, 2014

### 3. **DEMENTIA IN THE ELDERLY**

Dementia is commonly encountered in the elderly, with prevalence increasing with age. Although Alzheimer’s disease is the most recognized form of dementia, other types have distinct clinical features and are often overlooked. Proper identification aids patients, caregivers, and physicians in planning and management.

Dementia refers to cognitive impairment severe enough to interfere with the ability to independently perform activities of daily living. It can occur at any age but is most common after age 60. Some studies estimate that 14% of people over age 70 have some form of dementia. The prevalence increases with age, ranging from 5% at age 70 - 79 to 37% at age 90 and older. Alzheimer’s disease accounts for about 70% of cases, or an estimated 4.7 million people age 65 and older in the United States, a number anticipated to climb to 13.8 million by 2050. Other types of dementia are less often considered and are challenging to recognize, although many have distinct characteristics. As an example of the variability of the causes of dementia, seven other pathological conditions are cited in this review.

Vascular dementia presents as a sudden, stepwise progression of cognitive deficits; Lewy body dementia often involves prominent visual hallucinations; progressive supranuclear palsy starts with gait and balance problems caused by downward-gaze palsy; a number of dementias are associated with parkinsonism, including Parkinson’s disease; corticobasal degeneration involves markedly asymmetric parkinsonism; frontotemporal dementia involves dramatic behavior changes; and patients with rapidly progressive dementia should also be evaluated for a treatable condition such as antibody-mediated encephalitis.

Source: *Cleveland Clinic Journal of Medicine*, 81, April 2014, Pgs. 243-254

Health and Wellness News Items, 5/14, Pg 2

### 4. **CARE TRANSITIONS AND OUTCOMES**

Transitions of care—when patients move from one health care facility to another or back home—often result in adverse effects for patients when the transitions are poorly executed. Failed transitions can lead to hospital readmission. For example, in the past decade one in five Medicare patients was rehospitalized within 30 days of discharge from the hospital, and up to 25% were rehospitalized after being discharged to a skilled nursing facility. Reasons for failure include ineffective patient and caregiver education, discharge summaries that are incomplete or not communicated to the patient at the next care setting, lack of follow-up with primary care providers, and poor patient social support.

To remedy the problems some hospitals have introduced programs that are achieving reductions in hospital readmission rates and emergency department visits. These successful programs use improved communication among health care providers, better patient and caregiver education, and coordination of social and health care services. The Affordable Care Act is promoting such strategies by imposing financial penalties for excess readmissions.

Some readmissions are unavoidable, resulting from the inevitable progression of disease or worsening of chronic conditions. Gaps in coordination are not surprising, given the complexity of the U.S. health care system and the often remarkable number of physicians caring for an individual patient. However, most adverse drug events after hospital discharge result directly from breakdown in communication between hospital staff and patients or primary care physicians. Approximately 40% of patients have test results pending at the time of discharge and 10% of these require some action; yet outpatient physicians and patients are often unaware of them. Too often, patients are discharged with inadequate understanding of their medical condition, self-care plan, and who should manage their care.

GRACE<sup>1</sup> and INTERACT<sup>2</sup> are two of the many programs that successfully reduce readmission rates. In the GRACE model, each patient is assigned a support team consisting of a nurse practitioner and a social worker. In one study, GRACE reduced hospital readmission rates for participants at high risk of hospitalization by 12% in the first year of the program and 44% in the second year. Participants also reported higher quality of life compared with the control group.

In the INTERACT model, visitors to its website can download a set of tools and strategies to help them manage conditions before they become serious enough to require a hospital transfer. The tools assist in promoting important communication among providers and in enhancing advance-care planning. A 6-month study of the INTERACT model in 25 nursing homes showed a 17% reduction in self-reported hospital admissions compared with the same period the previous year.

The authors caution that successful improvement of care transitions uniformly across the country will be very difficult to achieve, and there is no proof that the models will work on a large scale.

*Source: Cleveland Clinic Journal of Medicine, May 2014, 81 (5), Pgs. 312-320*

---

<sup>1</sup> Geriatric Resources for Assessment and Care of Elders

<sup>2</sup> Interventions to Reduce Acute Care Transfers

## 5. SHOULD SO MANY WOMEN BE TAKING STATINS?

Changes in medical guidelines issued late in 2013 are expected to dramatically increase the number of Americans who will be told to take statins in order to lower their cholesterol levels. However, a small but increasingly vocal group of cardiologists believes that's a mistake.

These cardiologists claim that too many **healthy women** are taking statins as evidenced by some research that indicates that these drugs will do women little good and may be more likely to cause them serious side effects.

Healthy women who took statins to prevent cardiovascular disease did have fewer episodes of chest pain and fewer treatments such as stents and bypass surgery, BUT statins did not prevent these women from having a first heart attack and did not save lives. Moreover, the 2012 Women's Health Initiative study showed that women who took statins

were “much more likely to develop diabetes and diabetes itself increases the risk of heart disease considerably.”

Dr. Barbara Roberts, author of “The Truth about Statins: Risks and Alternatives to Cholesterol-Lowering Drugs,” advises women to reduce their heart risk by watching their weight, exercising, and following a diet rich in fish, fruits, vegetables, nuts, and olive oil—and, if they’ve never had heart trouble, forgetting statins.

However, even cardiologist critics of statin use in healthy women say that they would not hesitate to prescribe the drugs to patients with established heart disease.

*(Editorial comment: Be sure to consult your personal physician before making any change in your treatment.)*

Source: *The New York Times*, 6 May, 2014

## 6. **WHOLE-FOOD SMOOTHIES**

The Mayo Clinic’s *HealthLetter* advocates whole-food smoothies for breakfasts and snacks.

The article defines whole foods as those that are in their native state or else processed and refined as little as possible. It points out that the addition of fresh fruits and vegetables and the avoidance of unneeded fat and sugar can result in a smoothie that is a “potent blend of good nutrition .... that is quick, portable, and delicious.”

Among the healthy ingredients from which to choose:

*Berries*-- rich in antioxidants

*Spinach, kale, other greens*-- rich in antioxidants, calcium, iron, and fiber;

*Lemon, lime, orange*--loaded with vitamin C and antioxidants;

*Pineapple, mango, avocado, banana*-- high in potassium and/or vitamin C;

*Low-fat/low-sugar yogurt*-- rich in calcium, protein, vitamin D;

*Soy milk*-- rich in protein, calcium, and vitamins A and D;

*Cinnamon, mint, nutmeg, ginger, vanilla, other herbs and spices.*

Source: [www.HealthLetter.MayoClinic.com](http://www.HealthLetter.MayoClinic.com) May 2014, Pg. 5