

EDITION III – 2023

# Brookline Senior Center Ask A Geriatrician



**ARTICLES BY**

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# Dedicated to seniors living well

Beth Israel Deaconess Medical Center  
and Dr. Suzanne Salamon, author of  
Ask A Geriatrician, are proud to partner  
with the Brookline Senior Center to  
keep seniors healthy.

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# Note From the Director



Ruthann Dobek and Dr. Salamon  
2019 Public Health Week at the  
Brookline Senior Center

## Back by Popular Demand

We are reprinting the Ask a Geriatrician with updates and some new articles by Dr. Salamon. We are thankful to our generous sponsors for making this essential health book available to our community. We are especially grateful to Dr. Salamon for her diligence and expertise in writing the Ask a Geriatrician column.

We are pleased to provide a third edition of Ask a Geriatrician to our community. Thanks to the generosity of donors and sponsors, we are able to distribute this compilation of articles without cost, and provide older adults with significant health information.

Promoting healthy aging is an essential part of our mission. Whether it's by sponsoring an exercise class, a lecture, or providing direct homecare to Brookline residents, the Brookline Senior Center strives to keep our residents healthy and engaged.

We realize that high quality medical information is also an important part of staying healthy. In today's world, it can be quite confusing and daunting as to how to stay informed. We have been fortunate over the last decade to have the professional expertise of Dr. Suzanne Salamon. Each month she has written an "Ask a Geriatrician" column for our monthly News & Events. Our readers often will submit their questions on topics ranging from Abdominal Aortic Aneurism to Vitamin D usage.

We offer this publication as a way of pulling together her fabulous articles and giving us all an opportunity to stay healthy. Enjoy, and as always, feel free to submit your questions.

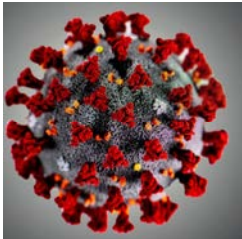
*-Ruthann Dobek, Director*

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Edited by Maureen Cosgrove-Deery

## ASK A GERIATRICIAN-ANOTHER COVID UPDATE



It's hard to believe that it's been more than 3 years since COVID made its grand entrance to the US, and we are still dealing with its ongoing presence. There are several questions about COVID, and the answers seem constantly changing. But for now, in mid-2023, here are some of the topics:

### **What is the difference between Pandemic, Epidemic, and Endemic?**

- An EPIDEMIC is the spread of a disease throughout an area where it usually is not present.
- A PANDEMIC is when the disease spreads over a larger area, often the entire world.
- ENDEMIC means that a disease recurs regularly, such as the flu, never goes away. We will have to see if COVID becomes endemic, requiring regular vaccinations.

### **If I have symptoms and want to know if I have COVID, how can I get tested?**

There are two tests commonly used to detect COVID. A PCR test is thought to be slightly more accurate, but it takes longer to come back. There are home PCR tests, but they are expensive, and you have to mail them back, so most people get them done at a clinic or pharmacy. An antigen test is a rapid test that is done at home. It is slightly less accurate than a PCR test; sometimes a 2nd test the next day is helpful to confirm a first test. But you have an answer within 30 minutes, so having some test kits at home is very convenient and helpful.

### **Where can I get test kits?**

Although these were hard to find initially, they are now available at most pharmacies. While they no longer send free tests through the mail, they are available in many stores and are less expensive than they were in the past. There are also places where you can still get free tests done if you google "Free Covid Tests."

### **What are the current recommendations about COVID vaccines?**

There have been almost 1 million deaths from COVID in the US (more than 6 million worldwide!). Fortunately, COVID vaccines have been developed in an incredibly short period of time. They have greatly reduced the number of people who have severe disease and the number of deaths. Thus far, after initial vaccination with 1 or 2 shots, depending on which vaccine you got, a 3rd shot or booster, has been shown to decrease the disease's severity further. A 2nd booster shot was recently approved in March 2022 since there appears to be the rise of yet another COVID variant starting to appear. A bivalent booster was developed in the fall of 2022 to better protect against variants. Because the protective antibodies started to dwindle after four months, a 2nd bivalent booster was recommended in the spring of 2023 (yes, a total of 6 COVID shots so far!) for people older than 65. A new vaccine is expected to be ready in the fall of 2023.

Continued on Page 8

## ASK A GERIATRICIAN-ANOTHER COVID UPDATE

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### Should we be wearing masks?

No question that wearing masks decreases the spread of not only COVID but the usual annoying colds, coughs, and flu. These have been almost non-existent in the past three years of mask-wearing. However, as people have started to remove their masks, we have seen a rise in many upper respiratory viruses, COVID, and common colds. Personally, I think it will be quite a while before I feel comfortable going into a store or large event without a mask on.

The best masks are considered to be N-95 or KN95 (which loop around the ears). So-called surgical masks are also good. Cloth masks are less helpful, although they can be combined with a surgical mask for better protection. With spring and summer coming, we can spend time outside, keeping the masks in our pockets.



### Is there any treatment for COVID once your test turns positive?

In December 2021, 2 new drugs were authorized by the FDA for people who have COVID, are not sick enough to be hospitalized, but are at risk by age or other health conditions to develop more severe symptoms. One involves an intravenous infusion of medicine, and the other is a treatment for five days of pills to be taken in the 1st five days of COVID symptoms (Paxlovid). These pills have some minor side effects, but they do decrease the rate of hospitalization, death, and possibly “Long COVID.”

### Will COVID ever go away?

Only time will tell. Perhaps it will become endemic, like the flu. However, unlike the flu, which still kills many thousands of people each year, we have more effective vaccines and treatments for COVID than for the flu. Perhaps in the future, more people will be willing to be vaccinated, so the COVID virus will have even fewer bodies to inhabit and thrive. It seems it is still with us right now, and we need to be warriors against it. STAY WELL!!!

THE CONTENTS OF THIS HEALTH BOOK ARE INFORMATIONAL ONLY AND NOT INTENDED TO TREAT, CURE, MITIGATE OR DIAGNOSE ANY MEDICAL CONDITIONS. THE READER SHOULD ALWAYS CONSULT THEIR DOCTOR BEFORE EMBARKING ON ANY CHANGES THAT COULD AFFECT THEIR HEALTH.

WE HOPE YOU ENJOY IT!

**I'd like to discuss one of the most important problems that affects more than half of people over age 65--hearing loss.**



There are several causes of hearing loss: loud noises from snow or leaf blowers, listening to loud music with headphones, working in noisy environments, such as airports or in sports arenas, or normal aging. These loud noises can also contribute to tinnitus, the constant ringing or buzzing that people hear that comes from their ears rather than from the outside.

Hearing loss gets worse as we get older. Sometimes it runs in families. It has also been exacerbated during the COVID pandemic with so many people wearing masks.

If the eardrum is blocked with wax, or infected or punctured, this can also decrease the ability to hear.

There are some medicines that can cause hearing loss, such as some antibiotics, some heart medicines and very high doses of aspirin.

People often don't realize or don't want to admit that their hearing is not good. This can become a bigger problem when it interferes with conversations with friends and family and can lead to loneliness and depression.

**Now there are even more reasons to address hearing loss-it has recently been found that hearing loss can lead to dementia as well as worsening gait and increased falls.**

How do we know if our hearing is declining? Some signs are having trouble hearing on the phone, asking people to repeat themselves, turning up the volume on the T.V., thinking that everyone mumbles, and having trouble hearing when there is background noise.

If you suspect you are having trouble hearing, or more often, if someone tells you that you need to have your ears checked, try to take this seriously. Your doctor can refer you to an ENT doctor, whose audiologist can test you and help determine if you need hearing aids. These can be so helpful in getting you back into society!

Only 14% of people who need hearing aids use them. Part of the reason is cost, but this is true even in the UK, where hearing aids are free. Sometimes people feel there is a stigma attached to hearing aids.

As of this month, hearing aids can be bought over the counter in many pharmacies, Costco, etc. They are much less expensive and don't need a prescription or a hearing exam. Ask before you buy if there is a money back return policy if they don't work out. Some people with severe hearing loss can benefit from cochlea implants-these are not just for children anymore.

There are also hearing devices called bone anchored hearing devices when one ear is completely deaf. So don't dismiss warning signs that you may have some hearing loss. Get examined. It could make a world of difference.

## I hear so much about the Opioid Epidemic. Is that something older adults need to worry about?

### Answer:

YES! There is an opioid crisis among older adults, but we don't hear much about it in the press. For adults aged 65 and older, opioid-related hospitalizations increased by 34% and emergency department visits increased by 74% between 2010 and 2015.



So, what are opioids? Some examples include oxycodone, fentanyl, buprenorphine, methadone, oxymorphone, hydrocodone, codeine, and morphine. Some are made from the poppy plant, and some are made artificially. Some other opioids, such as heroin, are illegal drugs of abuse.

Opioid medications are often prescribed to relieve pain after surgery. They are also sometimes used to treat severe diabetic neuropathy, large joint osteoarthritis, back pain and cancer. Opioids often have more side effects in older people than younger people, including confusion, falls and broken bones. If these pain killers are taken for too long a time, the body gets used to the pain-killing effects, and higher doses may need to be prescribed, which can increase the risk of side effects.

There may also be interaction with other medicines. In addition, they can be addicting, which means if you have been taking them frequently over a long period of time, you can feel sick if you suddenly stop taking them.

It is usually safe to take low doses of these medications for a short period of time under the supervision of your clinician. But it is important to explore other options as needed for pain, such as acetaminophen, naproxen, ibuprofen, gabapentin, and topical creams.

A big problem that we all need to be aware of is that there are over 100,000 drug overdoses every year in the US, even though the number of prescriptions has decreased. Many times, this is because people (children, grandchildren, other people in your home) may find unused opioid medications in your medicine closet which have not been disposed of and they take them. They then either take the pills themselves or even sell them.

**It is very important to DISPOSE OF UNUSED OPIOID PILLS.**

They should not be flushed down the toilet or thrown in the garbage, but rather taken to a safe drug disposal bin which can be found in the police station.



## What is a uterine prolapse, and what should I do about it?

### ANSWER:

A prolapse is when a bulge is felt coming out of the vagina. The bulge can be from the uterus (uterine prolapse) or the bladder (bladder prolapse), or the bowel (rectal prolapse). It is sometimes difficult to tell which of those organs is the cause of the prolapse. A prolapse is not dangerous, but it can cause discomfort.



A prolapse occurs when the muscles that hold all our insides in place get too weak to hold everything in, and so without a strong muscle to hold them up, organs “drop.” Some of the risk factors include delivering a baby vaginally, having more children, constipation, menopause, being overweight, chronic coughing, and a genetic predisposition.

Some people have no problems when an organ prolapses. Others may experience trouble emptying the bladder (because the prolapse blocks the urethra where the urine leaves the body), pressure in the pelvic area, incontinence of urine, constipation, discomfort during sex, and the feeling that something is bulging out of your vagina.

The diagnosis is often made at home if you notice a bulge on the toilet or in the shower. Other times a gynecologist or other clinician can find it during an exam.

Treatment depends on how much the prolapse bothers you. Doing Kegel exercises helps to strengthen the pelvic muscles. Losing weight and treating constipation may also help.

A pessary can be extremely helpful. This is a round, rubbery device inserted into the vagina to keep the prolapsed organ pushed out of the way. A pessary needs to be fitted to the vagina, usually by a gynecologist, and needs to be removed and cleaned every 3-6 months.

If these measures don't help, surgery may be an option. Several procedures exist, including making the vagina opening smaller, putting in some stitches to strengthen the pelvic floor, or adding some mesh to make the vagina stronger.

The important thing is that if you notice that you may have a prolapse, either because you feel a bulge or that you are having symptoms, have an exam. The treatment may be quite simple.

## What is respiratory syncytial virus (RSV)?

### ANSWER:

**RSV** We have heard a lot about babies and young children getting quite sick with respiratory syncytial virus (RSV). However, this virus causes symptoms in older adults ranging from a simple cold to severe enough, leading to more than 150,000 hospitalizations and 14,000 deaths yearly, mostly in adults with weakened immune systems. RSV season generally lasts from October through April.

RSV is a very contagious virus that attacks the nose, throat, and lungs. In adults with mild cases, symptoms can include a runny nose, cough, headache, and a low-grade fever. However, in some patients, RSV can lead to pneumonia, causing a higher fever and difficulty breathing. People with chronic problems with their heart or lungs, such as asthma or congestive heart failure, are more likely to have a more serious case.

The symptoms can be similar to some of the other sneaky viruses that are making the rounds these days, such as COVID-19 and the flu. Testing for RSV is similar to testing for COVID-19, using a rapid RSV antigen test or a PCR nasal swab test.

RSV is spread very easily by having small virus particles enter your nose, mouth, or eyes when someone with RSV near you sneezes or coughs or when a child with RSV gives you a kiss. RSV also lives on countertops and handles for days, so keep these clean. People with RSV can be contagious for several days.

Most people will have mild symptoms and recover from RSV in 1 to 2 weeks. However, it can be more serious for people with underlying heart or lung problems.

Unfortunately, we don't have a cure for RSV. If people get very sick, they can be supported with oxygen, I.V. fluids, and breathing treatments. For people with a very weak immune system, there are anti-viral medicines to help boost your immune system.

The best "treatment" for RSV is to prevent it. The good news is that in May 2023, the FDA approved a vaccine that will be available for people 60 and older as well as for infants in the fall of 2023. It's unclear how often people will need to be vaccinated against RSV-it maybe every year like the flu shot-we will have to wait and see.

## Alcohol as we Age



I remember when my mother was in her 60's, it was very fashionable (like in the movies) to have a cocktail before dinner. She and my stepfather would enjoy a martini every evening. Then suddenly one evening, she fainted after finishing her drink, was rushed to the hospital, and was diagnosed with atrial fibrillation. Thinking this was a coincidence, she tried it again, fainted, went back to the hospital, again was in atrial fibrillation. After that, it was only Shirley Temples.

No one really knows for sure the number of people over 65 YO who drink more alcohol than is healthy for them. Many older people are embarrassed to say how much they drink, and many professionals don't ask either because they feel awkward, or they feel it's a problem only affecting younger people.

Often alcohol problems present in non-specific ways, such as accidents, depression, insomnia, confusion and self-neglect. Sometimes it is discovered in the hospital when people have symptoms of alcohol withdrawal.

Risk factors for heavy drinking are being male, people of both genders who are the most affluent, single men and married women. There are several life changes that can lead to heavy drinking, such as the death of a partner, family member or friend, mental stress, physical illness, loneliness and isolation and loss (occupation, physical function or income).

Alcohol can cause or contribute to health problems. It increases the risk of heart disease, high blood pressure and stroke. It is one of the 3 main reasons for falls. It contributes to insomnia, incontinence, liver disease and increased incidence of cancers. Some dementias occur as the result of too much alcohol. The combination of some medicines and alcohol can be deadly.

Some hints that someone is drinking too much alcohol are depression, fainting, confusion, falling, bruising, memory loss, poor hygiene, poor nutrition and sleep problems. If you suspect someone of drinking too much alcohol and talking to them doesn't seem to help, I find it helpful if someone drops me a note to alert me to the problem, since I may not be aware of it. That way, I can address the issue from a health perspective.

So how much alcohol is safe to drink?. The National Institute of Alcohol Abuse and Alcoholism (NIAAA) has created specific guidelines for those aged 65 and older. Those who do not take medication and are in good health should limit their total alcohol consumption to no more than seven drinks per week. Additionally, those 65+ should consume no more than three drinks on any given day. Those with certain medical conditions such as Major Depression, or those taking certain medications (e.g. pain medications) should consume less alcohol or abstain completely.

So-stay well, and take care of yourself!!

## I am very afraid of falling and breaking a bone. Is there anything I can do to prevent this, or at least lower my risk?

### ANSWER:



Fear of falling is very common, and for good reason! Falling in older people is quite common and can significantly change how we live our lives. My own mother lived independently in Florida until age 97 when she jumped up from the couch to answer the doorbell and the covering of the couch arm slipped off while she was holding onto it to push herself up. She fractured (broke) her pelvis.

She made a good recovery, but she now uses a walker and has moved up north, closer to family.

Falling is often caused by a combination of factors. To prevent falling, it is important to look at the many risk factors that can increase the chance of falling and try to avoid or correct as many as possible. Here is a list of some of these risk factors and how to prevent or reverse them:

**MUSCLES:** Muscle strength tends to get weaker as we get older. Weakness in legs can lead to falling and weakness in arms can prevent us from holding on as we are falling or getting up after we fall. Strengthening leg and arm muscles is extremely important. Walking every day, doing leg lifts (even in bed!) and lifting arm weights at least 3 times/week can help build up those muscles.

**BONES:** The weaker the bones are, the more likely they will break when we fall. People who fall and break a bone are at high risk for breaking a second bone. A bone density scan can determine if you have osteoporosis, which is a weakening of the bones. There are many medicines which can increase your bone strength. People are often reluctant to take these medicines because of fear of side effects, but these side effects are far less than the risk of breaking another bone.

**SENSORY DEFICITS:** People with poor vision and decreased hearing fall more often. Cataract surgery and hearing aids, if needed, can reduce this risk.

**BLOOD PRESSURE:** As we get older, blood pressure can often drop suddenly when we stand up, which can lead to dizziness and falling. Rather than jumping up out of bed or from the breakfast table, get up slowly and wait a few seconds before walking. Also, especially in hot weather, blood pressures may be lower because of not drinking enough fluid, so hydration is important.

**MEDICATIONS:** There are many medicines which can lead to falls. If you are taking more than 1 blood pressure or heart medicine, talk with your health care provider about separating them so you take one in the morning and the other in the evening, so your blood pressure doesn't suddenly drop after taking them all at the same time. Sleeping pills can also raise the risk.

**FOOTWEAR:** My mother was wearing only socks when she had her second fall (which I had warned her about on many occasions!). Socks and going barefoot are associated with more falls. Sneakers or shoes with rubber soles with very low heels are the best. Even if you are just making a quick trip to the bathroom, have a pair of slip-on shoes with non-skid soles and backs on the shoes by your bedside and put them on before you go. Slippers with smooth bottoms are dangerous.

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**ASSISTIVE DEVICES:** Many people don't want to use a cane or walker because of fear of looking old. But they can be very helpful, not only in preventing a fall, but also you might walk faster and get better exercise when you use one.

**IF YOU FALL:** If you live alone, wearing an alert bracelet or necklace ALL THE TIME makes it easier if you fall and need to push the button for help. Often people are too far away from the phone to make a call. So don't let fear of falling keep you from doing your walking and exercising which will help you stay upright!

### What is a BAKER'S CYST and what can be done about it?

#### ANSWER:



A Baker's cyst is a lump that is filled with fluid that forms behind your knee. It is also called a popliteal cyst. It was named after Dr. William Baker, a doctor in England in the late 1800s. He described a buildup of fluid behind the knee that is the result of some kind of damage to the knee joint. This causes extra fluid to be produced, forming a cyst in the back of the knee. This damage can be caused by such things as arthritis, direct trauma to the knee or gout. A Baker's cyst can sometimes burst on its own with the fluid leaking into your calf.

Some people do not even notice that they have a Baker's cyst, while others may find them quite painful. Some symptoms may be feeling a lump at the back of your knee, pain or stiffness in the knee or decreased ability to bend your knee. The diagnosis of a Baker's cyst is usually made by an ultrasound to examine the lump or an MRI of the knee.

Treatment of a Baker's cyst generally is done without surgery. This includes applying ice to your knee, elevating your knee while you're sitting down and using some sort of wrap to compress the area behind your knee to decrease the swelling. This can be either an elastic knee compression sleeve or an ace bandage. It is helpful to be sure that you are not overweight since this can aggravate and cause arthritis which can predispose you to arthritis and a subsequent Baker's cyst. They often will go away on their own.

However, if the lump is getting larger and causing pain, your health care provider may drain the cyst with a needle or do arthroscopic knee surgery to drain the cyst. To prevent a Baker's cyst, it is important to try to avoid knee injuries. Also, being overweight puts added pressure on your knees and is a risk factor for arthritis, so maintaining a healthy weight is an important part of prevention.

## Are there any over-the-counter medications that are not safe?

### ANSWER:



Most over the counter medications are safe to use in small doses, but there are a few precautions. Most medicines stay around in our bodies longer as we get older, so side effects of medicines can be more strongly felt. Some over the counter medicines to be careful of are the following:

- Acetaminophen (Tylenol): Less than 3000 mg/day is safe for most people. But you must be careful that you are not also taking other combination meds that contain acetaminophen, such as Tylenol PM or Advil PM or combination cold pills such as DayQuil or NyQuil, Vicks Cold and Flu, etc. The ingredients are listed on the box.
- Antihistamines: These can make you drowsy and lead to falls if you take too much. They are in such medicines as Tylenol-PM and Advil PM. There are non-drowsy antihistamines which help with a runny nose and will not make you feel so sleepy.
- Pain medication: Medicines like ibuprofen (Advil, Motrin) and naproxen (Aleve) are excellent pain killers but have some potential side effects. In higher doses, they can increase the risk of bleeding in people already taking blood thinners, but often if used only occasionally are safe. Rather than taking 2 or 3 tablets, if you take only 1, they can help relieve pain without causing harm. This of course must be first discussed with your doctor to be sure that occasional use is safe for you.
- Motion sickness pills: Medicines such as meclizine and Dramamine are used for vertigo and motion sickness. Both can cause drowsiness, blurred vision, dry mouth as well as confusion.
- Calcium: Calcium is good for your bones. However, it can prevent the absorption of other medicines if they are taken together. It is best to take your calcium some time during the day apart from your other medicines.
- Cough syrup: Cough medicines that contain dextromethorphan (Mucinex DM or Robitussin DM) are excellent cough suppressants, but if you take more than the recommended dose, you can get hallucinations.
- Decongestants: These medicines help with a stuffed nose when you have a cold. However, they can raise the blood pressure and can keep you awake at night. A decongestant nose spray can bring relief within minutes without many of the side effects of the pills. While the bottle may say 2-3 sprays/nostril, 1 spray in each nostril may be all you need if you wait for a few minutes for it to work. These decongestant nose sprays should not be used for more than 3 days to avoid a side effect of causing a stuffed nose.

STAY HEALTHY!!!

## At our age, what kind of vitamin supplements should we take?

### ANSWER:



Vitamins have different jobs to help keep the body working properly. Some vitamins help you resist infections and keep your nerves healthy, while others may help your body get energy from food or help your blood clot properly. Most people who eat a healthy diet will get their vitamins in food.

I also want to mention minerals, which also help your body function. Minerals are elements that our bodies need to function that can be found on the earth and in foods. Some minerals, like iodine and fluoride, are only needed in very small quantities. Others, such as calcium, magnesium, and potassium, are needed in larger amounts. As with vitamins, if you eat a varied diet, you will probably get enough of most minerals.

For now, the vitamins and minerals that are recommended are:

**Calcium:** Calcium works with vitamin D to keep bones strong at all ages. Bone loss can lead to fractures in both older women and men. Calcium is found in milk and milk products (fat-free or low-fat is best, and lactose-free milk is fine), canned fish with soft bones, dark-green leafy vegetables like kale, and foods with calcium added, such as breakfast cereals.

**Vitamin D:** This vitamin is harder to find in foods, so a daily supplement of 1000 I.U. daily is often recommended.

**Vitamin B12:** This vitamin is often less well absorbed, so if your B12 level (measured in a blood test) is low, a supplement can help.

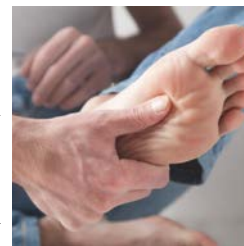
Sometimes, too much of a vitamin or mineral can be harmful, so more is not often better. For example, too much calcium or vitamin D can cause your blood calcium level to become dangerously high.

Results from a recent article published in June 2023 suggest that taking a daily multivitamin may improve memory and help slow cognitive decline in older adults. So, it is reasonable to take multivitamins once a day.

## What is Neuropathy?

### ANSWER:

The word “neuropathy” means a disorder of the nerves. The term we hear most commonly is “peripheral neuropathy” (PN), which occurs when nerves that carry messages to and from the brain and spinal cord to the rest of the body are damaged or diseased.



Millions of people in the US suffer some form and degree of neuropathy, which can range from minor irritation to serious problems.

The symptoms of PN depend on which nerves are damaged. Sometimes a single nerve is damaged, such as nerve damage from a broken bone in the arm, which can lead to numbness or tingling in the arm or hand.

Carpal tunnel syndrome is caused by pressure on a single nerve called the median nerve. Another example is damage to the leg, which can lead to a “foot drop.”

Sometimes more than a single nerve is involved, which can lead to numbness, tingling, or pain, commonly in the hands and feet. People often describe a “glove and stocking” feeling, like they are wearing socks and gloves but are not. This can lead to dropping things, difficulty opening jars, or stumbling gait.

Shingles can cause nerve damage pain which often lasts longer than the rash.

Painful neuropathy is often worse at night, leading to sleeping problems. Probably the most dangerous (and thankfully very rare) example of PN is Guillain-Barre syndrome, which is when the body’s immune system accidentally attacks the nerves of the body and can cause paralysis and difficulty breathing.

There are several causes of neuropathies. The most common is diabetes, which can cause numbness, tingling, or burning feet. Vascular problems that lead to decreased blood flow, such as diabetes, smoking, high blood pressure, or fatty deposits on the inside of blood vessels, can lead to PN.

Compression of the spinal cord from spinal stenosis, trauma, and repetitive forceful activities can damage nerves, as well as vitamin B12 deficiency, too much Vitamin B6, alcoholism, and exposure to toxins. Tumors, as well as some chemotherapy drugs and radiation to treat the tumors, can cause PN. Some infections, such as shingles, Lyme disease, and HIV, can also be a problem.

There are several tests that can be done to make the diagnosis. Treatment depends largely on the cause of the PN. It is very important not to smoke, maintain a healthy weight, avoid toxins, correct vitamin deficiencies, exercise to bring good blood flow to your body, and treat diabetes.

Medications can be helpful and include drugs that are also antidepressants, anti-seizure medicines such as gabapentin and others, and lidocaine and capsaicin creams.

**Prevention is very important! Getting the Shingles vaccine and avoiding diabetes if you are overweight can go a long way in preventing common causes of peripheral neuropathy (PN).**



## What is HOSPICE?

In February 2023, former President Jimmy Carter, at age 98, after a series of short hospital stays “decided to spend his remaining time at home with his family and receive hospice care instead of additional medical intervention.” This led to questions about what exactly hospice is.



Hospice care has been in the US since the 1970's and was originally developed to care for those with a terminal illness. It has expanded to help people with both medical and psychological needs at the end of life. There is a hospice “team” who work together to support the patient and the family, consisting of a Medical Director, the primary care provider, a nurse, social worker, counselor, home health aide, pharmacist and volunteers.

Hospice care is available to patients with any terminal prognosis who are medically certified to have less than 6 months to live. It tends to be underutilized because there are many myths about hospice care, the types of illness covered and the length of time one may receive hospice. Hospice is not just for people with cancer, but also end stage dementia, heart failure, kidney disease and end stage lung disease. Most people request hospice only in the final weeks of life, while others stay on hospice for more than 6 months. Hospice care is covered by Medicare and many health insurance providers.

There are 4 levels of hospice: routine home care, continuous care, general inpatient care and respite care. Some patients are discharged from hospice if their condition improves but may return if their conditions changes.

Care may be provided in a patient's home, a designated facility such as a nursing home, hospital or freestanding hospice. The decision to enter hospice is made together by the patient, family and healthcare provider.

The goal of hospice is to provide comfort to the patient and the patient's family and to improve quality of life. Generally, hospice does not perform treatments meant to diagnose or cure an illness but at the same time, they do not try to rush death. Usually, patients are not required to sign a “Do Not Resuscitate” order.

Unfortunately, there is a stigma attached to hospice. Many patients/families don't want to receive hospice care because they don't want to recognize that comfort rather than cure is the goal.

There are many excellent hospice programs around. They will come to evaluate whether they feel the patient is a candidate for hospice. Most people feel that the hospice program they were involved with was a big help during a very difficult transition.

## Are sugar substitutes (AKA ARTIFICIAL SWEETENERS) bad for you?

### ANSWER:

The taste of sweetness is one of our most desired flavors. However, it has been known for a long time that too much sugar had negative health effects. Artificial sweeteners (AS) were developed to reduce caloric/sugar intake.



The first (AS) started to be used in the 1800's with the discovery of saccharin. Since then, there have been several AS, all with different chemical make-ups. They all have different additives to improve the taste or the stability in hot or cold foods or the appearance. These differences in chemical make-up as well as the different additives account for why people may react differently to different AS. Most of the AS are made from chemicals in a lab.

In the United States, the Food and Drug Administration (FDA) allows the following sugar substitutes to be used:

- Acesulfame potassium (Sweet One, Sunett).
- Advantame
- Aspartame (NutraSweet, Equal)
- Neotame (Newtame)
- Saccharin (Sweet'N Low)
- Sucralose (Splenda)
- Luo han guo (Monk Fruit in the Raw)
- Purified stevia leaf extracts (Truvia, PureVia, others)

Other countries have more AS choices than the US. The FDA in the US recommend an acceptable daily intake (ADI), which is the amount of AS that is felt to be safe. There are pros (health benefits) and cons (health concerns) of sugar substitutes.

### Some benefits are:

- ⇒ Less sugar is better for your teeth
- ⇒ Can possibly help with weight management

### Some concerns are:

- ⇒ Studies seem to suggest that SA are not linked to cancer or heart disease
- ⇒ Some of them may cause bloating and diarrhea
- ⇒ People with a rare disorder called phenylketonuria (PKU) can't digest aspartame, and so should avoid this.

- Please who are allergic to sulfa should avoid saccharin.

**The bottom line is that, if used in moderation, AS can be part of a healthy diet.**

## What exactly is anemia and is it part of normal aging?

### ANSWER

Anemia is a word that means “without heme.” Heme, or hemoglobin, is contained in red blood cells which supply our body with food and oxygen. At first we may not feel when the red blood cells and hemoglobin become too low. However, if it progresses, we may feel tired, weak, get short of breath, dizzy and even develop chest pain. While some people may have lower levels as they get older, a sharp drop warrants a workup.



### There are three reasons why anemia develops:

1. Our bodies do not make enough red blood cells. The inside of our bones, the bone marrow, are blood factories. To make blood, the marrow needs adequate amount of iron, folate and Vitamin B12. Also, there are some diseases such as cancer, rheumatoid arthritis, kidney disease, toxic chemicals such as too much alcohol and other inflammatory diseases that may affect the bone marrow's ability to make red blood cells, causing anemia.
2. We are bleeding from somewhere. Blood loss can occur with menstruation, ulcers, or stomach or colon cancer.
3. Our bodies are destroying the blood cells faster than our bone marrow can make them. This can happen with some inherited disorders such as sickle cell anemia or with certain medications.

The treatment for anemia depends very much on what is causing it. Sometimes anemia is discovered when we go to the doctor because we are feeling tired, but sometimes it is found on a routine blood test. It is very important to search for the cause of the anemia in order to treat it correctly and not miss a problem that might be dangerous to our health. If the blood cells are dangerously low, blood transfusions can help while the search for a cause is going on.

A Vitamin B12 and iron blood test can determine if you need B12 replacement. Folate deficiency is very rare, since many foods have folate supplementation. If no cause is found, a bone marrow biopsy (which sounds much worse than it is!) can help.

If you are losing blood, which is diagnosed by ordering iron levels in your blood, usually an upper endoscopy looking for an ulcer and/or a colonoscopy is done to look for colon cancer or a bleeding blood vessel.

If the body is destroying the red blood cells, a search must be made to find out which drugs or infection or other process could be the problem.

It is most important not to treat anemia yourself with iron pills without first investigating what the cause is!

**I have been told that my kidneys are failing due to untreated high blood pressure. My blood pressure is now controlled by medication. What can I do to improve my kidney function?**

**ANSWER:**

While the big news now is COVID-19, it is very important to remember that, over 500,000 people die every year from the effects of high blood pressure (also called hypertension). It is called the “silent killer” because most of the time, there are no symptoms to alert us to the fact that our blood pressure is high. Yet, it is really its own epidemic. Almost HALF of all adults in the USA have high blood pressure, defined loosely as a blood pressure greater than 130/80. High blood pressure is one of the main contributors to heart attacks, strokes, and kidney disease.



So, what causes high blood pressure? Often the underlying cause can't be completely identified. It can run in families and increases with age. However, there are many risk factors which play a role. One the most important risk factors for high blood pressure is being overweight. The heart must pump blood extra hard to get the blood through every extra pound of weight. This extra stress on the heart day after day eventually can result in a heart attack or a stroke. In parts of the country where being overweight is more common, the incidence of high blood pressure jumps dramatically. If you are above your ideal weight, you will be giving your body a great gift by working to reach your goal, one pound at a time.

Another important risk factor is the American high salt diet. Anyone who reads the nutrition labels on foods can see that almost anything you don't make yourself has very high sodium (salt) content. Some of the foods with the highest salt content are canned or boxed soups (which do come in low sodium alternatives), cheese, canned vegetables, bread, cold cuts, processed meats, hot dogs, tomato sauce, frozen meals-many of the best things. However, if you are careful, start counting your milligrams (mg) of sodium, and adjust your diet, any little bit helps. There are many low sodium alternatives. The US Dept. of health recommends no more than 2300 mg/day. Some medicines cause high blood pressure, such as some pain medicines, prednisone, and decongestants.

Many people have “white coat hypertension”-their blood pressure goes up when they go to a doctor's office. I recommend an automatic blood pressure machine to have at home so you can keep track of your blood pressure periodically (once or twice a month). If the blood pressure is consistently high, blood pressure medications can help bring it down while you are working on losing weight and eating less salt. Many people don't like taking medicines, but these medicines can go a long way in protecting your brain, your heart, and your kidneys. There are some studies that suggest that it is better to take your blood pressure medicine at night. Unlike many conditions, high blood pressure is one of those that can and should be treated.

If you have concerns you should make an appointment with your primary care doctor to discuss options that are best for you.

**This month, I thought this geriatrician would ask and answer a personal question:  
What is it like to have my 98 year old mother move in with us?**

**ANSWER:**



My mother, who is 98 years old, moved in with us recently. The move has brought home to me (literally) issues that I have addressed many times over the years with my patients and their families. Many of my patients suddenly reach a stage in their lives when they, or their loved ones, must confront the question of whether they can, or should, continue to live independently. I have seen numerous children struggle with decisions about whether to give in to their parent's desire to remain in their home with home health aides providing limited or regular help. Other patients choose to relocate, sometimes across the country, to live near their children. Others refuse any help and insist that they are fine, giving their children heartburn.

My mom, Lilly, is as tough as they come. She was born in Czechoslovakia and wanted to become a doctor, but instead she became a concentration camp survivor, losing her parents and brother in the process. Her answer to how she survived was always the same: "I always looked forward, not backward." After the war, she married,

emigrated to the US, and had 2 daughters. Our family moved to a tiny town in southern Ohio (the only Jewish family there) until my father died. We were foreigners in that town in a number of ways, but my mother was undaunted and was largely responsible for our acceptance there and for our becoming an integral part of the community. Years later, my mother remarried, moved to Connecticut and then to Florida, where she again acclimated easily and lived very contentedly. Her 2nd husband died 10 years ago, but she continued to live in Florida. Until now.

Two months ago, she fell. The dreaded fall. She broke her pelvic bone, was in the hospital and then rehab. Incredibly, she is pretty much back to herself, but my sister, my mom and I all agreed that it was time for her to move North—though my mom insisted that she would only move North if she could have her own apartment so she wouldn't cause us to change our routines. She didn't want to be a burden.

We have rented an apartment for her, 4 minutes away from our home, with the lease scheduled to start in a few weeks. We are fortunate that mom's brain is as sharp as it ever was. She spends much of her day on the computer, endlessly curious. Google is her best friend. She also spends hours on the phone or on ZOOM with family and friends. She is easily entertained; she loves to read and to play the stock market. She loves a bargain. In fact, we have to hide our grocery store receipts because nothing upsets her more than seeing we paid full price for items that were clearly on sale in the store circular.

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Continued from previous page.



However, she has physically slowed down—a lot. This realization has been a shock. I think of her as someone in constant motion, always rushing around, never sitting still. Now she reluctantly uses a walker (insisting she will wear herself off it). I live in fear of another fall. Getting up and getting dressed takes an incredibly long time. Forget climbing stairs! Getting in and out of a car takes a lot of effort, as does managing personal hygiene. The bathroom has been transformed with pull-ups, pads, and a shower chair. She sleeps 10-11 hours a day. When I ask my mom how she feels about her new stage of life, she tells us not to

worry and says, “I am the luckiest person alive.” The lesson she has taught my sister and me is to, like her, always look ahead and not back, to enjoy every day, and to NEVER complain (this is sometimes hard to do...in fact, being my mother, she was often the object of my complaints!).

She may tell us not to worry, but I do. Is my mother ready to go back to independent living?...and for how long? What about COVID? In addition to fears about contracting it, it’s hard to imagine my mom moving into a place where all social activities have come to a halt. And what happens if her physical and/or mental capabilities decline? How will I address those issues and the options going forward?

I have always tried to be a good and empathic listener for my patients. Now that my own mother is living with my husband and me, I have an even better appreciation of the difficulties patients and their families talk about when they have to confront decisions about independent living. Like them, our family is learning the most important thing is to keep assessing the situation—constantly, objectively and honestly--and to have frank discussions when necessary, including about needed adjustments to the “plan.” In spite of it all, I am grateful for the experience, and—Like my mother I feel very lucky we have both lived long enough to really appreciate each other.

## Allergies. Is there anything I can do about this?

### ANSWER:

Spring is a beautiful time of the year, with flowering trees and flowers everywhere. However, for many people, the large amounts of pollen that are released from grass, trees and flowers can cause or exacerbate allergies, often called “hay fever” or “allergic rhinitis”. Symptoms can include runny nose, sneezing, watery and itchy eyes, and sometimes, cough. Often people think they have a cold. However, allergies are not associated with a fever or aches and pains.



Most allergy symptoms are mild and resolve as the season progresses. However, some people have severe symptoms. People with asthma can find that their breathing can be worse during allergy season. Some people find that their allergy symptoms last all year long, not just during springtime. They can find out what they are allergic to by having allergy skin testing, called a “prick test” by a specialist in Allergy and Immunology.

Interestingly, there is more evidence that we are seeing more allergies now than in the past because we are becoming “too clean.” Throughout our lives, when we are exposed to “dirt” or such things as pollen or even peanuts, we develop antibodies to these, which then protect us from allergic reactions later in life. A recent study showed that Israeli children who eat a snack similar to cheese-its, only made from peanuts have far fewer peanut allergies than American children, who are protected from peanut products by cautious parents. Similarly, antibiotic soaps may wash away some of the bacteria we need to be exposed to in order to develop antibodies. Treatment for allergies can start with air purifiers, filters and to try to clear the inside air of pollen. After gardening or walking in grassy areas, wash clothes and hands, and take off shoes at the door.

Often people need medications to control severe symptoms. Unfortunately, the most effective drugs, over the counter antihistamines, can cause drowsiness and other side effects. The newer antihistamines, such as fexofenadine (Allegra) and loratidine (Claritin), which are also over the counter medicines, help control symptoms with fewer side effects. There are also some antihistamine nose sprays and eye drops available. Steroid nose sprays are often used, but long term use of these steroid sprays can cause some of the negative side effects of steroids. Decongestants such as pseudoephedrine can help, but can cause high blood pressure or heart problems.

Over the counter normal saline nose sprays or irrigation with a neti pot where you pour a salt water solution into one nostril and drain it out the other to flush out old mucus and other pollutants can help wash out pollen from your nose and have no side effects. This has been used for centuries and is extremely effective in treating the symptoms of seasonal allergies such as runny nose.

## What is sciatica and how can it be treated?

### ANSWER:



Sciatica is a pain that travels along the path of the sciatic nerve. We have a sciatic nerve that goes down each leg, starting from your lower back, traveling down the buttocks, the leg and into the foot. Although there is a sciatic nerve on each side of the body, usually sciatica affects only one side. Any part of the sciatic nerve can cause pain. Sometimes the pain is in the whole leg, and sometimes it affects only a part of the nerve, such as the buttock, or leg or foot. For some people, the pain is debilitating, while for others it is only a minor irritation.

Sciatica generally occurs when something compresses or squeezes part of the sciatic nerve, which causes it to become inflamed and painful. Some causes of nerve compression include spinal stenosis (narrowing of the spine, often caused by arthritis), a herniated disk or spondylolisthesis, where one of the backbones (vertebra) slips forward over another one. People who sit for long periods of time are more prone to sciatica.

Most of the time, sciatica gets better within a few weeks without surgery. However, if the pain persists and is not easing within a few weeks to months, surgery may be necessary.

X-rays are not usually needed unless the pain does not go away within a few weeks. If needed, an MRI or CT scan of your spine may be helpful in locating the problem. Physical therapy can be helpful. The therapist can show you exercises to help relieve the pain. It is important to keep doing these exercises even after the pain goes away to prevent it from recurring. Treatment usually consists of ice during the first couple of days. After that, heat may be helpful. Medicines such as acetaminophen, ibuprofen, naproxen or gabapentin may help, if there are no contraindications to taking them. If these don't help, an injection of steroids into the area of the inflamed nerve may bring temporary relief.

The good news is that while sciatica can be quite painful, it usually goes away on its own.

WE CAN'T  
STOP TIME;  
WE CAN ONLY  
CHERISH IT.  
-JOE MASSOCCO



## What is it about the cold weather that increases health-related problems?

### ANSWER:



Cold weather usually means that people spend more time inside and in close contact with each other, such as in stores, malls, and restaurants. This means that infections such as the flu, coughs and colds are more easily spread to each other. Also, icy sidewalks can make falling easier.

### What are the biggest cold weather problems you see?

One of the most dangerous winter problems is hypothermia, which means internally, our bodies get too cold. Hypothermia is dangerous because as we get older, we may not be aware that it is happening. The outside temperature does not have to be that cold—even prolonged exposure to mild cold can cause it.

### Some signs that a person may be becoming hypothermic:

- Muscles in neck, arms or legs get stiffer than normal
- Shivering is a sign that the body is having trouble keeping warm. The shivering response is frequently diminished or absent in older adults, and, in fact if an older person is NOT shivering in a cold environment, this does not guarantee that the person is not cold.
- Some other signs may be confusion or irritability.

### Protect yourself in the following ways:

- Get a flu shot every year
- Wash your hands frequently with soap/water or hand sanitizer and cough and sneeze into the crook of your elbow, NOT your hands.
- Dress warmly when going out, with hat, gloves and warm coat
- Avoid slippery surfaces if possible. Wear shoes or boots with heavily textured soles that can grip surfaces. Use handrails, even if you feel you don't need one.
- Have a 3 day supply of food, water and medicines in case snow or ice storms keep you at home.
- Keep extra blankets at home. If you feel you or someone you know may be suffering from hypothermia, call 911.
- During the winter months, get out and get some exercise .
- Keep smiling-before you know it, spring will be here!

**“Wear masks when you are outside”. Although this has been done mostly during the COVID pandemic, we have found that there are far fewer cases of flu and colds in general because of the protection we get from wearing masks.”**

## Is there such a thing as too much sleeping?

### ANSWER:



We hear a lot about how important sleep is. During sleep, the body and mind take the time to rejuvenate. Getting too little rest can lead to health problems. Many people have trouble falling asleep or staying asleep. However, the opposite- getting TOO MUCH sleep- can be a problem too. This is called oversleeping.

First of all, how much sleep do we need? Most reports say adults should get 7-9 hours of sleep in a 24 hour day. However, it seems that it is healthier to get closer to 7 hours than even 8 hours of sleep. In fact, some studies show that there may be a higher incidence of diabetes, obesity and heart disease and even higher rates of death in people who get too much sleep.

So what causes people to sleep too much? There are some medical conditions (such as narcolepsy) that cause excessive sleepiness, but these are rare. Not getting enough sleep is a common cause of excessive sleepiness. Working at night and sleeping during the day is another. Other causes include drug, alcohol, or cigarette use, lack of physical activity, obesity, depression, anxiety, boredom and the use of certain medications.

Oversleeping can have some negative side effects, including gaining weight, headaches, back pain, heart disease and depression. It's not clear which comes first- the depression or the oversleeping, but treating one may also help treat the other. There is a lot of advice out there on how to reduce the amount of time spent in bed. The first is to recognize that the ideal amount of time in bed is 7-8 hours and try to make an effort to limit "in-bed" time.

### Here are some suggestions:

- Decide what time you want to get up in the morning and go to sleep 7-8 hours before that. Use an alarm clock to wake you up and do not hit the snooze button!
- Try to go to sleep before midnight
- Don't drink alcohol just before going to bed.
- If light bothers you at night, wear an eye mask to shut out lights in the room.
- Try to get up in the morning to a window with light.
- Eat breakfast soon after getting up in the morning and drink a cup of coffee or tea.
- Get exercise every day.
- Have a plan for the day so you keep some sort of schedule.
- Try to avoid sleeping pills which can give you a "hangover" effect the next day.

**I am confused about the difference between the many housing options for older people. Can you explain the difference between independent, assisted living and long term care?**

**ANSWER:**

There are several options for people who wish to move out of their homes and into a new home which may be smaller without the responsibilities of doing their own upkeep. Some of the main differences are as follows:



**INDEPENDENT LIVING**

These are for people who are quite independent with few medical problems. Often they are for people who want to “downsize” and be a part of a community to make new friends and have structured activities on site. Although it can be very hard to leave a home you have been in for decades, people often report great satisfaction after they make the move. They are also known as retirement communities, 55+ communities or CCRC (continuing care retirement communities). They are usually private pay. Some offer meal plans. Most have activities such as exercise classes, lectures, movies and trips. Many offer limited transportation to doctors’ visits, shopping and social outings.

**ASSISTED LIVING**

These are private apartments for people who need help, often with taking medicines, bathing and are not safe to live completely on their own. Meals are provided in a communal dining room. Staff is often available for those who need extra help, although there is often an extra charge for this. Activities are an important part of assisted living communities and limited transportation is often provided. These are private pay. Some assisted living communities have transition areas where they can move if they need nursing home care.

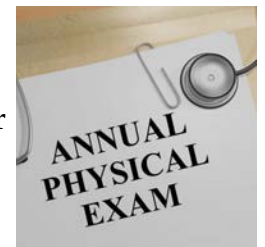
**NURSING HOME**

These are also called skilled nursing centers or long term care facilities. These are for people who need a high level of medical care and assistance 24 hours/day. People usually share a room. Meals are eaten together in the dining room. There are structured activities. These are often private pay, although Medicare will pay for some rehab and Medicaid will pay after someone is on Medicaid. Some nursing homes also have short-term rehabilitation units for people recovering from an illness or surgery.

**Senior Center Elder Resource Guide** <https://www.brooklineseniorcenter.org/senior-resources/>

**Be prepared for your annual physical, When you go in for your annual physical exam, be armed with a list of questions to ask your doctor. This will save time and make sure nothing important is missed.**

**Blood Pressure** - At age 65, one of the most important things is to make sure your blood pressure is under control. A healthy blood pressure of 120-140/80 should be maintained for life; if it is higher than that, it can put you at higher risk of stroke or heart attack.



**Cholesterol** - Geriatric specialists are still in the early stages of trying to figure out the whole cholesterol business, but it appears that those who have very high levels, including high levels of LDL (bad cholesterol) may benefit from taking a cholesterol-lowering drug, which can prevent heart attack and stroke.

**Bone Density** - This test aims to prevent broken bones, particularly hip and spine fractures. A hip fracture usually starts a downhill slide. About 25% of elderly patients who fracture a hip die within a year. Even among those who survive, many have to walk with a cane or can't live at home. The best treatment is prevention.

**Prevention involves:**

- Taking adequate calcium, either through food or supplements, plus Vitamin D.
- **Colonoscopy** -The test that seeks to detect colon cancer early on should be started at age 50 and then done every 10 years after that. A lot of people put it off as they don't like the cleansing of the colon in advance of the test. But colon cancer can be treated if caught early.
- **Flu Shots** - Seniors should get an annual flu shot. About 35,000 Americans, most of them seniors, die of the flu each year. A pneumonia vaccination is also a good idea. And a single shot after age 65 lasts a lifetime.
- **Hearing**- Older people should get their hearing tested as hearing loss can be very isolating, particularly when people can't hear conversations around them. Sometimes such a loss is just a simple matter of cleaning out ear wax. And if not, hearing aids are inconspicuous these days.
- **Body Mass Index** - (BMI) testing is a calculation of whether you are at a normal weight for your height. Being a normal weight is one of the best ways to prevent heart attacks and strokes.
- **Depression** - Unfortunately, most seniors are not receptive to talking about depression, even though it is a real concern later in life. I suggest that family members be on the lookout for signs of depression in their elderly relatives. Physical ailments can make you depressed. And depression can mask itself in such complaints as poor appetite, problems sleeping, or decreased energy.
- **Vision**-Losing one's sight is among the most devastating things suffered by the elderly. But glaucoma, a top reason why older people lose their sight, can be prevented. Annual checkups by your eye doctor can detect glaucoma, macular degeneration, and cataracts.

**I love to read but I am finding that my eyes get tired and water making it hard to read. Do you have any suggestions?**

**ANSWER:**



Tears are very important in keeping our eyes lubricated. They help wash away dirt every time we blink. If there is extra dirt or another irritation in the eye, we produce extra tears to try to wash it away. The tears then drain out of the eye through tiny holes at the corner of our eyes called tear ducts and into our nose, where we wipe them away. If these tear ducts get blocked, often with dirt, the tears can't drain and can cause excessive tearing.

**There are several other possible reasons for developing excessive tears and watery eyes.**

- One is called "dry-eye syndrome." When the eyes get too dry, the eyes respond by making more tears. This can be caused by aging,
- overly dry air and some medications
- It can also be caused by allergies, sprays and smoke.
- Some infections such as conjunctivitis can cause more tears by trying to wash away the infection.

**We are exposed to many things in daily life that can irritate the eyes, including:**

- Eyestrain
- wind
- foreign debris that finds its way into our eyes

**There are several simple things one can do to help.**

- Having a humidifier helps moisturize the air, especially in the dry winter months, and keeps the eyes moist.
- Keeping the eyes clean is one the most important things you can do. This can be done by washing your upper and lower eyelids gently every day with a wet, warm washcloth that can help dissolve the waxy buildup that can block your tear ducts. Hold the warm cloth over your eyes for several seconds. This also helps wash away dirt and dust that can cause irritation. Artificial tear drops can also help.

## The Highs and Lows of Blood Pressure

Blood pressure is the measurement of the pressure of the blood inside our blood vessels as it pumps our blood from our heart to the rest of our body. It is measured by 2 numbers, a top number called the “systolic” blood pressure and a bottom number called the “diastolic” blood pressure.



**High blood pressure** is called hypertension. While 120/80 is considered normal for younger people, newer recommendations for people over 60 Y.O. (some say 80 Y.O.) are that blood pressure does not need to be treated until it gets to 140/85.

In some societies, the blood pressure stays the same throughout life. However, in countries with plentiful food, such as the USA, blood pressure often rises as we get older, possibly because of being overweight or salt intake or other factors we just haven’t discovered yet. Some drugs can increase the blood pressure, such as steroids, some cold pills containing decongestants, and meds for pain such as ibuprofen and naproxen.

We take controlling blood pressure very seriously because high blood pressure is known to predispose people to heart attacks, strokes, kidney disease, eye problems and erectile dysfunction. Yet most people don’t know that they have hypertension unless they find out at the doctor’s office, since there may be no outward signs. If the doctor finds that you have hypertension, it is important to get several blood pressure measurements outside of the office, since many people have “white coat hypertension”, meaning they get nervous in the doctor’s office and the blood pressure becomes high. It is easy to buy a simple electronic blood pressure monitor at the pharmacy, take several different measurements at home and keep a chart.

There are many different kinds of medicines to reduce blood pressure. However, the first step is to try to manage your high blood pressure without medicines by losing weight if you are over your ideal body weight. Do at least 30 minutes a day of walking or other types of exercise and cutting down on salt (most salt comes from canned and processed foods-read the label for amount of salt, which is recorded as sodium-you may be very surprised at how much there is! The recommendation is to try to take in no more than 1500-2000 mg of sodium/day).

If these measures don’t bring down the blood pressure enough, there are several different types of medicines your doctor can prescribe. It is best to start with low doses and if you need to take more than one of these medicines, consider taking one in the morning and one in the evening to try to avoid side effects (such as too LOW blood pressure, which can make you feel dizzy).

**Blood Pressure Screenings are conducted by the nurse from the Brookline Public Health Department (BPHD), Building and at Park Street. Please read the Brookline Senior Center News and Events for dates and times.**

## What are the basic tests and vaccines I need to get?

**Question:** What kind of flu vaccine should I get and when should I get it?

**Answer:** As people get older, our immune system gets weaker, making it easier to catch certain diseases. Vaccines can help prevent diseases that can be very dangerous by helping the body develop immunity to these diseases and fight them in the future.

**There are 5 vaccinations which are recommended for adults older than 65:**

- INFLUENZA (“The Flu”). You need a dose every fall.
- PNEUMONIA 23 and the newer PREVNAR 13
- TETANUS, DIPHTHERIA and PERTUSSIS (whooping cough) also called DTaP. After getting the DTaP, you need a Td booster shot every 10 years.
- SHINGRIX – the updated shingles vaccine for adults older than 60
- COVID 19– follow CDC guidelines

**INFLUENZA (FLU)** viruses are very clever about changing themselves every year to keep from being killed by the vaccine, so every year the scientists try to outsmart the flu virus by changing the vaccine. Some years they are more successful than others.

For the 2019-2020 flu season, there is a new flu vaccine specifically made for people over the age of 65 called FLUAD. It has an extra ingredient added to the vaccine that helps create a stronger immune response to vaccination. It is made with eggs, so it should not be given to someone with a true egg allergy. More studies are showing that the flu vaccine may still be safe for people who don't have really severe egg allergies.

There have also not been studies yet showing that FLUAD is more effective than the current high dose flu vaccine Fluzone, also for people over age 65. These high dose flu vaccines were developed specifically for older people because most flu-related hospitalizations and deaths were in older people, since our immune systems get weaker as we age.

Some studies have shown that both of these are more effective than the standard flu shot in preventing the flu, but the CDC has not expressed a preference for any flu vaccine indicated for people 65 and older. CDC recommends ANY flu vaccination as the most important step in protecting against the flu.

The flu vaccines are safe-you cannot catch the flu from the vaccine. However, you may have some side effects, such as pain, redness at the injection site, headache, muscle aches, and fatigue.

**Flu season usually lasts from around December through the spring.** It takes 2 weeks to build up strong immunity after getting the flu shot, and after that, the immunity starts to weaken. So it is better to wait until end of October into November to get the vaccine. However, it is never too late to get the vaccine!

## What are the basic tests and vaccines I need to get? Continued from Page 33

**HEPATITIS C:** A blood test can determine the presence of Hepatitis C, for people between 65 and 75. There are cures for this where there weren't before. The test is very important because without treatment, Hepatitis C could lead to big liver problems down the road.



**EYE EXAM:** An eye exam is also recommended to everyone every year to rule out glaucoma. It is reversible, preventable, and if not treated, can lead to blindness.

**FLU VACCINE:** Recommended once a year.

**TDAP:** This vaccine prevents tetanus, diphtheria, and pertussis (better known as whooping cough). Should get it every 10 years.

**SHINGLES:** This is a very painful virus and can strike anyone who had chicken pox in the past. This vaccine is recommended at age 60 to anyone who had chicken pox.

**PNEUMONIA:** Pneumonia vaccine should be given once at age 65. There is now a 2<sup>nd</sup> pneumonia vaccine which should be given at least one year after first vaccine.

There are 2 PNEUMONIA vaccines that people older than 65 should get. Each vaccine helps prevent pneumonia caused by different types of pneumonia. The older Pneumovax 23 has been shown to be effective in preventing pneumonia caused by those 23 particular variations of the pneumonia bacteria. More recently, in 2011, a new pneumonia vaccine called Prevnar 13 was released to help prevent 13 additional types of pneumonia. People over 65 should get both pneumonia vaccines, but not at the same time. It is better to wait a year between vaccines. If you have not had any pneumonia vaccine, start with the Prevnar 13, then wait 1 year to get the Pneumovax 23. Each vaccine should be effective for a lifetime, so you do not need to repeat them.

Vaccines, like medications, can cause side effects. Most of these side effects are mild and improve in a few days, whereas the diseases that the vaccines are made to prevent can be deadly. If you are sick with a cold or are taking steroids, it may be best to wait a while before getting a vaccine.



## What causes fainting? Is it dangerous?

### ANSWER:

**Introduction:** With so much ice and snow on the ground, it is inevitable that some of us will take a fall, no matter how careful we are. While we may not be able to avoid all falls, we can try to make our bones stronger so they don't fracture (break).

**Discussion:** Under the microscope, bone looks like a honeycomb. As we age, our bones become less bone and more space, making them more fragile. A little bone loss is called osteopenia, and severe bone loss is called osteoporosis. This happens more in thin older women who have a family history, but it can happen to anyone. Some things make it worse, such as smoking, being inactive, certain medicines (such as steroids, either by pills or nose spray), and low calcium and Vitamin D intake. To prevent bone weakening, most people should take 1000 mg of calcium and 1000 IU of Vitamin D3 daily. Calcium is best absorbed through foods such as milk and yogurt. You can add up the amount of calcium in food by reading the nutrition label. If it says "Calcium 40%, just add a zero to the 40 and you get 400 mg of calcium. The easiest form of Vitamin D is to take a Vitamin D pill 800-1000 IU. In addition, bones get stronger with pounding exercise, such as walking, dancing, and weight lifting.

It is important to know if you have osteoporosis, because there are things you can do to treat it. Your doctor can order a bone density scan, a very simple X-ray test that can determine how strong your bones are. If it shows osteoporosis, there are pills that can be taken weekly or monthly or in intravenous infusion that you need to take only once a year. While many people are concerned about side effects, these medicines are very effective in decreasing the chances of a broken bone. This is truly a condition where an ounce of prevention is critically important, so drink milk, eat yogurt (all of which can be found lactose-free), take Vitamin D, and keep moving!

**Fainting** is defined as a sudden loss of consciousness. The medical word for this is syncope. According to the April 2012 issue of the Harvard Heart Letter, almost one third of us will faint at least once in our lifetime. People usually faint because the brain suddenly does not get enough blood.

There are several possible causes of fainting. Standing up suddenly from a chair or bed or even standing for a long time does not give the blood enough time to get to the brain. This causes the blood pressure to drop quickly, not allowing the blood to get to the brain fast enough. Before fainting, people often feel dizzy. If they don't sit down quickly, they can faint. This is made worse when there is not enough fluid in our bodies either from not drinking enough liquids or from taking water pills. Pain or strong emotions may cause the blood vessels to open wider, thus causing the blood to drop to the bottom part of the body, also causing fainting.

Occasionally, fainting can be caused by abnormal heart rhythm, either too fast or too slow, disrupting the flow of blood to the brain. Sometimes damaged heart valves also causes fainting.

When you faint, it is important to get a checkup. Blood pressure should be measured both while sitting and standing to see if it gets lower on standing. An electrocardiogram (EKG) can determine if the heart rhythm is normal, and an echocardiogram can evaluate the heart valves. Often a cause is not found, but frequently a simple change in medication or drinking more fluid can fix the problem.

## Why does my knee buckle while walking for no apparent reason and without notice?

### ANSWER:



Knee buckling which is a sudden "giving way" of the knee is fairly common. It happens more as we get older. It can happen while walking or more commonly while walking up a flight of stairs.

### There are different reasons for knee buckling:

- An injury caused by sports or a fall can cause sudden pain, swelling and bruising. If the buckling is caused by a sudden injury, Ice and compression with an ACE bandage or knee brace can help in the early stages.
- Arthritis due to "wear and tear" (osteoarthritis) is more common. The muscles and/or ligaments around the knee become weak and lead to an unstable kneecap.
- Knee buckling can cause someone to fall, which can lead to a broken bone, so it important to start to reverse this process. Once people have had a few knee buckles, they may begin to avoid those activities which they have noticed lead to buckling. However, this is the opposite of what they should do. This can lead to weakening of the leg muscles that may be contributing to the problem in the first place. They should start doing exercises 2-3 times/week to strengthen those muscles.

### There are several good exercises which are easy to do, but they only work if you do them!

- The "squat." This is done by holding on to a chair, standing with your feet about 2 feet apart and bending your knees, keeping your back straight, then slowly push yourself back feet apart and bending your knees, keeping your back straight. Then slowly push yourself back up to a standing position. You should feel a little "burn" in your thigh muscle.
- Lie on your back with legs straight and point your toes toward your head, hold for a few seconds, and then relax. You should feel a stretch in your calf muscles.
- Sit on a chair with feet on the floor, raise one leg at a time to straighten your knee, hold for a few seconds, and then bring your leg down. Increase the time you hold your leg up as you get stronger.

**I am tired when I go to bed but then I cannot sleep. As soon as the sun begins to rise I fall asleep and then cannot get up until about noon. Do you have suggestions for me?**

**ANSWER:**

As we get older, our usual sleeping habits may change. Part of this may be due to our producing less melatonin than we did when we were younger. People often get sleepy earlier in the evening and then wake up earlier in the morning. Some people find they can't sleep at night and then are so tired they fall asleep early in the morning. The important question is whether you feel rested during the day, or whether you feel tired all day.

It is believed that the ideal number of hours of sleep is between 7 and 9 hours/night. If you feel rested and energetic during the day, you are probably getting enough sleep. However, if you feel exhausted during the day, that is not "normal aging."

Anyone can have a stretch of days or weeks where we have trouble sleeping (insomnia). However, if insomnia becomes a chronic problem, it may need some investigating. According to Help Guide, which collaborates with Harvard Health Publications, the consumer health publishing division of Harvard Medical School, these are some symptoms which may suggest a sleep disorder:

- Have trouble falling asleep even though you feel tired
- Have trouble getting back to sleep when awakened
- Don't feel refreshed after a night's sleep
- Feel irritable or sleepy during the day
- Have difficulty staying awake when sitting still, watching television, or driving
- Have difficulty concentrating during the day
- Rely on sleeping pills or alcohol to fall asleep

- Have trouble controlling your emotions

There are many causes of insomnia, such as stress, depression, anxiety, medications or health problems. Drinking alcohol, using the computer before bedtime, pain, and lack of exercise, snoring and sleep apnea can also cause sleeping problems. To help make sure you get a good night's sleep, try the following:

1. Turn off the TV and computer about 1 hour before going to bed.
2. Read either a book or an electronic device that doesn't have its own light source
3. Block out snoring by wearing ear plugs
4. Get aerobic exercise during the day(walk, dance, golf)
5. Talk to your doctor about trying melatonin (not sleeping pills!)
6. If you get tired during the day, it's OK to take a short nap (less than 1 hour, preferably in the afternoon)
7. Avoid alcohol and caffeine (including chocolate!) late in the day.
8. As a nighttime snack, warm milk, turkey and tuna fish contain tryptophan, which is a protein which helps induce sleep.
9. A cup of chamomile tea is thought to be relaxing-drink a cup 2 hours before bedtime.

In the winter, when there is less light, sitting under a lamp designed for SAD (Seasonal Affective Disorder) for 30 minutes each morning can help reset a wake-sleep cycle and even boost our spirits during the winter, which can help sleep. It is common to have short periods of time when we have trouble sleeping, but it usually passes. If it persists, speak with your doctor about seeing a sleep therapist.

**My cholesterol is high and my doctor wants me to take medicine to lower the cholesterol. What is cholesterol, why should I worry about it, and how bad are the side effects of the medicines?**

**ANSWER:**

Cholesterol is an important substance that is found in everyone's blood and is necessary for good health. However, people with cholesterol that is too high have a greater risk of heart attacks and strokes. The higher the cholesterol, the greater the risk.



**The major types of cholesterol are:**

- Total cholesterol
- LDL cholesterol (the “bad” cholesterol because people with high LDL levels have more heart attacks and strokes)
- HDH cholesterol (the “good” cholesterol, because having higher levels of this may lower the heart attack and stroke risk)
- Triglycerides. These are a different kind of fat, which also increase risk when they are high.

**We consider cholesterol to be “normal” when the numbers are:**

- Total cholesterol below 200
- LDL cholesterol below 130 (or lower, if you are at a higher risk of stroke or heart attack)
- HDL cholesterol above 60
- Triglycerides below 150

If you have high cholesterol, it is important to look at all the factors that increase the risk of heart attack or stroke, such as smoking, high blood pressure, a family history of heart disease at a young age (55 for men, 65 for women) and obesity. Not everyone with high cholesterol needs to take a cholesterol-lowering medicine called a statin. However, these medicines are very important for prevention for the following people, regardless of what their cholesterol numbers are.

If you already had a heart attack or stroke, have known heart disease, diabetes or peripheral artery disease caused by arteries full of fat which making it painful to walk, statins not only lower cholesterol, but they also help prevent buildup of blockage (called plaque) in our blood vessels which leads to heart attacks and strokes. It is believed that it is best to take statin medication in the evening. For people who want to try to lower cholesterol without medicines, you can try to stop eating saturated fat (red meat, cheese), lose weight if you are overweight and be more active. Eating fatty fish such as tuna 1-2 times/week , or taking daily fish oil (1000 mg/day) can also help.

Most people can take statin medicines without side effects, especially at lower doses, so it is good to start with a low dose and then gradually increase the dose if needed. Generics are as effective as brand names.

## What can I do for my itchy dry skin and scalp?

### ANSWER:

Dry skin is common as we get older. There are many reasons for this: less protective fat in the skin, a thinner outer skin layer, less collagen, medications and more sensitivity to heat and air conditioning. Skin can become rough, flaky and cracked and more prone to damage such as skin tears. The skin produces less natural oil, so taking long hot baths or showers without immediately putting on moisturizer while the skin is still damp can lead to dryness. Alcohol based hand cleaners are very drying.



Itchy skin can lead to scratching which in turn can lead to thickened skin which then becomes more itchy. If the itching is sudden and new, it may be a sign that there is an underlying medical condition, such as gall bladder disease, thyroid problems, kidney disease, a fungal infection or very rarely cancer. You should check with your doctor to be sure your itchy skin is not part of a disease, but a part of normal aging. Emollients (moisturizers) are very helpful in combating dry skin. They come in lotions, creams, and ointments. Lotions have a high water content and can actually make dry skin drier because they can cause excessive evaporation from the skin. In contrast, thick creams (for example Eucerin, Cetaphil, Nutraderm, which have a low water content, or ointments like petroleum jelly, Vaseline, Aquaphor) which contain no water better protect against dry skin. They should be applied twice a day, ideally after bathing or hand washing and can also be used on the scalp.

Some people may need steroid cream to help with itching, but this should only be started after seeing a doctor. The steroid cream, which can be over the counter or prescription strength, is applied first with the moisturizer applied on top. Usually steroid creams are only used for a short time (2-4 weeks) to avoid side effects.

For severe itching, antihistamines can help, but it is preferable to use non-sedating preparations such as Claritin or Allegra.

## At what age should we stop driving?

### ANSWER:



There is no "one answer fits all." Almost 80% of people over the age of 70 are driving. A recent survey in California of adults over age 65 of their top 10 fears revealed that after the Number 1 fear of being diagnosed with a fatal illness, the Number 2 fear was losing the ability to drive and losing their driver's license.

Driving is important for going shopping, getting to medical care, visiting and going to events. Other forms of transportation are often much less convenient, if they are available at all.

The number of fatal accidents has been dropping, which is good news. However, often our bodies change with age, which can make driving dangerous for the driver and for others. So how do we know who are the people who are at risk?

**Often we look at the "4 C's" which M.G. O'Connor presented in an article in the Journal of the American Geriatric Society in evaluating at-risk drivers:**

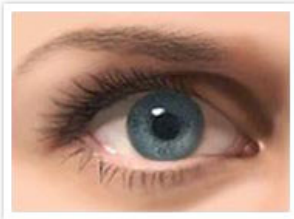
- crash history
- family concerns
- clinical conditions (such as diabetes, heart disease, medications, stroke, Parkinson's disease, seizures, arthritis, vision, hearing.)
- cognitive function such as cognitive impairment (dementia, medications affecting thinking,) and age-related slowing of processing information .

A physician often faces a conflict. On one hand, patients expect that the doctor will respect their privacy and not divulge personal information. On the other hand, there is an obligation to protect the public from harm due to unsafe drivers.

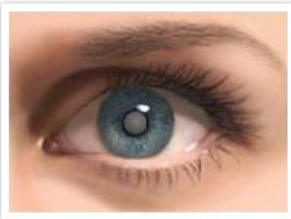
If there is concern about driving, a physician can test vision, physical range of motion and can do cognitive testing for memory, planning, and making decisions. If there is more concern, a driving assessment should be done. The person must understand that if he/she fails the assessment, either they can take a driving "rehab" course, or in the worst case, must give up the driver's license. This is a dramatic event and can cause a great deal of friction between the driver, family and caregivers.

**My doctor told me it was time for me to have cataracts removed from my eyes. What exactly are cataracts? I am concerned about the surgery. Is it safe?**

**ANSWER:**



Normal Eye



Cataract Eye

Each eye has a lens in it, which looks like a clear marble, but softer, so that it can change shape in the eye. The job of the lens is to help focus light that enters our eyes so that we can clearly see the objects we are looking at. A cataract occurs when that clear lens is no longer clear, but rather cloudy, so that light no longer passes through it easily. It can be like looking through a dirty window.

Most cataracts occur naturally with age. Some occur earlier because of diabetes, heavy exposure to sunlight, radiation, or some drugs such as long term use of steroids. Smoking, air pollution, heavy alcohol intake and a family history of cataracts can be risk factors. Occasionally babies are born with cataracts, though this is rare.

Symptoms that you may have cataracts are cloudy vision, difficulty seeing at night, increased sensitivity to light and glare or double vision in 1 or both eyes. Colors may be distorted.

To detect whether you have a cataract, the eye examiner will test how well you can see on the eye chart. He/she can then look into your eye with a dilated eye exam.

**Symptoms of early cataracts** can be improved with new glasses and better anti-glare sunglasses. However, if vision loss interferes with everyday activities, such as driving, reading or watching TV, it may be time to remove the cataract with surgery. Rarely, there can be pain, redness, swelling or double vision. If this happens, call your eye doctor right away.

Cataract surgery is one of the most common operations done in the U.S.-it is estimated that more than 3 million cataract operations are done every year. It is generally very safe and effective and for the most part painless. The operation lasts about an hour and many people choose to stay awake during the procedure. Most people go home the same day, although someone will have to drive you home. You will have to use eye drops for a while after surgery.

It is very important to tell your eye doctor all the medicines you are taking, as that can affect the surgery. Often aspirin and other blood thinners do not need to be stopped before surgery-this should be discussed with your doctor. 90% of people regain excellent vision after surgery. The surgery consists of the surgeon removing the darkened lens and replacing it with a clear plastic lens. Some lenses can help correct vision and some can block damaging light rays.

Some risks of cataract surgery include infection and bleeding. Some people who are very near-sighted may be at slightly higher risk of retinal detachment, though this does not happen often. Rarely, there can be pain, redness, swelling or double vision. If this happens, call your eye doctor right away.

## Should I get the new shingles vaccine?

### ANSWER:

**There are 5 vaccinations that adults older than 65 should get:**

- Flu vaccine every year
- Pneumonia vaccine PCV13 (Prevnar 13)-one time
- Pneumonia vaccine PPSV23 –one time
- Tdap (tetanus, diphtheria and pertussis) once, then Td every 10 years
- Shingrix vaccine for Shingles



Shingles is a painful rash that occurs on one part of the body (different parts on different people.) Even after the rash is gone, there can be residual pain at the site of the rash that can last for years called postherpetic neuralgia. Shingles occurs in people who had chickenpox as a child. The vast majority of adults older than 40 years have had chickenpox, even if they don't remember having it. For people who are uncertain if they had chickenpox or really need to know, there is a blood test which can check for antibodies to chickenpox, although generally this is not done.

The first shingles vaccine, called Zostavax, became available in 2006 to prevent shingles. However, it was less effective in adults older than 80, when people are more likely to get shingles. Then in 2017, a new shingles vaccine, called Shingrix, was developed, which is far more effective than the original Zostavax, regardless of age. The Shingrix vaccine not only gives increased protection against shingles, it also helps prevent postherpetic neuralgia.

Unlike the first shingles vaccine, the new Shingrix vaccine requires 2 injections given 2 to 6 months apart in the arm. Shingrix is recommended for adults older than 50, even if you have already had shingles, have already gotten the older shingles vaccine, or are not sure if you had chickenpox in the past.

Because the vaccine gives such strong protection against shingles, many people have temporary side effects after getting the vaccine which may last a few days. Most people have a sore arm at the site of the injection, and some feel flu-like symptoms such as feeling tired, having muscle aches and headache. These generally disappear in 2-3 days. The vaccine does not contain mercury preservatives.

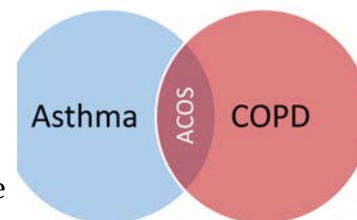
Medicare Part D covers Shingrix, but you should check with your insurance plan to see if there are copays. Also, check with your doctor's office or pharmacist to see if they have the vaccine available, since there has been high demand for it.



## What is COPD? What types of exercise can I do with it?

### ANSWER:

COPD is an abbreviation for Chronic Obstructive Pulmonary Disease. It is a term that describes various forms of lung diseases, including chronic bronchitis, emphysema (which comes from the Greek word for “inflate”), asthma and some types of bronchiectasis. About 10% of people in the USA have some form of COPD. The world-wide incidence is much higher. Some of the symptoms include shortness of breath, chronic coughing, and wheezing. The symptoms are caused by narrowing of the airways in the lungs so that not enough air gets in and out.



There are many causes of COPD. Most are caused by smoking, whether from your own smoking, or now second-hand smoke is recognized as a cause. Some environments which contain chemicals, fumes, dust and air pollution also may contribute to development of COPD. The countries with poor air quality and heavy incidence of smokers have more people with COPD. Unfortunately, there is no cure, but symptoms can be made better by stopping smoking, getting your flu and pneumonia vaccinations, some medicines and occasionally oxygen.

The symptoms of COPD usually come and go. A worsening of symptoms (called an “acute exacerbation of COPD”), is often caused by an infection, either a bacteria which requires antibiotics, or a virus, which is not improved by antibiotics. It can also be caused by increased pollutants (such as smoke from a fire) or extremely cold weather.

COPD is diagnosed by several methods. One is called spirometry, which is a small tube one blows into to measure how much air is able to be moved. A chest X-ray may be helpful. Different types of COPD are treated differently. A doctor could help decide whether inhalers, pills, steroids or oxygen are indicated.

People with COPD may be candidates for an exercise program called pulmonary rehabilitation, which may improve quality of life and ability to exercise. They teach different techniques which may help improve the breathlessness many people experience. Also, being either overweight or underweight may worsen symptoms of COPD, so adequate caloric intake is important – not too much and not too little!

## How do I best to prepare for an emergency?

### ANSWER:

Fortunately, in New England, we don't worry usually about earthquakes, tsunamis, or hurricanes. Instead our concerns are more around flu epidemics, heat waves, blizzards, flooding, and an occasional boil-water order. Emergency planning has two parts:

1. staying at home
2. having to leave your home

#### For at-home emergencies:

You should keep on hand enough medicine for at least three (3) days; extra hearing-aid batteries; canned food and bottled water for at least three (3) days; a radio and flashlight that operates on solar power, cranking up, or batteries (and extra batteries if the latter), and a health emergency information.



In case you have to evacuate, you should have packed and ready to go a bag with a handle (plastic or cloth) in a place near the door where you can "grab it and go." In this bag should be at least a three(3)-day supply of your medications, hearing-aid batteries, glasses, and, if needed, extra sanitary pads along with a change of underwear (and clothes) and enough nonperishable food and bottled water for at least three (3) days.

### FILE OF LIFE

Most important is for you to have File of Life cards for home and wallet with health information. You can obtain File of Life cards at the Senior Center. So whether someone comes to your home or you have to leave, your most important information will be available. Information includes: name, address, phone, birth date, Social Security number, health insurance information, doctor's names and numbers, emergency contacts (family, friends), medical conditions, a list of your medicines (and you might do well to get a copy of your prescriptions from your doctor in case you need emergency refills), the name and number of your pharmacy, and allergy information. The File of Life is really easy to obtain. Call the Senior Center at 617-730-2777 and leave a message along with your name and phone number. The File of Life coordinator will get back to you promptly. It will make emergencies easier to cope with.

#### Don't forget your pets

When you are making emergency plans, don't forget your pets. Make sure you pack food and water for them and that you have their vets' name and telephone number and medication information for them on a card on your refrigerator and in your wallet.

**Brookline Emergency preparedness** <https://www.brooklinema.gov/530/Emergency-Preparedness>

## What is a stroke, and how can I prevent it?

### ANSWER:

A stroke is like a heart attack in the brain. It is caused either by a blood vessel that gets so blocked that blood can't get through it or by a blood vessel that bursts, causing bleeding in the brain. Blood carries oxygen, and when the blood supply is disrupted, brain cells die.

Strokes can be minor, leaving no damage, or they can be devastating, leading to permanent problems with speech, memory, and/or movement. More than 750,000 people in the United States have strokes every year. Some of the reasons that make people more likely to have strokes (called "risk factors") are not preventable, but many are.

For example, older age and a family history of heart disease are risk factors that we cannot control. It is critical to know the risk factors we CAN control and work hard to reduce our risk.

### Controllable risk factors are:

- **High blood pressure.** This can be kept below 140/90 with pills or weight.
- **Smoking.** A very strong risk factor, so STOP.
- **Overweight.** Women should keep their waistlines under 35 inches, men under 40.
- **Alcohol.** Women can have one drink a day, men no more than two.
- **High cholesterol.** Weight loss and pills can help.
- **Diabetes.** Most diabetes is caused by excess weight so again weight loss is significant.
- **Physical activity.** It is important to move actively every day.

### Because a stroke can be life-changing, we all should work hard to reduce our risks.

**Answer:** Most people (myself included) prefer to do almost anything rather than exercise. However, there are so many benefits to be derived from moving our bodies that it really is worth pushing ourselves for at least some part of every day. We all want good blood pressure, good cholesterol, and a nice healthy weight. We'd like our bones to be stronger and our joints to hurt less. We'd like to walk with better balance so we can worry less about falling. There are multiple research studies that prove that exercise can help achieve all these goals.

The best time to exercise is probably in the morning or early afternoon, before you get tired. Mark on your calendar each day what time slot you are devoting to making a stronger YOU.

Do some type of aerobic exercise, such as walking, dancing, bicycling, or participating in an exercise class, every day. This gets your heart beat going faster, moves your blood around, and is good for every body part. Strengthening your muscles is important. You can use free weights, starting with two- or three-pounds or exercise on machines. Exercise classes or dancing may be more fun. The main thing is to decide what you are going to do and do it! You will feel a difference!



## What is the difference between diverticulosis and diverticulitis?

### ANSWER:

Diverticula are small bulging pouches that can occur anywhere in your gastrointestinal tract, but usually are found in the colon (large intestine.) Most people never know they have them. When they are discovered during colonoscopy or barium enema, they are called diverticulosis.

We don't know why people get diverticulosis. Some think it is from high pressure needed to push stool along when people are constipated. This can be best avoided by eating a high fiber diet (i.e., fruits, veggies), drinking a lot of fluids, exercising 30 minutes a day, and often taking a high fiber supplement.

Occasionally, people with diverticulosis can have one of the pouches develop an infection (diverticulitis). This can cause abdominal pain, (often the left lower side), fever, nausea, change in your bowel habits, and sometimes rectal bleeding. When this happens, you need to see your doctor quickly. The doctor may recommend a liquid diet and antibiotics for a few days to kill the bacteria causing the infection. Rarely people can develop a pocket of pus, called an abscess, which can lead to hospitalization.

We used to think that people who had a bout of diverticulitis needed to avoid nuts, seeds, and/or corn, but now this is not felt to be necessary. The best way to avoid these problems is to try to prevent constipation with the suggestions above: eating a high-fiber diet with lots of fluids, exercising so your bowels keep moving, and taking a high fiber supplement.

Time is the coin of your life. It is the  
only coin you have, and only you  
can determine how it will be spent.  
Be careful lest you let other people  
Spend it for you.

-Carl Sandburg

## What is hypertension (high blood pressure), and why is it important?

### ANSWER:

Blood pressure is a measurement of how much work the heart has to do to pump the blood through our bodies. The top number (systolic) measures the heart when it contracts to squeeze blood out. The lower number (diastolic) measures the heart while it relaxes. Normal blood pressure is 120/80. If the blood pressure gets much higher, the heart has to work harder to pump the blood through the body. This leads to a higher risk for heart attacks, strokes, and kidney disease.

High blood pressure is called the “silent killer” because you can’t feel when the blood pressure is high. Blood pressure often is high in the doctor’s office when people are rushed and nervous. It is better to check blood pressures at home with an easy home monitor. Some checks should be done in the morning and some in the evening. There are many nonmedicinal ways to lower blood pressure. If someone has a body mass index of more than 25, losing even 5 pounds can reduce blood pressure. Exercising 30 minutes most days also helps. Lowering salt (sodium) intake to 2000 mg daily also helps. You have to read the nutrition labels carefully to keep track of the amount of sodium you are taking in.

Until these nonmedicinal measures begin to work, blood pressure can be lowered with pills. I often prescribe blood pressure pills for use at night to avoid side effects. If more than one pill is needed, they can be divided into morning and evening. With weight loss, exercise, and salt reduction, you might be able to throw those pills away!

## When does someone need to see a geriatrician?

### ANSWER:

A geriatrician is an internal medicine doctor who has received additional training specifically in treating older adults. Not all people over 65 need to see a geriatrician. This is good since there is a shortage of geriatricians. The need to see a geriatrician depends more on the number and complexity of the medical conditions than on chronological age.

Often as we age, the number of medical problems increases. And with this increase, the number of medicines we take also increases, along with side effects and drug interactions. While most internists and family practitioners can manage these issues, there are times when someone with experience in juggling multiple specialists, tests, medical records, and medications can be beneficial.

A consultation with a geriatrician can help if managing multiple medical issues such as memory loss, urinary frequency or incontinence, Parkinson’s disease, falls, arthritis, or polypharmacy (too many pills) becomes overwhelming. Someone who is quite frail, having difficulty managing their activities of daily living or wishing to discuss “end of life” decisions may also benefit from consulting a geriatrician.

Caregivers who need help developing a care plan for older parents can view a geriatrician as the coordinator of a health-care team that might include a psychiatrist, a social worker, a nurse, and/or a physical therapist. Geriatricians can also help caregivers decide whether the present home is the best home at this time, or if more support is needed for safety.

**Please discuss daily protein needs as well as up-to-date information about what is now recommended for good nutrition.**

**ANSWER:**

We are all encouraged to try to eat a healthy diet in order to prevent heart disease, cancer, and arthritis; to keep active; and to maintain a good weight. This doesn't have to be boring—it takes concentrating on healthy foods that pay real dividends and eating sweets in small portions.



**The basics of a good diet are:**

1. Eat 2 cups of fruits and 2 cups of vegetables every day. Choose different colors (red, green, yellow, purple) as each color works differently.
2. Limit carbohydrates. White foods such as bread, rice, pasta, and potatoes are empty calories that add weight but do not add health benefits.
3. Eat good protein. Adult men need about 56 grams a day; adult women, about 46 grams a day. Eating more protein and less fat and carbs helps weight loss. The best sources of protein are fish, chicken and lean meat (about 7 gms/ounce), milk (8 gms/cup), yogurt (10 gms/cup), egg (6 gms/egg), beans, and nuts. The nutritional labels on food will help guide you. Although nuts have been considered fattening, eating (salt-free) walnuts and almonds can actually help you lose weight if you eat them instead of pastries.
4. Eat good fats, such as olive oil and canola oil (you can bake with these instead of butter—no one will taste the difference!).
5. Get 20 to 25 grams of fiber every day to help decrease absorption of sugar and cholesterol and prevent constipation. Good sources are the fruits, vegetables, nuts, and seeds, the same foods as mentioned above!

If your diet is far from ideal, try to make one big change every week, such as having a piece of fruit (or cooking a yummy fruit compote or making a fruit salad) for dessert instead of that beckoning cookie, cake, or ice cream. Your body will thank you.

## What is norovirus and how can I prevent it?

### ANSWER:

According to The Centers for Disease Control and Prevention (CDC), you can get norovirus from an infected person or contaminated food or water or by touching contaminated surfaces. The virus, often called "food poisoning" or "stomach flu," causes inflammation in the stomach or intestines (acute gastroenteritis). This leads to stomach pain, nausea, vomiting, and diarrhea. It can be quite serious for children and older adults.

You can become infected with norovirus by accidentally getting stool or vomit from an infected person in your mouth. This usually happens when you eat food, drink liquids, or touch surfaces or objects that are contaminated with norovirus, then put your fingers in your mouth, or when you have contact with someone who is infected with norovirus (for example, caring for, or sharing, food or eating utensils with someone with norovirus illness).

There is no specific medicine to treat norovirus illness. It cannot be treated with antibiotics because it is a viral (not a bacterial) infection. If you contract norovirus, drink plenty of liquids to replace fluid lost from throwing up and diarrhea to prevent dehydration. Eventually, the virus will run its course.

To prevent norovirus, wash your hands with soap and water, especially after using the toilet or changing diapers and before handling food. Wash fruits and vegetables before preparing and eating them. After throwing up or having diarrhea, immediately disinfect contaminated surfaces using a chlorine bleach solution. Immediately remove and wash clothes or linens that may be contaminated with vomit or stool (feces) and dry them in a dryer.

## Do I need a vaccine to prevent pneumonia?

### ANSWER:

Yes! In fact, there are now 2 pneumonia vaccines that people older than 65 should get. Each vaccine helps prevent pneumonia caused by different "serotypes" of pneumonia (sort of like "23 Shades of Pneumonia"). The older Pneumovax 23 has been shown to be 50-85 % effective in preventing pneumonia caused by those 23 particular variations of the pneumonia bacteria.

More recently, in 2011, a new pneumonia vaccine called PVC 13 was released to help prevent 13 additional types of pneumonia. It is about 50-75% effective against those 13 types. People over 65 should get both vaccines, but not at the same time. It is better to wait a year between vaccines. If you have not had any pneumonia vaccine, start with the PVC 13, then wait 1 year to get the Pneumovax 23. If you have had the 23 vaccine then wait 1 year and get the PVC 13. Each vaccine should be effective for a lifetime, so you do not need to repeat them. This is different from the influenza ("flu") vaccine. The flu viruses are very clever about changing themselves to keep from being killed by the vaccine, so every year the scientists try to outsmart the flu virus by changing the vaccine. Some years they are more successful than others.

## What is a urinary tract infection and how can I avoid it?

### ANSWER:

Urinary tract infections (UTIs) are the most common bacterial infections in the United States. 80% of all women will have at least one UTI in their lifetimes, and many have more than one. The infection can be anywhere in the urinary tract: the kidneys, the ureters (the tubes that connect the kidneys to the bladder), the bladder, or the urethra (the tube that connects the bladder to the outside).



UTIs become more common as we get older because of decreased immune systems, being less active, bowel incontinence, changes in the bladder 's ability to squeeze out all the urine, and for men, enlarged prostates. The most common bacteria is one that is found normally in stool, but that causes an infection if it touches the opening to the urinary tract.

How do we know if we have a UTI? Symptoms can include a strong urge to urinate, even if you just urinated; cloudy, bloody, or foul-smelling urine; pain or burning on urination; abdominal or back pain; or vague symptoms such as fatigue, weakness, confusion, or loss of appetite. People who have recently had a urinary catheter in the hospital are at high risk for a UTI, and hospitals are encouraged not to use them unless absolutely necessary.

**To prevent UTIs**, it is helpful to drink a lot of fluids to wash bacteria from the bladder. Try to completely empty the bladder. And urinate after sex to flush out bacteria that might have entered the urethra.

**To determine if you have a UTI**, it is important to get a urine test to see if there are white cells (a sign of infection) and bacteria (to see which antibiotic will work).

**Treatment of a UTI** depends entirely on which bacteria grows out of the urine test, which can take 2 to 3 days. If you are in a lot of discomfort, your doctor may prescribe an antibiotic until the test is ready, but this is discouraged because of side effects of antibiotics as well as the growing problem of building up resistance to antibiotics.

*“Breathe. Let go. And remind yourself that this very moment is the only one you know you have for sure.” -Oprah Winfrey*



## How should seniors protect themselves from dehydration during hot summer days?

### ANSWER:

Summertime is here! As we enjoy this wonderful season, we have to remember to avoid one possible side effect of the warm weather—dehydration. This happens when our bodies, which normally consist of 75% water, have more fluids going out (through sweating, urinating, and breathing) than coming in (through drinking).

### Symptoms of dehydration can be:

- dry mouth
- muscle cramps
- nausea
- dizziness
- confusion



Severe dehydration is called heat stroke and often requires hospitalization. Diagnosis is made by blood tests.

We have all heard that drinking several glasses of water every day is the best way to prevent dehydration. However, this is not appetizing for many people. If you don't like to drink water, there are several more interesting ways to increase water intake. Popsicles are very popular, and you can make your own by putting juice, ice tea, or any liquid in ice cube trays, sticking popsicle sticks in them and putting them in the freezer. Fruit, especially melons, are mostly water and are abundant. Cold or hot soups, Jell-O, tea, coffee, Gatorade, lemonade—all count as liquids to prevent or treat dehydration.

**So enjoy yourself, and stay watered!**

## Osteoporosis

ANSWER:



Osteoporosis is a word that describes bones that have become weaker as a result of the body losing too much bone or not making enough bone. This makes the bones more susceptible to breaking (fractures), either from a fall or even from something more minor, such as a sneeze. It is very common and increases as people get older. It is more common in women, but men also may suffer from it. Often people don't know they have osteoporosis until they break a bone. The bones that are most commonly broken are the hip, the backbone (spine) or the wrist. It can cause people to lose height. Some medicines can make the bones more prone to osteoporosis, such as steroids, antacid medications and thyroid medicines at doses that are too high.

The best way to diagnose osteoporosis is with a bone mineral density scan (BMD), a very simple test which is painless (no needles). All women should have a BMD at age 65 and men at risk for osteoporosis at age 70, and then every several years (it is not necessary to have a BMD every year and probably not more than every 5 years, depending on the results).

At this time, the recommendations for both prevention and treatment of fractures are calcium and vitamin D3. The calcium should be 1000mg daily, preferably in food (milk, yogurt, including lactose-free milk and yogurt if you are lactose intolerant). To calculate the amount of calcium in food, the nutrition label on the package will say "calcium 45%", so if you add a zero to the 45, you will get 450, which is the number of milligrams in a serving. Vitamin D3 is best taken by pill, 1000 IU daily.

Weight bearing exercises (walking, stair climbing, dancing, tennis) and muscle-strengthening exercises such as yoga and stretch exercises also help reduce the risk of falls and fractures.

However, although calcium and vitamin D are helpful, in order to build the bones and make them stronger, medications are often needed. People are often scared away when they read the side effects, and not everyone needs these medicines. However, for those who are at highest risk for fractures (people with very low BMD scores, those who fall easily, are taking certain high-risk medications, those who have already broken bones), the side effects of the medications probably are not as dangerous as the chance of falling and breaking a hip or spine. These medicines are proven to decrease the risk of fractures dramatically.

The medications come in various forms. Some are pills you take once a week. There is an intravenous form that you can get once every 1-2 years. There are also injections that help build up the bones that are either injected daily or another which is injected every 6 months. The most important first step is to get a bone mineral density scan and then discuss the options with your doctor. Until then, exercise and take calcium foods and daily Vitamin D.

## Can you talk about memory loss, especially about how to monitor it over time and about what testing actually can tell?

### ANSWER:

The major cause of memory loss is Alzheimer's disease (AD). Usually this is noticed first by family or friends rather than by the affected person. Most recent memories are lost first (present address or phone number), while distant memories (address of childhood home or name of best friend from high school) are the last to be forgotten. It is difficult to learn new material. A common memory test asking someone to memorize three items and recall them in five minutes is often done.



As the disease progresses, people have difficulty finding words to express themselves. There may be agitation or depression. In the late stages, people may have difficulty feeding themselves. While we don't have a treatment for AD, it is helpful for families to know what plans they need to make to keep their loved ones safe and to prepare for the future.

A less common, but more treatable cause of memory loss is "vascular" disease, which is caused by narrow or clogged blood vessels in the brain (much the same way that clogged blood vessels to the heart can cause heart attacks). This can lead to strokes. This type of memory loss, unlike AD, is not necessarily progressive. Instead, one can prevent worsening (or even occurring in the first place) by regularly checking blood pressure, cholesterol, weight, and vitamin B12 levels and by doing thyroid tests and exercising regularly.

## Memories

On days I feel like nothing,  
I try to give you something.  
We both changed,  
I wonder if we are still the same soul from yesterday.

I think I remember it too well  
But you tell me I remember it wrongly  
I don't wanna argue nor explain  
Fractured memories are still memories.

Remember me this way, a loving and understanding heart  
Remember me this way even if one day I will no longer remember  
me nor remember you.

-Anonymous

## I seem to get more constipated these days. How can I manage this?

### ANSWER:

You are not alone. Constipation gets more common as we get older. There is no absolute definition of what constitutes constipation, but usually going longer than 3 days without a bowel movement is too long.

There are several reasons people get constipated. When activity slows down, bowels slow down, so moving around during the day can help jump start the colon. Inadequate fluid and/or fiber intake add to the problem. Drinking more fluids and eating four to five helpings of high-fiber foods such as prunes—or other fruits, vegetables, or high-fiber cereals—can help.

Some medicines can also contribute to constipation. These include calcium carbonate, Pepto-Bismol, iron, narcotic painkillers, antidepressants, some blood pressure medicines, antihistamines, and diuretics. Often when people travel, the upset in routine and diet can affect their bowels.

To prevent constipation, try to drink several glasses of liquid daily to keep bowels moving along. Eat high-fiber foods every day. Try to walk or do some exercise daily.

If you still get constipated, there are many types of laxatives to help. Stool softeners are mild and help some people. It is best not to use stronger laxatives for more than two to three weeks. MiraLAX, senna, milk of magnesia, and docusate are some laxatives to try. While they are safe for the short term, it is far better to try to prevent constipation than to treat it once it occurs.

If you suddenly become constipated when it has not been a problem before, be sure to tell your doctor, as this could signal a problem in your colon.

## INVICTUS

-William Ernest Henley

*Out of the night that covers me,  
Black as the Pit from pole to pole,  
I thank whatever gods may be  
For my unconquerable soul.*

*In the fell clutch of circumstance  
I have not winced nor cried aloud.  
Under the bludgeonings of chance  
My head is bloody, but unbowed.*

*Beyond this place of wrath and tears  
Looms but the Horror of the shade,  
And yet the menace of the years  
Finds, and shall find, me unafraid.*

*It matters not how strait the gate,  
How charged with punishments the scroll,  
I am the master of my fate:  
I am the captain of my soul.*

## Health Care Proxy

### ANSWER:

When someone is diagnosed with life-threatening illness, it can be confusing knowing what questions to ask, what help is available, or what treatments to choose. You do not have to figure out these complicated issues alone. You can get help from a Palliative Care Program. This consists of a team that might consist of a doctor, nurse, social worker, nutritionist, and/or chaplain. This team can provide emotional support and guide you and your family through the health-care system. They can inform you of available community resources. You do not have to have a terminal illness to get palliative care.

Hospice care is palliative care for those who no longer seek treatments to cure them. Usually one must be within 6 months of death to be eligible for hospice programs. You can find a hospice or palliative care program by asking your physician or calling your local hospital. Some hospice programs offer palliative care.

It is important to make your wishes known to your loved ones as well as your doctor. Holiday gatherings are a good time to discuss how you feel about potential medical treatments and quality of life with family or close friends. Assign a Health Care Proxy to make medical decisions for you if you are not able to make them. Your family will be glad to have a clear plan of action—and so will you.

**Editor's note:** The Senior Center's Elder Resource Guide is full of information and resources for finding palliative and hospice care and many, many other topics. This guide is available gratis at the Senior Center. If you don't already have a copy, ask for a copy at the Council on Aging on the second floor.

## What is colitis?

### ANSWER:



Colitis refers to an inflammation of the inside of the colon. The colon (also called the “large intestine”) is a large, hollow tube that is the final part of the digestive tract. After food has been chewed in the mouth, digested in the stomach, and absorbed in the small intestine, the final waste products reach the colon and are eliminated through the rectum. Usually this is a smooth process. However, when the colon gets inflamed, there can be pain, diarrhea, bloody stools, and fevers.

### There are different kinds and causes of colitis:

- **Infectious colitis** is often caused by uncooked or contaminated food or by drinking unclean water, such as water from outdoor streams. Sometimes after taking antibiotics, the good bacteria in our colon are decreased and a different bacteria called “Clostridium difficile” (abbreviated to “Cdif”) overgrows and causes severe diarrhea, pain, and fever.
- **Ischemic colitis** is caused when the blood vessels to the colon, like the blood vessels to the heart, get narrowed. The work of passing food through causes abdominal pain, similar to “angina” or chest pain for exertion.
- **Inflammatory bowel disease (IBD)** is caused by a malfunction of the immune system. This can result in 2 kinds of colitis: Crohn’s disease, which affects all parts of the gastrointestinal (GI) tract and ulcerative colitis, which affects only the colon, but can lead to colon cancer if the colon is not removed. Both can cause bloody diarrhea.

Colitis caused by an infection often gets better on its own. It is important to drink a lot of fluids to make up for what is lost in the diarrhea. However, if symptoms persist and there is blood in the diarrhea, you should see your doctor for further testing with blood tests, stool samples, and often a colonoscopy.

## When can I finally stop getting mammograms and colonoscopies? And what screening is important/necessary to keep me healthy?

ANSWER:

### HEALTH



Screening tests are done to find problems before symptoms begin. These tests may help find diseases early when they are easier to treat. Some tests, like blood pressure screening, are easy, but others, such as mammograms and colonoscopies, are uncomfortable.

### SCREENING

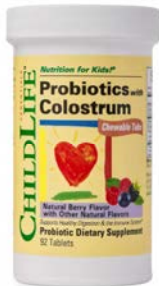
There has been a lot of research to try to help doctors and patients know when it is important to do these tests and when it is safe to stop doing them without running the risk of developing disease when it is too late to treat. While there is not total agreement among the different advisory groups, there are general guidelines. These “rules” are not the same for everyone—much of it depends on your individual state of health.

Decisions to stop screening should be discussed with your doctor so you can come to a decision together. However, here are some general guidelines:

- **Colonoscopy.** It is advisable to have one every 10 years from ages 50 to 80. Over age 80, consider this test only if you are otherwise healthy and if you have something else wrong (new anemia, bleeding from rectum, and so forth.)
- **Mammogram:** It is best to get one every 2 years until age 75. After age 75, continue to test every 2 to 3 years if you are healthy and have a life expectancy of at least 4 years.
- **Pap Test:** Stop after age 70 if you have had 2 normal tests in past. Continue having an internal exam every 2 to 3 years if you are otherwise healthy.
- **Blood Pressure:** Check this every 1 to 2 years forever. There is no age limit.
- **Cholesterol:** There is no upper age limit, but if your cholesterol has been normal for a while, repeat testing is probably unnecessary.
- **Diabetes:** Test your blood sugar if you also have high blood pressure and high cholesterol.

## I've heard a lot about probiotics. What are they? Should I be taking them?

### ANSWER:



Our gastrointestinal (GI) system contains millions of bacteria, all the way from our stomach through our intestines. Most of these bacteria are “good bacteria” and work hard to keep us healthy by digesting food and fighting viruses and bad bacteria that enter our systems. Although we have some “bad bacteria” also, the good bugs keep the bad bugs under control. However, if something happens to disrupt the balance between good and bad bugs, we can get sick with diarrhea or abdominal pain.

This happens most commonly when we take antibiotics. While antibiotics are important in killing bad bacteria when we have infections such as pneumonia and urinary tract or skin infections, they also kill many of the good bacteria in our GI tract. This imbalance can allow the bad bacteria to take over and cause infections of their own.

Two common infections that people can get when they are taking antibiotics are yeast infections and Clostridium Difficile (Cdif) diarrhea. Probiotics are good bacteria that you can take to help offset this imbalance. They are found in yogurt, a yogurt type drink called kefir, pickles, and sauerkraut. You can also take them in pill form. They are considered quite safe.

A recent study found that if we take a probiotic pill whenever we take antibiotics for an infection, the probiotic can greatly reduce the risk of getting C.dif diarrhea.

Therefore, it is important to take antibiotics only when your doctor feels you really need them. If you are prescribed antibiotics, it probably makes sense to take a probiotic pill each day that you are taking the antibiotics.





## What is the best way to take care of my feet?

### ANSWER:

The American Podiatric Medical Association estimates that the average American has walked 75,000 miles by the age of 50. No wonder that many people suffer from problems with their feet! There are many reasons why foot problems are more common with age, such as decreased cushioning at the bottom of our feet, increased dryness of skin and nails, diseases such as heart disease and diabetes which can lead to poor circulation. Since foot disorders can cause pain and decreased mobility, it is important to take the best care possible of our feet.

### Some common foot problems are:

-**Athlete's foot.** This is a fungal infection usually found in warm, moist, dark areas. It often starts between the toes and spreads to the nearby skin and causes redness, peeling and itchy skin. The best treatment is to keep the skin of the feet clean and dry and especially dry well between the toes. Keeping the skin open to the air for a few hours/day wearing good-fitting sandals helps keep the skin dry. Treat the affected areas with over the counter athlete's foot cream or spray.

- **Onychomycosis** is a fungal infection that infects the nails, makes the nails white, thick and tough to cut. It is more difficult to treat than athlete's foot. There are pills that can help treat this, though they may have side effects.

-**Corns and calluses.** These often occur because of shoes rubbing against the skin. A podiatrist can pare these down using a callus file (you can try this yourself with a special callus file or pumice stone, but be gentle so as not to pare down healthy skin). Be sure you are wearing comfortable shoes that don't rub.

-**Ingrown toenails.** These are caused when a nail digs into the skin and can be quite painful. They can also become red and swollen, suggesting an infection and should be seen by a doctor. Cutting toenails too short can cause this. Nails should be cut straight across and even with the top of the toe so the nail doesn't grow into the skin.

-**Hammertoes.** These can be caused by shoes that don't fit properly, trauma to the toe, arthritis or pressure from a bunion. They can be managed by wearing wide shoes, padding with pads from the pharmacy and doing foot exercises.

-**Neuropathy.** Some people have numbness, tingling or burning pain in their feet which can be caused by diabetes, alcohol, some medicines, poor circulation or back problems. There are several medications available to help treat neuropathy, although first one must try to identify the cause. It is important to keep walking and exercising as much as possible.

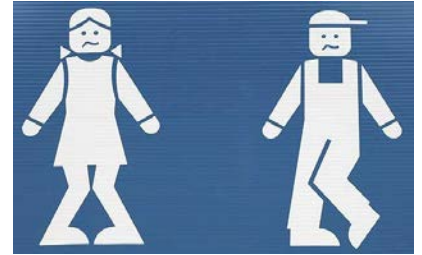
-**Heel spurs.** These are bony protrusions under the heel bone. They often are painless, though sometimes they can cause heel pain. They usually don't go away on their own. Some can be managed with orthotic devices, shoe inserts or heel lifts to relieve the pressure caused by spurs.

To keep your feet healthy, see a podiatrist regularly. Medicare will pay for a certain number of visits every year. Also, wear comfortable shoes with a lot of room for your feet to move. Keep your feet clean and dry them well, especially between the toes.

## Is there any way to prevent the leaking of urine?

### ANSWER:

Leakage of urine or urinary incontinence (UI) is very common. It occurs in between one-quarter and one-third of all women over age 60, and in almost as many men over age 80. Many are too embarrassed to discuss it with doctors.



**There are ways to help if you work at it. A few things you can do to help:**

- Try to minimize caffeine drinks such as coffee and tea (including green tea), since they increase urination.
- The more fluids you drink, the more you will urinate.
- To prevent nighttime trips to the bathroom, reduce fluid intake starting around three hours before bedtime.
- Being overweight, contributes to incontinence, so this may be the best incentive to lose weight. Even a few pounds will help.
- Exercises to strengthen the pelvic muscles (Kegels) definitely help. These can be done two to three times per week—watching TV or reading—by squeezing your muscles as though you are trying to prevent urination.
- You can train your brain to be the boss of your bladder. When you feel the urge to urinate, sit quietly, squeeze hard to prevent urinating until the urge passes, then wait a few minutes and when you no longer feel the urge, walk to the bathroom.

If all these suggestions fail to staunch the leakage, your doctor can prescribe medications that can help. These should be started at the lowest dosage possible. And there are even some surgical procedures that may help that your doctor can also discuss with you.

## Kidney Stone Prevention

### ANSWER:

Dr. Daniel Pendick, in a recent Harvard Medical Health Letter gave 5 tips for preventing kidney stones, particularly in people who have already had a kidney stone:



- Drink plenty of liquid including water and citrus drinks like lemonade and orange juice. The citrate in these beverages helps block stone formation.
- Get the calcium you need: getting too little calcium in your diet can cause oxalate levels to rise and cause kidney stones. Ideally, obtain calcium from foods (milk, yogurt), since some studies have linked taking calcium supplements to kidney stones. Try to get 1,000 milligrams (mg) of calcium per day, along with 800 (IU) of vitamin D to help the body absorb the calcium.
- Reduce sodium (salt): A high-sodium diet can trigger kidney stones. Try to limit daily sodium to 1500-2300 mg. This will also be good for your blood pressure and heart.
- Limit animal protein: Eating too much animal protein, such as red meat, poultry, eggs, and seafood, boosts the level of uric acid and could lead to kidney stones.
- Avoid stone-forming foods: beets, chocolate, spinach, rhubarb, tea, and most nuts are rich in oxalate, and colas are rich in phosphate, both of which can contribute to kidney stones. If you suffer from stones, your doctor may advise you to avoid these foods or to consume them in smaller amounts.

## Senior Citizens Day

"The senior citizen's motto is, "Carpe Diem, today and tomorrow!"

"Nothing stops a senior citizen; they are determined to get where they're going." "A senior's body may be older but still young at heart."

## What causes dizziness and is it the same thing as vertigo?

ANSWER:



**Dizziness** is a vague term and is different for many people. It can be lightheadedness or feeling like you may faint, feel off-balance or tired. It can be fleeting or ongoing. Many things can cause someone to feel dizzy, including not drinking enough fluids, heart problems, medicines, low blood sugar, anxiety, and anemia. Most dizziness is transient and benign. If it is new and persists, it should be discussed with your doctor.

**Vertigo** is the feeling that you or the room is spinning around. It is different from dizziness in that there is the illusion that there is movement. Vertigo can be caused by abnormalities in the brain or in the ear. The most common type of vertigo is called Benign Paroxysmal Positional Vertigo. (BPPV) It occurs when the head is moved suddenly or in a certain position (such as leaning your head back to have hair washed at the beauty shop).

Vertigo is most often caused by an inflammation or infection of the inner ear and may come with hearing loss and tinnitus (ringing in the ear). The symptoms usually come only occasionally and last only a few minutes, although severe cases may stay for a few hours. Rarely vertigo can be caused by a stroke in the back part of the brain and is accompanied by headache, difficulty walking, nausea and/or vomiting. Also rarely, a tumor in the head can cause vertigo.

Treatment of vertigo depends on the cause. Most vertigo (BPPV) resolves by itself. Sometimes, a physical therapy maneuver called the Epley maneuver that involves moving the head in a specific way can be helpful. Medications sometimes prescribed for vertigo have strong side effects and are rarely helpful, since the symptoms usually are gone within a few minutes.



### WHAT ARE THE WARNING SIGNS OF A MEDICARE SCAM?

Medicare scammers can sound very professional over the phone. They often use technology to create convincing websites, emails, and print materials that appear to be from a trustworthy organization. That's why it's essential to learn all you can about Medicare scams. Staying vigilant and knowing what red flags to look for can help you or your loved one stay safe.

**National Council on Aging:**

<https://ncoa.org/article/5-warning-signs-of-a-medicare-scam-and-how-to-protect-yourself>

## Can you address the issues of drug abuse in older adults?

### ANSWER:

Substance abuse among older adults is a fast growing problem. However, it is under identified, under-diagnosed and under-treated. There are several possible reasons for this: Many older people as well as their children feel embarrassed or ashamed about the use of substances and don't seek professional help older adults may be held to different standards ("Grandma's cocktails are the only thing that she looks forward to").

Because of hurried doctor's visits that are spent on other issues, substance abuse is easily overlooked. Assumptions exist that alcohol or substance abuse problems can't be successfully treated in older adults. Older adults rarely use alcohol or drugs to "get high," but rather they turn to them to alleviate the physical and psychological pain from medical and psychiatric illness, the loss of loved ones or social isolation.

Although alcohol is clearly the most commonly abused drug in older people, nonmedical use of prescription drugs is a rapidly growing threat. Some studies estimate that up to 10 percent of the elderly misuse prescription drugs with serious abuse potential, most often antianxiety benzodiazepines like Klonopin or Ativan, sleeping pills like Ambien and opiate painkillers like Oxycodone. The problem is that these psychoactive drugs are all addicting and can impair memory, cause depression, increase the risk of falling and interact dangerously with other medications. Illegal drugs such as cocaine, methamphetamines, heroin and marijuana are being seen more and more as the "baby boomers" reach 65. They will no doubt become dangerous problems as they develop heart disease and other issues which will interact with these substances.

Some signals that may indicate a drug or alcohol related problem are:

- Memory trouble after having a drink or taking a medication
- Loss of coordination ( walking unsteadily, frequent falls)
- Changes in sleeping habits
- Unexplained bruises
- Being unsure of yourself
- Irritability, sadness, depression
- Unexplained chronic pain
- Changes in eating habits
- Wanting to stay alone much of the time failing to bathe or keep clean
- Having trouble concentrating
- Difficulty staying in touch with family or friends
- Lack of interest in usual activities

It is never too late to address the problem of drug or alcohol over-use. As people live longer, it is very important that their last stage of life not be ruined by the potential side effects of substance abuse.



## Do I need to treat sleep apnea if it doesn't bother me? Is there anything other than a CPAP machine that will help?

### Answer:



The American Academy of Sleep Medicine defines sleep apnea as a disorder of sleep that causes you to stop breathing while you are sleeping. This can happen when the back of your throat closes while you are sleeping. It can be caused by the back of your throat collapsing or, if you sleep on your back, by your tongue falling back and blocking the airway. When the airway is blocked, less air can reach your lungs. This can cause less oxygen to reach your brain and other parts of your body. During the night, this lack of oxygen can wake up your body and start you breathing again. As a result, you can wake up in the morning feeling tired even after a full night's sleep because of several night time awakenings. This lack of oxygen can also cause high blood pressure, heart disease, stroke and memory loss. One of the most common symptoms of sleep apnea is often snoring, although not everyone who snores has sleep apnea. Other symptoms include long pauses in breathing, choking sounds, and daytime fatigue. The biggest risk factor for sleep apnea is being overweight, with a BMI greater than 30 (obese). Other risk factors for who is more likely to have sleep apnea include a large neck, older age, being male, high blood pressure and a family history of sleep apnea.

To test if you have sleep apnea, you may need an overnight sleep study done by a sleep physician. There are some sleep studies you can do at home, which can also be ordered by a sleep physician.

The best treatment for sleep apnea is to try to correct the underlying cause, such as losing weight if you are overweight, avoiding alcohol at night or sleeping pills, avoid sleeping on your back and stopping smoking. Otherwise, the main treatment is with a CPAP (Continuous Positive Airway Pressure) machine. This machine forces air into your throat to keep your throat and airway open so air/oxygen can get into your lungs. Most people feel much better rested after using the CPAP machine. In the past, CPAP machines were large, bulky and noisy, and people often stopped using them. However, the newer machines are smaller and quieter. They come with either a mask that covers your mouth and nose, or 2 smaller prongs which fit into your nose. It will probably take some adjusting to see what the right fit and pressure are for you.

CPAP machines can take some getting used to, but most people are quite pleased with how much better they feel. There are very few side effects, but these may include discomfort with the straps on the mask (which can be adjusted), and a dry or runny nose.

There are some devices to treat sleep apnea which can be fitted by a dentist or orthodontist which can be worn at night in the mouth like a mouth guard, to try to pull the lower jaw forward or to hold the tongue in place so it doesn't fall back and block the throat. The sleep physician/clinic can advise which the best is for you. Since symptoms of sleep apnea are worst when sleeping on your back, retraining yourself to sleep NOT on your back can often improve these symptoms. There are nightshirts with a pocket in the back for a tennis ball, so that when you turn onto your back, it is so uncomfortable that you change positions. These can be bought on line, or you can sew a pocket onto a shirt yourself that will fit a tennis ball.

## What is Irritable bowel syndrome (IBS)?

ANSWER:










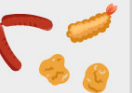


Irritable bowel syndrome (IBS) is a disorder of the intestines. It causes belly pain, cramping or bloating, gas, diarrhea and/or constipation. It does not lead to serious harm to the intestines, and usually people learn to control the symptoms. It is different from ulcerative colitis or Crohn's disease.

Although it is quite common and many people suffer from it, we really don't know what causes IBS. Different people react to different "triggers," or factors that start the symptoms. For many people, the symptoms get worse with certain foods or beverages. For some, dairy products, caffeine, carbonated drinks, fruits, vegetables, sugar or artificial sweeteners are the culprits. For others, stress may make the symptoms worse. Women are affected more than men, and those with a parent or sibling with IBS are at increased risk.

It is important for each person to try to figure out what things trigger your symptoms so these can be avoided. Some doctors recommend probiotics, which are "good" bacteria found in yogurt and over the counter pills. It is thought that possibly people with IBS don't have enough of these good bacteria in their body, so probiotics which contain Bifidobacterium may help relieve symptoms.

There is a new diet that has gotten a lot of press lately called the FODMAP diet. FODMAP's are poorly digested sugars and fibers which are thought to contribute to some of the IBS symptoms. Elimination of some these from the diet may help eliminate some of the symptoms.

The most common food sources of FODMAP's are wheat, rye, barley (all gluten) onions, garlic, beans, dairy products, honey, apples, peaches, apricots, blackberries, high-fructose corn syrup and artificial sweeteners. It would be worth reducing these foods to see if symptoms improve.

LOW FODMAP DIET					
FOOD	VEGETABLES	FRUITS	PROTEINS	FATS	STARCHES, CEREALS & GRAINS
<b>EAT</b>	 <p>lettuce, carrot, cucumber</p>	 <p>strawberries, pineapples, grapes</p>	 <p>chicken, eggs, tofu</p>	 <p>oils, butter, peanuts</p>	 <p>potatoes, tortilla chips, popcorn</p>
<b>AVOID</b>	 <p>garlic, beans, onion</p>	 <p>blackberries, watermelon, peaches</p>	 <p>sausage, battered fish, breaded meats</p>	 <p>almonds, avocado, pistachio</p>	 <p>beans, gluten-based bread, muffins</p>

## Are heartburn medications safe?

### ANSWER:



Recently a study was reported in the news that a group of medicines used for heartburn, acid reflux and ulcers called proton-pump inhibitors (PPIs) may increase the risk of heart attacks by 16%. Nearly 20 million Americans take these medicines for heartburn, and many are sold over the counter. They include Prilosec, Nexium, Prevacid, Dexilant, Protonix and Aciphex (the generic names are omeprazole, esomeprazole, lansoprazole, dexlansoprazole, pantoprazole, and rabeprazole).

While these medicines can be very helpful and are generally considered safe for short-term use (3 months), many people have used them for years, whether or not they still need them. Sometimes they are prescribed to prevent stomach upset from temporary use of other drugs that may cause ulcers such as steroids or anti-inflammatory drugs such as ibuprofen or naproxen, and then they are continued even when the other drugs are stopped.

Although the researchers say that the connection between these PPI drugs and heart attacks may have more to do with the other risk factors people have for heart attacks (obesity, smoking, high cholesterol, genetics), they are associated with other side effects, such as:

- Increased risk of broken bones. The PPI's decrease the absorption of calcium, which is important in keeping bones strong.
- Possible increased risk of some infections, such as pneumonia and C.dif diarrhea
- Low vitamin B12 levels

It is important **NOT TO STOP THESE DRUGS ON YOUR OWN**, as they may have a rebound effect (your body may be so used to them that you may get heartburn when you suddenly stop them). Rather you should discuss with your doctor whether you really need them. If you and your doctor decide to try to stop them, do it slowly with a lower dose for a while, or every other day for a while to see if you can do without them.

If you still have occasional reflux and need something, discuss using an occasional PPI rather than every day or another group of heartburn drugs called "H2 blockers" such as Pepcid (famotidine) or Zantac (ranitidine), which are not associated with heart problems. All pills, however, have side effects, so be sure to discuss this with your doctor, use the lowest dose possible, and try to use them only as needed.



**When do you see a cardiologist: before or after you have a heart attack?  
If before you have a heart attack, what symptom or symptoms should you have  
that would warrant seeing a cardiologist?**

**ANSWER:**



Because we know better what causes heart disease and how to prevent it, the number of deaths from heart disease has been cut in half over the last 50 years. Much of this is because we now know that prevention means getting regular exercise, eating less meat and more fruits and veggies, not smoking, and keeping blood pressure, blood sugar and weight in a healthy range. However, heart disease is still the number 1 killer in the US. Usually, your primary care physician (PCP) can manage the issues of blood pressure, sugar and advice on weight and smoking. However, if your heart problems are more complicated, you may need to see a cardiologist, to help prevent a 1<sup>st</sup> or 2<sup>nd</sup> heart attack.

Chest pain (also called angina) is one of the most common reasons to see a cardiologist. Angina can be caused by blockage in your arteries (blood vessels), which may narrow the arteries so much, that enough blood and oxygen can't get through, especially during physical activity. This can cause a heart attack. An EKG can often show if a heart attack has occurred. A cardiologist may also order further testing to determine the presence and extent of heart disease, such as a stress test, an ultrasound (echocardiogram) or a cardiac catheterization.

Other reasons to seek the advice of a cardiologist are when your heart is not beating regularly (arrhythmia) which may cause palpitations. Also, if your heart is not pumping adequately, causing fluid to build up in your lungs (called congestive heart failure), this can cause shortness of breath.

**Other possible symptoms of heart disease include:**

- Pressure, squeezing, or a feeling of heaviness in your chest, even if it's not severe, lightheadedness or fainting.
- Pain or pressure in your neck, jaw, back, or arm.
- Paleness, breaking out in a cold sweat, or feeling strong, rapid, or uneven heart beats.
- Difficulty catching your breath.

**If you think you or a friend may be having a heart attack, call 911. For most people, chewing one uncoated aspirin while you wait for help is a good idea, as it can help restore blood flow to the heart.**

## What can I do to help avoid being constipated?

### ANSWER:

As we get older, the muscles in our large intestine, which push the food along, become weaker, so it becomes more challenging to have regular bowel movements. While some causes of constipation are from health problems such as irritable bowel syndrome, there are other causes, many of which can be treated.

Diet plays a big role in staying regular. High fiber foods are important, and many people don't get enough. The daily recommendation for the amount of fiber that should be in the diet is around 30 grams for men and 20 grams for women. Some of the foods with the most fiber are:

High fiber cereal (bran) - ½ cup 10-15 grams

Berries- - 1 cup 5-10 grams

Nuts - 1 ounce 3-5 grams

Potatoes—4 grams each

Beans - 1 cup 10-19 grams

Greens - 1 cup 5 grams

Squash - 1 cup 3-9 grams

Fruit 1 piece - 4 grams

Fluids are important in getting the food to move through your intestines. Different people need different amounts, but generally 4-5 cups/day should be adequate. This can be water, soup, fruit, vegetables and even coffee and tea.

Some medicines can also contribute to constipation. These include calcium carbonate, Pepto Bismol, iron, narcotic painkillers, antidepressants, some blood pressure medicines, antihistamines and diuretics.

Often when people travel, the upset in routine and diet can affect our bowels. If you do get constipated, there are many types of laxatives to help. Stool softeners are mild and help some people. It is best not to use stronger laxatives for more than 2-3 weeks. Some laxatives include Mira-lax, Senna, Milk of Magnesia and docusate. While they are safe for the short term, it is far better to try to prevent constipation than to treat it once it occurs.



Also, if you have been regular for most of your life and you suddenly have a change in your bowel habits, see your doctor to be sure there is no serious problem.

**I would like to share with you an article by a Wall Street Journal reporter Anne Tergeesen, about misconceptions commonly held about growing older. Here are 6 myths about aging.**

**MYTH #1: DEPRESSION IS MORE PREVALENT IN OLD AGE**

People assume that old age is a depressing time of life, but studies show the opposite. Emotional well-being improves until the 70's, when it levels off, even among centenarians. Depression was reported in 5.5% of people age>50, 7.6% in ages 26-49 and 9% in people 18-25. Older adults tend to be happier, less anxious, less angry and tend to adapt well to their circumstances.

**MYTH #2: COGNITIVE DECLINE IS INEVITABLE**

At around age 30, scores on tests of abstract reasoning and problem-solving begin to decline. But recent discoveries also indicate that—barring dementia—older adults perform better in the real world than they do on cognitive tests. In addition, certain activities appear to enhance cognitive function and perhaps slow age-related cognitive declines. Adults ages 60 to 90, who spent about 16 hours a week over three months learning new skills, including how to quilt, use an iPad and take digital photographs showed greater improvements in memory than people who did word puzzles or other activities that required no new skills.

**MYTH # 3: OLDER WORKERS ARE LESS PRODUCTIVE**

Workers 55 or older make up 22% of the U.S. labor force, up from 12% in 1992. Despite stereotype of older workers, the vast majority of academic studies shows virtually no relationship between age and job performance. In fact, in jobs that require experience, older adults may have a performance edge.

**MYTH #4: LONELINESS IS MORE LIKELY**

Several studies indicate that friendships tend to improve with age. Older adults typically report better marriages, more supportive friendships, less conflict with children and siblings and closer ties with members of their social networks than younger adults.

**MYTH #5: CREATIVITY DECLINES WITH AGE**

Creative genius clusters into two categories: those who tend to do their best work in their 20s and 30s, and those who often need a few more decades to reach full potential. Mark Twain, Paul Cézanne, Frank Lloyd Wright, Robert Frost and Virginia Woolf are just a few of the artists who did their greatest work in their 40s, 50s and 60s. These artists rely on wisdom, which increases with age.

**MYTH #6: MORE EXERCISE IS BETTER**

When it comes to improving health and longevity, exercise is key. But a growing number of studies show that more exercise may not always be better. You don't need to run a marathon, but 30 minutes of vigorous exercise daily greatly improves health.

## My mouth often feels quite dry. What causes this and what can I do about it?

### ANSWER:



Dry mouth is common among people older than 65. It can range from simply being a minor annoyance to a major negative influence on your general health. It is often caused by either a decrease in the amount of saliva which is produced by the salivary glands in your mouth or by a change in the make-up of the saliva itself. Saliva is very important for many reasons: it helps keep your teeth healthy by counterbalancing the acids that are produced by bacteria and helps digest food. It helps us taste our food and break down our food so it is easier to swallow. It keeps the mouth moist to help prevent mouth sores and yeast infections.

Dry mouth can present itself in many ways, including bad breath, a feeling of dryness in the mouth or throat, decreased ability to taste food, gum disease, cavities and difficulty with dentures. It can lead to hoarseness. There are several possible reasons why people get dry mouth. Probably the most common cause is medications. Both over-the-counter and prescription drugs can have dry mouth as a side effect. The most common of these are antihistamines, certain blood pressure meds, antidepressants and some asthma medicines.

Age is another risk factor, often because older people take more medicines. Snoring or breathing with an open mouth, as well as tobacco use can contribute to dry mouth. Radiation for head and neck cancer also are risk factors.

Dry mouth is usually just a bothersome symptom, but it can lead to cracked lips, tooth decay, a coated tongue, mouth infections and decreased enjoyment of food. To help treat dry mouth, you may need to discuss with your doctor all your medications to see if any can be changed. Brush your teeth and see your dentist regularly. Chew sugarless gum and suck on sugar-free candy to moisten your mouth. Try to avoid salty food and drink water when your mouth is dry. Of course, don't smoke.

There are several over the counter saliva substitutes which come in lozenges, mouthwash and toothpaste, which can help increase saliva, such as Biotene, Oasis, Orajel and Salivart. They aren't cures, but they can help manage the unpleasant effects of dry mouth.

## What can you tell me about Parkinson's disease (PD)

### ANSWER:

Parkinson's disease is a disorder where a part of the brain called the substantia nigra stops producing an important chemical called dopamine. Dopamine is important in controlling movement. When dopamine levels are low in the body, symptoms such as shaking or resting tremors, rigidity, slowing of movement and difficulty walking can occur. The most common initial symptom is a "pill-rolling" tremor of the thumb and index finger of one hand at rest in the lap. As the disease progresses, both hands may be affected. Muscle rigidity can occur. Because of impaired balance, foot shuffling, a forward-leaning posture, and difficulty making turns, falling is a concern. Handwriting often gets smaller and facial expressions become frozen. Some people have visual hallucinations.



We don't know what causes Parkinson's disease. It often runs in families. It seems to occur more in people with high exposure to pesticides and people who have had head injuries. There also seems to be a lower risk in smokers and people who drink coffee and tea. Usually PD occurs in people over the age of 60, with more men than women affected.

Often people have symptoms that are similar to PD, but are not caused by PD such as medicine side effects or "essential tremor", which is shaking of the head or a tremor on movement rather than a resting tremor. This is a different disease from Alzheimer's disease, which starts with memory loss rather than movement problems.

Parkinson's disease is progressive in most people. In the later stages, people sometimes develop dementia, depression and sleep problems. The diagnosis is made when the above symptoms are present. Often to test whether the diagnosis is correct, a trial of taking levodopa is done to see if symptoms improve. An MRI is sometimes done to rule out other causes of symptoms.

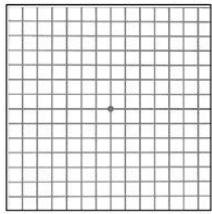
Unfortunately we don't have a cure for Parkinson's yet. For now, the symptoms are treated with a dopamine substitute called levodopa (L-DOPA) often in combination with carbidopa. These medicines themselves may cause movement disorders so it is often trial and error until the right dose is found. These medicines have come a long way in controlling symptoms. If they are not working, surgery called deep brain stimulation can be done.

Exercise is critical to maintaining movement and should be done every day. There are many Parkinson's rehabilitation programs which have exercises designed to maximize movement and speech.

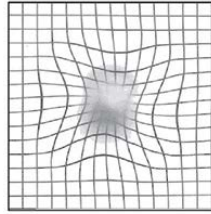
Because of famous people with PD such as Michael J. Fox, much research is being done to hopefully develop a cure in the near future.

## I have been diagnosed with Macular Degeneration. What does this mean and what can I expect for the future?

### ANSWER:



**Normal:**  
Lines are straight



**Abnormal:**  
Lines are shaded or distorted

Macular Degeneration (M.D.) is the chief cause of loss of vision in the US. According to the American Macular Degeneration Foundation, it causes more vision loss than cataracts and glaucoma combined. The macula, which is the central part of the retina in the back of the eye, is responsible for our ability to read, drive, recognize faces, and see objects in fine detail. When the macula starts to deteriorate, images can become blurred. In advanced stages, central vision can be limited, while peripheral vision can remain intact.

There are 2 types of macular degeneration. The majority are called “dry” M.D. while about 10% are called “wet” M.D. In dry M.D., there is no obvious loss of vision, but the examining doctor can see yellow deposits in the back of the eye called drusen. In wet M.D., there is noticeable vision loss caused by bleeding into the eye (hence the name “wet”).

Unfortunately, we don't know what causes macular degeneration. However, there are some risk factors which can put you at higher risk for the disease. For instance, older age is a significant risk factor. Except for people with a family history of M.D., most people are older than 55. Smoking, being overweight, high blood pressure, heart disease, being Caucasian and extensive unprotected sun exposure can increase the risk.

Symptoms that you might have M.D. can include blurred vision, the illusion that straight lines, such as the edge of a door or sentences on a page, are wavy, the illusion that some objects are smaller than they really are, and the appearance of a dark or empty area in the center of the visual field. Sometimes color vision is noticeably paler than usual.

Fortunately, there are new treatments which have helped people with M.D. The incidence of dry M.D. advancing to wet M.D. can be reduced by vitamins called AREDS, which stands for Age-Related Eye Disease Study (AREDS). These pills are a combination of vitamin C, vitamin E, beta-carotene, zinc and copper. For people who had either no MD or early MD, the nutrients did not provide an apparent benefit.

For people with wet M.D, the most effective treatments are injections into the eye of a substance which prevents the formation of new blood vessels and bleeding into the eye, which is the cause of vision loss. These injections have greatly reduced the loss of vision. Some of these drugs are Lucentis, Avastin and Eylea. Although getting a shot in the eye sounds frightening, it is painless, since the doctor will put numbing medicine in first. The whole procedure takes only about 15 minutes. Since early treatment can be critical to saving ones vision, it is important to have an eye exam at least yearly and if you have any of the symptoms mentioned above, call your eye doctor immediately.

## Can you please discuss breast cancer?

### ANSWER:



The thought of breast cancer strikes fear into the hearts of most women, despite the fact that many more women die of heart disease each year than breast cancer.

We think of breast cancer as a

disease of women, and indeed, it is rare to find breast cancer in men, although it does occur. In 2018, about 2,550 men will be diagnosed with the disease. For men, the lifetime risk of being

diagnosed with breast cancer is about 1 in 1,000. In the US, about 330,000 women were diagnosed with breast cancer this year.

It is hard to predict who will get breast cancer, although there are some risk factors which may increase the chances. For example, the biggest risk factor is being a woman. Age is another factor — most breast cancers are found in women over 55. Although less than 10% of breast cancers are thought to be genetic or familial, the risk is higher in women with a mother, sister or daughter with the disease. Having had breast cancer raises the risk of a recurrence in the same or opposite breast. Radiation to the face or chest at a young age may increase the risk. White women are at a slightly higher risk than other groups. Being overweight, using hormone replacement pills, smoking and drinking more than 2-3 alcoholic drinks/day can also raise the risk. Yet, so many people get breast cancer have none of these risk factors, which is why screening is so important.

For some people (both men and women), the earliest sign that there is cancer is a lump in the breast. Other signs may be swelling of the breast, dimpling of the skin (sometimes looking like an orange peel), breast or nipple pain or a nipple which turns inside. However, most cancers are picked up only during screening with a mammogram.

While a mammogram is a bit uncomfortable, it is a few minutes of discomfort for the reassurance that there is no cancer. Even if an abnormality is found, the majority of these turn out NOT to be cancer. But the purpose of screening mammograms is to catch cancer early when it is most curable.

There is some disagreement as to when to start and when to stop getting mammograms. Women age 45 to 54 should get mammograms every year. Women 55 and older should switch to mammograms every 2 years, or can continue yearly screening, depending on personal preference and risk factors. Women older than 75 typically get cancers which are slower growing and thought not to be as dangerous, so the decision to continue mammograms is often decided on whether someone has at least a 10 year life expectancy.

Breast cancer treatment is improving rapidly, both for early and more advanced stages of breast cancer. Therefore it is important to get screening mammograms if you are in the recommended ages and/or to report a breast lump (both men and women) to your doctor.

## What is diabetes and how can I prevent it?

### ANSWER:

Diabetes is a disease that is caused when sugar and fat that we eat cannot be absorbed and used for energy. Instead the sugar and fat stay in the blood, causing the blood sugar to become high, which leads to possible serious side effects.



**There are 2 reasons diabetes occurs.**

**Type 1 diabetes** usually (although not always) occurs in young people when their pancreas doesn't produce insulin, the hormone needed to absorb carbohydrates, sugar and fat. These people need to replace the insulin that their pancreas isn't making. Today the only form of insulin is through injections of insulin, although they are working on a pill for the future.

**Type 2 diabetes** is far more common, affecting millions of people. Most, although not all, people with Type 2 diabetes are overweight. If they can lose weight and exercise, often the diabetes can be greatly improved. Type 2 diabetes can generally be treated with pills, although some people may eventually need insulin.

**Common risk factors** for diabetes include a family history of diabetes, being overweight, some medications and older age. Eating sugar does not cause diabetes. **Common symptoms of diabetes** are being thirsty and urinating frequently. Yeast infections are more common, skin problems can take longer to heal and there can be tingling in the hands and feet (neuropathy). Weight loss and dry mouth are other symptoms.

Diabetes is diagnosed with a fasting blood test to measure your blood glucose (sugar). An A1C measures your average sugar over the past 3 months. A higher A1c is acceptable in older adults than in children since high blood sugars are more dangerous during development.

**To treat diabetes, it is most important to maintain a normal weight and get daily exercise.** While insulin is generally needed for Type 1 and pills for Type 2, sometimes a combination of the 2 are needed. It is also very important for the blood sugar not to get too low. There are more hospitalizations for low blood sugar than high blood sugar. Diabetes is important to treat aggressively because of possible damage to the eyes, kidneys and the development of neuropathy. By keeping a normal weight, eating a good diet and getting daily exercise (walking, dancing, etc), it is possible to prevent or reverse diabetes!



## What is the thyroid and what does it do?

### ANSWER:

The thyroid gland is shaped like a butterfly or a bowtie and sits right below your

Adam's apple in your neck. It is about 1 ½ to 2 ½ inches long. Unless it is enlarged or has a

lump on it, you generally can't feel it. It is small but very important, affecting your heart,

brain, and general health. Thyroid disease is very common, more in women than men, and increases as we get older. The thyroid gland produces thyroid hormone. It needs iodine to make this thyroid hormone. Many years ago, before iodine was added to salt, many people had large swellings in their necks called goiters caused by low thyroid hormone levels.

However, today, most salt is "Iodized Salt," which means iodine is added to be sure we get enough iodine. Even for people on low-salt diets, there is generally enough salt in bread, milk, and other everyday foods that we get enough.

The pituitary gland in the brain sends a chemical called TSH (Thyroid Stimulating Hormone) to the thyroid gland

regularly to instruct the thyroid gland on how much thyroid hormone is needed. Sometimes, whether from disease or medicines, the thyroid gland doesn't produce enough thyroid hormone. This may cause symptoms such as feeling cold or tired, but often there are no symptoms. To try to reverse this, the pituitary gland sends more TSH to get the thyroid to make more hormones. This is called hypothyroidism (underactive thyroid). There are tests that can be done to determine the cause of the low thyroid. Sometimes, replacement thyroid hormone pills are necessary.

Sometimes, the opposite happens, and your thyroid overproduces thyroid hormone.

This can lead to feeling hot, nervous, or losing weight, or there may not be symptoms. The pituitary lowers the TSH to try to slow down the amount of thyroid being made. This can be caused by taking too high a dose of thyroid medicine for low thyroid, a growth (nodule) on the thyroid gland that overproduces the hormone, or a disease called Graves' disease. This can cause problems with your bones, including osteoporosis and fractures.

It is easy and important to check how well your thyroid is working with a simple blood test to check the TSH. Also, when taking thyroid medicine, the dose may sometimes need to be changed, with age or with other medicines that may interact with the thyroid medicine.



**I hear a lot about Lyme disease.  
What is it and why are people so worried about it?**

**ANSWER:**



Lyme disease is a bacterial infection primarily transmitted by bites from deer ticks (as opposed to the ticks you find on dogs). It is called Lyme disease because it was first reported in Lyme, Connecticut. However, it is found all across the United States as well as around the world. The incidence appears to be increasing, although this may be because people are more aware of it, and there are more tests to help

diagnose it.

These ticks are very tiny, about the size of poppy seeds, which is why they are so hard to find when they are on our bodies. Not all deer ticks carry Lyme disease. The tick bites, then stays attached to the skin. The longer it is attached, the more chance one has of getting Lyme disease if the tick is a carrier of the disease. If a tick is found, using fine-tipped tweezers, grab the tick as close as you can to where it's attached to your skin and pull directly upward with even pressure. Twisting or jerking can cause the mouthparts to break off and remain in the skin. The tick should be kept and brought to the doctor's office.

The symptoms of Lyme disease are often vague, which can make diagnosis difficult. Early in the disease, symptoms may include fever, chills, sweats, fatigue, arthritis, headache and general achiness—similar to the flu. Some people develop a rash, which looks like a bull's-eye, but not everyone does. If Lyme disease is treated with antibiotics in this early stage, it is curable. However, if the diagnosis is missed, which it frequently is, it can progress to "chronic" Lyme, which is far more difficult to treat.

Diagnosing Lyme disease is tricky and really is based mostly on symptoms and a history of a tick bite. There are blood tests for Lyme, but they are falsely negative 25% of the time. These tests can take several days for the results to return, so if there is a strong suspicion that it might be Lyme, treatment with antibiotics should be started anyway.

There are differences of opinion as to which antibiotics to use and for how long. Prevention of tick bites is very important. Spraying your clothes and to some degree your skin with insect repellent if you are in a woody or high-grass area can help. Wearing long pants and pulling your socks up over your pants can also help. Check your body for ticks and rashes after coming inside from hiking or gardening and get medical attention if you have any of the above symptoms and think you might have been exposed.

## Are there special health issues that men need to be aware of as they get older?

### ANSWER:



Generally, men and women have similar health issues as they age. However, there are a few areas which are unique to men.

One of these “men only” issues is the prostate gland. The prostate is about the size of a walnut and is located between the bladder and the penis, just in front of the rectum. The urethra is a tube which runs through the center of the prostate, from the bladder to the penis, letting urine flow out of the body. The prostate’s job is to secrete fluid that nourishes and protects sperm. If the prostate becomes enlarged, which is common in older men, it presses on the urethra and can block it. This can cause the bladder not to completely empty all the urine in it. This in turn is why many men feel the urge to urinate frequently and also get up at night to urinate. If the prostate gets too large, it can completely block the urine flow out of the bladder and cause a condition called “urinary retention”. In more severe cases, a catheter needs to be inserted to get the urine out and relieve the obstruction. The most common cause of prostate enlargement is benign prostatic hypertrophy (often called BPH). About half of men will have BPH by age 50, and 80% will have BPH by age 80. Medicines such as some cold pills can make this condition worse. There are medicines, however, which can help shrink the prostate which your doctor can prescribe. Some men will get prostate cancer, but it tends to be slow-growing and only occasionally causes death.

Another health topic is heart disease, which is the #1 cause of death in the US. Heart disease affects both men and women, but men are affected at an earlier age because they don’t have the protective effects of estrogen. After women reach menopause, this protection decreases. Because people now know many of the factors that increase the risk for heart disease, the incidence of heart attacks has dropped. Some of these risk factors are cholesterol, blood pressure, smoking and physical inactivity. Unfortunately, the prevalence of being overweight has started to reverse the gains we made over the years in lowering the heart attack risk.

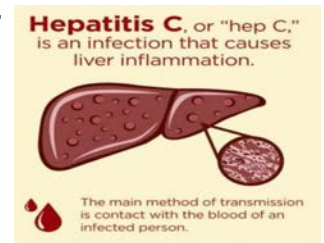
Finally, a topic that often goes unaddressed is the fact that older men are at higher risk for depression and suicide. White men 85 and older are more likely to commit suicide than Americans in any other age group—taking their lives at four times the rate of the general population. According to 2012 statistics from the Centers for Disease Control and Prevention, about 51 of every 100,000 white men age 85 and older committed suicide, compared with the national average for all ages of 12.6. Of the 40,600 Americans who took their own lives in 2012, 6,648 were older than 65. We don’t know exactly why this is, but it is thought to be due to changes in financial, job or living status. Signs of seniors who may be at risk for suicide include withdrawal from activities that they ordinarily enjoy, negative thoughts, frequent talk about death, impoverishment or physical decline, and behaviors such as getting wills or finances in order.

## My doctor told me that people over the age of 50 should be tested for Hep C. Why is this important? What is Hep C?

### ANSWER:

“Hep” is an abbreviation for “hepatic” which comes from the Greek word for liver. The liver is a large organ that is under the ribs on the right side of the body. The job of the liver in our bodies is to act as a filter to remove toxins and infections. It also makes proteins that help our bodies function normally.

Generally, the liver can't be felt unless it becomes enlarged or inflamed. When the liver becomes inflamed, or sick, those important functions can be affected. This inflammation of the liver is called hepatitis and has several causes.



**Some factors that can cause hepatitis** are heavy alcohol use, some medicines, severe congestive heart failure, cancer, certain viruses and a more rare form called autoimmune hepatitis. In the USA, the most common types of hepatitis caused by a virus are Hepatitis A, Hepatitis B and Hepatitis C. “Hep C” refers to hepatitis caused by the Hepatitis C virus. Hepatitis C (“Hep C”) is a contagious liver disease that is spread mostly through contact with the blood of an infected person. Until 1992, Hep C was spread mostly through blood transfusions and organ transplants, because there was no way to test for it. However, now we have a way to test for Hep C in blood transfusions and organ transplants, so this is no longer a problem.

Now most people get Hep C through sharing drugs and needles, being stuck by an infected needle, having sex with an infected partner or getting a tattoo or body piercing from an unlicensed facility. It is also recommended not to use personal items that may have come into contact with an infected person's blood, even in amounts too small to see, such as razors, nail clippers, toothbrushes, or glucose monitors. We don't yet have a vaccine for Hep C, so prevention is very important.

Many people with Hep C have no symptoms, but others can develop jaundice (yellowing of the eyes and skin), abdominal pain, nausea and fatigue. A large majority of people will develop “chronic” Hep C, which can lead to liver cancer, cirrhosis (scarring of the liver so severe that it can't do its job anymore), and death.

We now have a blood test to determine if someone has Hep C. **The CDC recommends that you should get tested if you:** received blood from a donor who had the disease, have ever injected drugs, had a blood transfusion or an organ transplant before July 1992, received a blood product used to treat clotting problems before 1987, were born between 1945 and 1965 (when unprotected sex and needle sharing became more widespread and Hep C was unknown), have been on long-term kidney dialysis, have HIV, were born to a mother with Hepatitis C, or have abnormal liver tests.

In the past few years, there has been a monumental change in Hep C treatment. We now have pills that can cure Hep C. These medicines have some side effects, so prevention is still most important.

## What is a TIA?

ANSWER:



TIA stands for Transient Ischemic Attack.

**Transient** implies that the symptoms last for only a short time, usually from less than 1 hour up to 24 hours.

**Ischemic** means that not enough blood and oxygen are getting to a part of the body, in this case, to the brain. Sometimes a TIA is called a “mini-stroke.”

While a TIA by itself does not always cause lasting damage, it needs to be taken very seriously because nearly 1/3 of people with a TIA will have a stroke in the near future. Strokes are generally caused the same way as TIA's, but the blockage lasts longer.

TIA's, just like most strokes that are not caused by bleeding, are caused either when blood flow to the brain is blocked by a clogged artery that carries blood from the heart to the brain, or by a clot that has broken off from somewhere and travels to the brain, causing a blockage so that blood and oxygen can't get to the brain. If the brain is deprived of oxygen for even a few minutes, that part of the brain can die.

Preventing a TIA or a stroke is very important. Some risk factors we can control and some we can't. For instance, we can't control our age (older people are more at risk), our family history, race (African-Americans, South Asian and Caribbean groups have higher incidence), or gender (women more than men). But risk factors we CAN control are being overweight, high blood pressure, smoking, drinking too much alcohol, not exercising, atrial fibrillation, diabetes, and high cholesterol.

Symptoms of a TIA or stroke may include drooping of one eye or one side of your mouth, slurred or hard to understand speech, weakness in an arm or leg, vision changes, severe headache, or confusion. It is recommended to follow the guide of the word **FAST**:

- Face drooping
- Arm weakness
- Speech problems
- Time to call 911 if any of the above occur

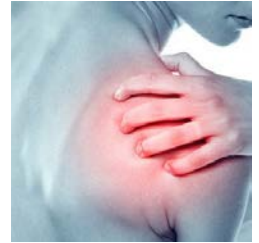
Too many people feel foolish calling 911, especially if the symptoms disappear quickly, but it is critical to get tests done as soon as possible to be sure that you have not had a TIA or stroke. If you have had either, there are medications that can help prevent another one. If there is a blockage in the carotid artery that carries the blood from the heart to the brain, sometimes a stent (which is a tiny tube that replaces or bypasses a clogged portion of the artery) will be surgically placed.

**Timing is critical, so if you experience any symptoms that might suggest a TIA or a stroke, immediately get to a hospital to be checked out!**

**I have been told that I have bursitis.  
What does that mean and what can I do to relieve the discomfort?**

**ANSWER:**

A bursa is a small sac filled with fluid (think of a tiny balloon filled with fluid). We have hundreds of bursae in our bodies. They act as a cushion between our bones and any moving part around the bones. They allow us to move our joints smoothly, such as our knees, elbows, shoulders, hips, wrists and even smaller joints such as fingers and toes. Usually, we don't pay attention to our bursae unless they start to hurt.



Bursitis is when the bursae get inflamed (irritated, swollen, painful, sometimes red). So what causes this to happen? The most common risk factor is age—the older we get, the more likely we are to get bursitis. However, it can occur at any age and frequently occurs when we do the same repetitive motion. Some examples of these kinds of motions are leaning on your elbows, which may cause your elbow bursae to become inflamed. Kneeling to do gardening or cleaning floors may irritate your knees. Raising your arms such as lifting items over your head or throwing a ball may irritate your shoulders. Sitting in one position may affect your hips. Playing a violin can affect your neck. If you already have arthritis or gout, these may make you vulnerable to bursitis.

So how do we know if we have bursitis? Usually, the doctor can make the diagnosis based on your history and physical exam. Therefore, it is important to be able to help your doctor by giving a thorough description of when the pain/swelling began, what kinds of activities may have predisposed you to the pain and whether it's getting better or worse.

X-rays can't really diagnose bursitis, but an ultrasound or MRI may help make the diagnosis if there is some doubt. If there is some confusion as to whether this is gout or an infection, the doctor may need to remove some fluid for analysis.

Usually, bursitis gets better on its own with time. Resting the inflamed joint, putting ice in the beginning and taking a pain reliever may help. If there is concern about an infection, antibiotics might be needed. If there is a lot of swelling, the bursa can be drained of the fluid.

To prevent a recurrence, it is helpful to change what might have caused the problem in the first place. For example, being overweight puts a big stress on knees, hips and feet. Taking breaks between repetitive motions such as using the computer, painting, etc. helps. Exercises help to strengthen the muscles around the joints. Try not to sit for long periods of time without moving around to help protect your hips.

## What are leg cramps, and how can I prevent them?

### ANSWER:



Leg cramps are a big nuisance, as anyone who gets them knows. They are extremely common. Leg cramps, which happen most often at night, cause sharp pains and sudden muscle tightness in the legs and/or feet. They often wake people up from their sleep and last from a few seconds up to a few minutes. Surprisingly, for as common as leg cramps are, we really don't know what causes them. The best we can do is try to prevent them.

For a long time, doctors prescribed quinine for leg cramps. However, because of concern that the high dose of quinine in these pills could cause heart problems, they are no longer sold in this country for treatment of leg cramps. Some people get relief by drinking 4 ounces (½ cup) of tonic water (regular or diet) before bedtime. Tonic water contains small amounts of quinine that are safe and may help prevent cramps.

Some studies show that stretching the leg muscles every night before bedtime can help. This is done by standing 3 feet away from a wall, placing both hands on the wall, stretching forward toward the wall (like doing standing push-ups against the wall), and stretching your calf muscles for several seconds.

Warming your legs before bed with a bath or heating pad may also help. Cramps happen more when feet are in an extended position (toes pointed forward like a ballerina) and less when they are in a flexed position (toes pointed toward head). Keeping the blanket and sheet loose so the feet are not bound tightly may help.

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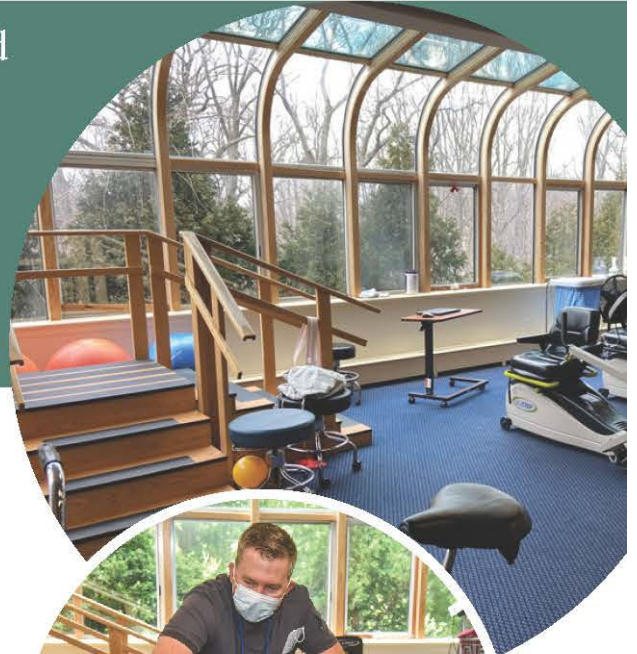
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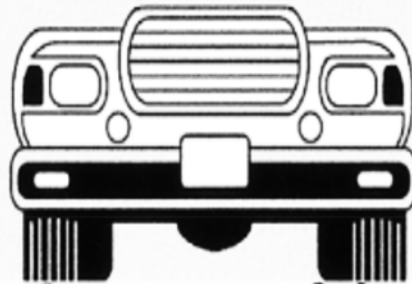
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