HEALTH AND WELLNESS NEWS ITEMS – September-October 2012

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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. AVOIDING AND TREATING MIGRAINES

Migraine headaches affect about 15% of the adult population. In these individuals, nerve fibers that end on blood vessels in the brain become more sensitive to pain and every heartbeat creates extra pressure on the walls of the blood vessels and extra pain. The pathology of these throbbing headaches is not well understood.

Some individuals can avoid migraines by paying attention to diet, sleep patterns, exercise, or stress. The initiation of the headaches are very individualized. Among the many possible triggers are chocolate, caffeine, alcohol, cessation of caffeine, withdrawal of pain-relievers, hunger, fever, and menstrual cycle. Experts in the field suggest that patients record in detail the timing of all activities so that triggers can be identified.

For those individuals who cannot prevent or alleviate the migraines themselves, preventive medications are available. It is estimated that 38% of those afflicted could benefit from such medication, but only a small number actually utilize these treatments. The drugs listed in the new guidelines include antiseizure drugs (divalproex, valproate, and topiramate), beta blockers (metoprolol, propranolol, and timolol), and the herbal remedy, butterbur; these drugs are to be used daily to reduce the frequency and severity of attacks, but they have side effects that may explain their underuse. In contrast, pain-relieving drugs (aspirin, nonsteroidal anti-inflammatory drugs, and prescription drugs including Fiorinal, Fioricet, and triptan drugs) are not helpful in preventing migraines but can be quite effective at stopping an attack.

Source: *Harvard Health Letter*, 37, August 2012, Pgs. 1, 7

2. VAGINAL ATROPHY

Vaginal atrophy occurs in about half of post-menopausal women. Its characteristic thinning and inflammation of the vaginal walls and lower urinary tract results from a lack of estrogen. Symptoms can vary from moderate to severe and may include dryness, burning, discomfort, and urinary burning, urgency, incontinence, and infection.

Though many women do not seek medical help, there are a number of options for treating this problem. Mild vaginal dryness or irritation can be treated with non-prescription moisturizers (e.g., Me Again, Replens, Silk-E) or lubricants (e.g., Astroglide, K-Y). Moderate or severe symptoms can be treated with topical or systemic estrogen pills, patches, or vaginal creams, rings, or tablets. Talk to your doctor to decide which treatment would be best for you.

Source: HealthLetter.MayoClinic.com, October 2012, Pg. 6

3. POLST: AN IMPROVEMENT OVER TRADITIONAL ADVANCE DIRECTIVES

Physician Orders for Life-Sustaining Treatment (POLST) is an end-of-life-care transitions program that focuses on patient-centered goals for care and shared informed medical decision-making. It offers a mechanism to communicate the wishes of seriously ill patients to have or to limit medical treatment as they move from one care setting to another. POLST is for patients with serious life-limiting illness who have a life expectancy of less than 1 year,

or anyone of advanced age interested in defining their end-of-life care wishes.

The decision-maker (patient, health care agent, or surrogate) must weigh the following questions: (1) Will treatment make a difference? (2) Do the burdens of treatment outweigh its benefits? (3) Is there hope of recovery? If so, what will life be like afterward? (4) What does the patient value? What is the patient's goal for his or her care?

POLST is outcome-neutral and can be used either to limit medical interventions or to clarify a request for any or all medically indicated treatments. A number of studies in the past 10 years have shown that POLST improves the documentation and honoring of patient preferences, whatever they may be. The
POLST Paradigm Program serves as an emerging national model for implementing shared, informed medical decision-making. For patients with advanced chronic illness and for dying patients, POLST more accurately conveys end-of-life care preferences than traditional advance directives and yields higher adherence by medical professionals.

Problems with living wills. Traditional advance directives such as the living will have proven insufficient. These documents apply to future circumstances, require further interpretation by the agent and health care professionals, and do not result in actionable medical orders. A living will does not help clarify the patient's wishes in the absence of antecedent conversation with the family, close friends, and the patient's personal physician. And living wills cannot be read and interpreted in an emergency.

Limitations of a health care proxy (durable power of attorney for health care). This person has authority to make decisions about the patient's medical care, including life-sustaining treatment. People appointing a health care agent (proxy) need to have proactive discussions about their personal values, beliefs, and goals of care, which many are reluctant to do, and the health care agent must be willing to talk about sensitive issues ahead of time. Even when a health care agent is available in an emergency, emergency medical services personnel cannot follow directions from a health care agent. Most importantly, a health care agent must be able to handle potential conflicts between family and providers.

In summary, POLST and similar programs establish actionable medical orders that must be followed in all circumstances across a progression of end-of-life situations. These are based on patient-centered goals and end-of-life patient preferences to a greater degree than traditional advance directives and have a track-record of greater adherence by medical professionals.

(Note: Kendal at Oberlin is already using a similar document called MOLST, Medical Orders for Life-Sustaining Treatment, which is being considered in the Ohio legislature for enacting into a requirement by law in the state.)

Source: *Cleveland Clinic Journal of Medicine*, 79, July 2012, Pgs. 457-464

4. NEURODEGENERATIVE PROTEINS OF ALZHEIMER'S AND PARKINSON'S DISEASES

Alzheimer's disease and Parkinson's disease are distinct maladies, but they have in common a pathology that is begun by the misfolding of proteins. In Alzheimer's disease the culprit proteins are named *amyloid-* ✓and *tau* and in Parkinson's disease the culprit protein is ✓*-synuclein*. The great danger of these misfolded proteins is that they have the amazing capability of recruiting their fellow protein molecules to misfold similarly.

Misfolding of proteins is a common occurrence in living cells. A cell normally identifies such molecules as non-functional and degrades them into small metabolites. However, in Alzheimer's and Parkinson's diseases, the misfolded molecules escape this protective system. When many molecules have been recruited to undergo this change of molecular structure, they form insoluble aggregates that clog the nerve cell network and give rise to the symptoms of these diseases.

Recent studies have established that the proteins that cause the pathology of

Alzheimer's and Parkinson's diseases have many similarities to the **prion proteins** that are the infectious agents in mad cow disease in animals and Creutzfeldt-Jakob disease in humans. However, prion proteins are much more stable (e.g., surviving in the soil for years). Prion proteins have been observed to be transmitted between humans, but only by tissue transplants, blood transfusions, and tainted neurosurgical instruments. No evidence of infection via any of these routes has thus far been observed for the neurodegenerative proteins of Alzheimer's and Parkinson's diseases. However, these proteins are capable of generating pathology when injected into rodent brain, and so experts state that "it's something to keep an eye on."
Source: *Chemical and Engineering News,* WWW.CEN-ONLINE.ORG, 2 July, 2012

5. WARNING! SITTING WORSENS ARTHRITIS AND CAN BE LETHAL

An Australian study of 220,000 healthy adults found that the risk of premature death increased with time of sitting, even in people who exercise. Those sitting for at least 11 hours a day were about 40% more likely to die over the course of the three year study than those sitting less than 4 hours a day. These findings held true regardless of body weight, age, overall health, smoking status, and time spent exercising. Try to break up prolonged sitting time by getting up every hour or two and walking for a few minutes.

Further, a study from Northwestern University found that people living in the Chicago area averaged three more hours a day of sedentary time in winter than in summer due to shorter days and more inclement weather. This may explain why people think that cold damp weather worsens their arthritic symptoms. The CDC recommends 150 minutes of moderate aerobic exercise plus at least two muscle-strengthening workouts a week for people with arthritis.
Source*: U. of California Berkeley Wellness Letter*, 20, July 2012

6. IS SODA-DRINKING A RISK FOR HEART ATTACK?

Men who drink sugar-sweetened beverages, including sodas and non-carbonated fruit drinks, may have a higher risk of heart attack, according to a study published in the journal *Circulation*. Harvard researchers found that men who drank one sugar-sweetened beverage per day had a 20% increased risk of heart attack compared to those who eschewed the sugary drinks. The risk rose with increasing consumption: Two sugary drinks a day was linked to a 42% increase in risk, while three drinks was associated with a 69% increase. That link stayed strong even after the researchers accounted for factors such as smoking, physical activity, alcohol intake, vitamin use, family history, and Body Mass Index.

The new report looked at data gathered as part of the Health Professionals Follow-up study, which has been gathering information on 42,883 men for the last 22 years. Past research has linked women's soda habits with heart disease, too. The researchers found that sugary drinks were associated with higher levels of inflammatory factors, such as C Reactive Protein, that are thought to be involved in the development of heart disease.

This study found no connection between artificially sweetened drinks (i.e., diet sodas) and heart disease risk. However, another recently published study did indeed find a link between a daily diet soda and heightened heart attack risks.

"At the end of the day," one researcher said, "the best thing to drink is still water".
Source: *Vitals*, on MSNBC.com, 12 March 2012

7. CARPAL TUNNEL SYNDROME

Those tingling feelings, finger numbness, and shooting pain in your wrist could be symptoms of carpal tunnel syndrome (CTS). Resulting from pressure on the median nerve as it passes through the carpal tunnel at the base of your palm, CTS can be debilitating. It is caused by repetitive motions associated with activities done with the hands. An estimated 12 million Americans have this problem says Zong-Ming Li, PhD, a biomedical engineer at Cleveland Clinic's Lerner Research Institute. Treatment of the disorder has not fundamentally changed for nearly a century. Dr. Li and his associates have developed an ultrasound-based method to identify alternative causes and factors, and this could lead to improved diagnosis and preventive strategies. They are currently conducting a study with the aims of detecting symptoms at the earliest stages, when intervention is most effective, and of realizing a novel, non-surgical solution to relieve CTS symptoms.
Source: Cleveland Clinic Catalyst eNews, April 2012

8. HEALTHY GRANDCHILD VISITS

Here are hints for minimizing the risk of getting sick during visits with a grandchild:

- Delay visits with a child who has started coughing, vomiting, or running a fever
- Sanitize your hands frequently
- Avoid touching eyes, nose, and mouth
- Have your grandchild practice good hygiene
- Don't share glasses or eating utensils
- Stay healthy by being well rested
- Make sure all vaccinations are up-to-date

Source: www.HealthLetter.MayoClinic.com, October 2012, Pg. 3