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Tips to cope when it's time to downsize

Asking for help from friends and family and then engaging with your new community will get you through the transition.

Downsizing from a large home to a smaller one is a fact of life for many older adults. The reason may be finances, health issues, or a desire to simplify your lifestyle. But making the transition can bring a host of emotions: sadness, grief, stress, or anxiety.

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Downsizing can start an exciting new chapter, but it also may trigger many emotions.

Understanding the triggers for these feelings and using strategies to navigate them may not change how you feel, but it may help the downsizing process go more smoothly so you can focus on your next chapter.

Sadness or grief

There are many reasons why downsizing can make you feel sad, even when you know a move is for the best. For example:

- you don't want to leave (even though it's necessary)
- you've lived in your home for a long time and are emotionally attached to it
- there may not be enough space in your next home to bring all of your possessions
- you may have to say goodbye to a familiar neighborhood and good friends.

Feeling sad for any of these reasons is normal, explains Dr. David Mischoulon, director of the Depression Clinical and Research Program at Harvard-affiliated Massachusetts General Hospital. "Letting go of your home and your belongings can feel like you're letting go of a particular part of your life. There's a realization that you can't get the past back," he says.

You may even experience grief when you downsize, especially if you've recently lost a spouse or partner. "If you're newly widowed, it's actually recommended that you defer moving for a year if possible, to settle down emotionally rather than go through another loss so soon," says Dr. Mischoulon.

Tips to cope: If you're feeling sad about your move or about letting go of possessions, understand that you're going through a process of mourning. "It's not a sign of weakness or mental illness. Know that it will pass, and not much is needed to be done except to stay connected to friends and family and talk about your feelings," Dr. Mischoulon says.

He also recommends that you engage with your new community. "Make your new home as pretty as you can, so it will be a happy place to live in," he says. "Find activities that interest you. Join clubs. Volunteer."

Staying socially connected is as important as taking medicine. Maintaining meaningful social relationships makes people happier. Volunteering is associated with mental well-being.

Isolation and loneliness, however, are associated with a decline in thinking skills and longevity, and an increased risk for developing chronic health problems, such as heart disease.

If your emotions are interfering with your ability to get through your day, speak with your primary care doctor, who can screen

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ASK THE DOCTOR

by **ANTHONY L. KOMAROFF, M.D.,** *Editor in Chief*

What causes acute bronchitis?

Q *I've had several bouts of acute bronchitis in the past year. What causes it, and is it contagious?*

A Acute bronchitis is an inflammation of the breathing tubes in the lungs. It comes on suddenly and lasts for at least five days, often longer.

Most often acute bronchitis is caused by an infection, usually with a virus. Influenza (the "flu" virus) and the viruses that cause the common cold are the most frequent culprits. Occasionally, acute bronchitis is caused by a bacterial infection, particularly with *Chlamydia pneumoniae* and *Mycoplasma pneumoniae*.

Acute bronchitis is different from pneumonia—an infection not of the breathing tubes but of the tiny air sacs in the lung (called alveoli) where our bodies absorb oxygen. Pneumonia is a more serious condition (it can even be life-threatening) and usually requires treatment with antibiotics.

In acute bronchitis, the breathing tubes in the lungs are inflamed.

Acute bronchitis causes a cough and sometimes pain in the chest. The cough can be "dry" or "wet." A wet cough expels material from the lungs: mucus and sometimes white blood cells from the inflammation. (The article "Cracking the cough code" on page 3 describes different types of cough in more detail.) Often, acute bronchitis follows a common cold that has produced sneezing and runny nose for several days before the cough starts. A fever is unusual in acute bronchitis, and if you have a fever along with your cough, that increases the possibility that you have pneumonia.

When you seek medical care because of a bad cough, the main thing your doctor focuses on is whether your cough is caused by acute bronchitis or by something else. If the doctor thinks it is acute bronchitis, you will probably not have any tests. If the doctor suspects a condition other than acute bronchitis (particularly pneumonia), he or she may order tests: a chest x-ray, an examination of the sputum you are coughing up, and blood tests to detect bacterial infection or other conditions that cause cough. For acute bronchitis, you probably will not get antibiotic or antiviral drugs; they are unlikely to be effective, and they're not necessary, since acute bronchitis resolves on its own. You may get medicine to suppress your cough.

Acute bronchitis often is contagious. For that reason, whenever you start coughing, it is important to always cough into a handkerchief, to avoid coughing into peoples' faces, and to keep washing your hands. The viruses and bacteria that can cause acute bronchitis can be spread by touch (like a handshake) as well as by contaminating the air that others breathe in.

If you have had several bouts of what was diagnosed as acute bronchitis, your doctor may wonder if you have an underlying condition that can cause a long-term or recurring cough. These conditions range from mild to serious.

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Cracking the cough code

Recognize cough symptoms so you know when to seek treatment.

Dry cough, wet cough, a cough that lingers on—they're all signs of one or more underlying conditions. What does each type of cough indicate, and how do doctors discern the difference? It depends on the type and duration of the cough.

Wet cough

A wet, productive cough produces sputum (phlegm or mucus from the lungs or sinuses). The cough sounds soupy and may come with a wheezing or rattling sound and tightness in your chest.

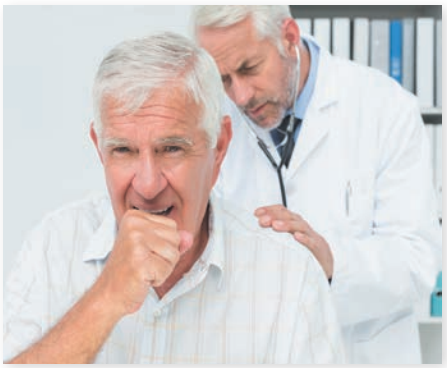
Most wet coughs are caused by an infection: a common cold, the flu, bronchitis, or pneumonia. "In acute bronchitis, the cough develops quickly and ultimately disappears," says Dr. Jessica McCannon, a pulmonologist at Harvard-affiliated Mount Auburn Hospital.

In contrast, some wet coughs are long-term (chronic). These have many possible causes. For example:

Postnasal drip. This is caused by mucus draining down the throat, the result of allergies, irritants in the air, a cold, or a sinus infection. "Mucus drips onto the voice box. This stimulates coughing, to keep the mucus from traveling down into the lungs," explains Dr. Ahmad Sedaghat, an ear, nose, and throat specialist at Harvard-affiliated Massachusetts Eye and Ear Infirmary. "If mucus gets into the lungs, it can lead to pneumonia."

Chronic obstructive pulmonary disease (COPD). "The hallmarks of COPD are productive cough, shortness of breath, and wheezing," Dr. McCannon says. Also possible: frequent respiratory infections, fatigue, or excess phlegm.

Bronchiectasis. In this disease, mucus pools in small balloon-like pouches and can't be fully cleared from the lungs.



Go to your doctor if a cough is accompanied by other symptoms or if it lasts for a long time.

Nontuberculous mycobacteria infection. This is a noncontagious cousin of tuberculosis. It can be accompanied by fatigue, weight loss, and a feeling of being generally unwell.

Dry cough

A dry cough (no sputum) is typically a reaction to something irritating your throat, such as a pollutant in the air. Dry coughs may be either temporary or chronic, caused by any of the following:

Gastroesophageal reflux disease (GERD). This occurs when the circular muscle between the esophagus and the stomach fails to tighten properly, allowing acidic digestive juices to squirt back up from the stomach, irritating the lining of the esophagus and structures in the throat. This triggers coughing.

Asthma. The coughing is most often accompanied by wheezing, chest tightness, and shortness of breath that waxes and wanes in severity. Sometimes asthma causes only a dry, bothersome cough, particularly with exercise or on suddenly breathing cold air.

Nerve sensitivity. Nerves that trigger coughing may be overly sensitive because of damage from neurological disease, surgery, or injury.

Medication side effects. Some medications cause chronic cough as a side effect. For example, ACE inhibitors, such as enalapril (Vasotec) and lisinopril (Prinivil, Zestril), cause a persistent cough in 20% of people who use them.

Heart failure. This condition is marked by a buildup of fluid in the lungs that typically also causes breathlessness.

Lung cancer. Cough related to lung cancer may be accompanied by weight loss and blood in the sputum.

Barky cough

This cough sounds like a seal's bark. In children it's called croup, and it happens when a virus causes the airways to swell. "In adults, a barky cough may be caused by infection or a disease in which the trachea and airways collapse with breathing," Dr. McCannon says.

Whooping cough (pertussis)

Kids with pertussis typically run out of breath after coughing hard. When they then take in a large breath, it causes a characteristic "whooping" sound. Adults with pertussis may simply have a bad cough that seems to hang on.

What you should do

If your cough is accompanied by fever, breathlessness, chest pain, or blood in your sputum, get checked out right away. Otherwise, Dr. McCannon recommends paying close attention to symptoms. "If they don't improve, or if the cough lasts for many weeks, contact your primary care physician," she says. Sometimes chest imaging or a breathing test will be required.

Treatment involves addressing the underlying condition. For example, if GERD is a likely cause, "first we may try suppressing the acid with medication," explains Dr. Kyle Staller, a gastroenterologist at Harvard-affiliated Massachusetts General Hospital. "If the cough doesn't go away, we'll look for other causes."

The key is patience. "Chronic cough often requires trying different treatments, to see what works," says Dr. McCannon. "Just don't give up."

3 surprising risks of poor posture

Slouching promotes heartburn, incontinence, and more.

America, we have a posture problem. Whether it's the result of sitting at a desk all day, looking down at a smartphone, or lounging on a couch, poor posture is dogging people of all ages. And health experts are worried. "It's a common and important health problem among Americans, and it can lead to neck pain, back problems, and other aggravating conditions," says Meghan Markowski, a physical therapist at Harvard-affiliated Brigham and Women's Hospital.

When sitting in a neutral spine position (top), your shoulders are down and back, and your head is back.

Other posture-related problems

While back and neck conditions top the list of potential posture woes, there are many others—such as poor balance, headaches, and breathing difficulties. "Researchers are also looking into whether posture affects mood, sleep, fatigue, and jaw alignment," Markowski says.

Three other problems linked to poor posture may surprise you.

1. Incontinence. Poor posture promotes stress incontinence—when you leak a little urine if you laugh or cough. "Slouching increases abdominal pressure, which puts pressure on the bladder. The position also decreases the ability of the pelvic floor muscles to hold against that pressure," notes Markowski, who specializes in helping people overcome bladder, bowel, and pelvic floor problems.

2. Constipation. Poor posture on a toilet—hunched over with your knees lower than your hips—can promote constipation. "That position closes the anus somewhat and makes it harder for the abdominal muscles to help move feces out," Markowski says. Constipation is characterized by fewer than three bowel movements per week; hard, dry stools; straining to move the bowels; and a sense of an incomplete evacuation.

3. Heartburn and slowed digestion. Slouched posture after a meal can trigger heartburn caused by acid reflux (when stomach acid squirts back up into the esophagus). "Slouching puts pressure on the abdomen, which can force stomach acid in the wrong direction," explains Dr. Kyle Staller, a gastroenterologist at Harvard-affiliated Massachusetts General Hospital. "And some evidence suggests that transit in the intestines slows down when you slouch. In my opinion, it probably does play a small role."

What you can do

Markowski recommends seeing a physical therapist if you suspect you have poor posture that is causing problems for you. The therapist will customize a program of exercises and stretches to improve your core muscle strength and flexibility. The core muscles (in the abdomen, pelvic floor, and back) support the spine.

The goal is a neutral, upright spine position—not flexed too far forward or backward.

A neutral spine is also important when it's time to move your bowels. "Keep your back straight and lean forward at the hips. Keeping your knees higher than your hips—by placing your feet on a footstool—mimics a squatting position, which is best for helping to open the anus so you can pass feces without straining," Markowski says.

To reduce the risk of stress incontinence leakage, Markowski recommends strengthening the pelvic floor muscles. "We teach people how to control their pelvic muscles when they cough," she says. "The proper neutral spine alignment will also help minimize abdominal pressure."

Some general posture pointers

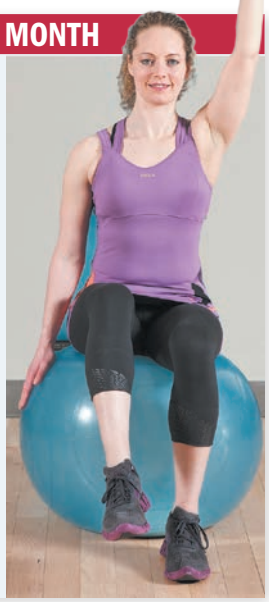
To attain the neutral spine position, Markowski advises you to put your shoulders down and back, pull your head back, and engage your core muscles. "Bring your belly button in toward your spine, as if you're zipping up a snug pair of jeans. This will help to engage the transverse abdominis muscle, which acts like a corset around the spine," Markowski explains.

Other tips: Use a low back (lumbar) support pillow to remind you to sit upright in a chair, and change your position every 30 to 60 minutes. "We don't want people in fixed postures for hours at a time," Markowski says. "Be vigilant, and good posture will contribute to many aspects of health."

MOVE OF THE MONTH

Seated knee lift

- Builds abdominal strength.
- Sit on a stability ball or chair with your feet hip-width apart and your hands at your sides.
- Exhale as you lift your right knee and left hand straight toward the ceiling. Return to the starting position.
- Repeat 10 times.
- Repeat the process by lifting with your left knee and right hand.



The hidden dangers of protein powders

They may contain added sugar, calories, or even toxic chemicals.

Protein powders sometimes contain elevated levels of toxic metals, such as lead and arsenic.

Adding protein powder to a glass of milk or a smoothie may seem like a simple way to boost your health. After, all, protein is essential for building and maintaining muscle, bone strength, and numerous body functions. And many older adults don't consume enough protein because of a reduced appetite.

But be careful: a scoop of chocolate or vanilla protein powder can harbor health risks. "I don't recommend using protein powders except in a few instances, and only with supervision," says registered dietitian Kathy McManus, director of the Department of Nutrition at Harvard-affiliated Brigham and Women's Hospital.

What is protein powder?

Protein powders are powdered forms of protein that come from plants (soybeans, peas, rice, potatoes, or hemp), eggs, or milk (casein or whey protein). The powders may include other ingredients such as added sugars, artificial flavoring, thickeners, vitamins, and minerals. The amount of protein per scoop can vary from 10 to 30 grams. Supplements used for building muscle contain relatively more protein, and supplements used for weight loss contain relatively less.

What are the risks?

There are numerous risks to consider when using a protein powder. Among them:

- A protein powder is a dietary supplement. The FDA leaves it up to manufacturers to evaluate the safety and labeling of products. So there's no way to know if a protein powder contains what manufacturers claim.
- We don't know the long-term effects. "There are limited data on the possible side effects of high protein intake from supplements," McManus says.
- It may cause digestive distress. "People with dairy allergies or trouble digesting lactose [milk sugar] can experience gastrointestinal discomfort if they use a milk-based protein powder," McManus points out.
- It may be high in added sugars and calories. Some protein powders have little added sugar, and others have a lot (as much as 23 grams per scoop). Some protein powders wind up turning a glass of milk into a drink with more than 1,200 calories. The risk: weight gain and an unhealthy spike in blood sugar. The American Heart Association recommends a limit of 24 grams of added sugar per day for women and 36 grams for men.

Daily protein goals

Aim for the Recommended Dietary Allowance for protein intake: 46 grams per day for women and 56 grams for men. For example:

- an egg for breakfast (6 grams)
- 6 ounces of plain Greek yogurt at lunch (18 grams)
- a handful of nuts for a snack (4–7 grams)
- a cup of milk (8 grams) and 2 ounces of cooked chicken for dinner (14 grams).

A new risk revealed

Earlier this year, a nonprofit group called the Clean Label Project released a report about toxins in protein powders. Researchers screened 134 products for 130 types of toxins and found that many protein powders contained heavy metals (lead, arsenic, cadmium, and mercury), bisphenol-A (BPA, which is used to make plastic), pesticides, or other contaminants with links to cancer and other health conditions. Some toxins were present in significant quantities. For example, one protein powder contained 25 times the allowed limit of BPA.

How could protein powder contain so many contaminants? The Clean Label Project points to manufacturing processes or the existence of toxins in soil (absorbed by plants that are made into protein powders).

Not all of the protein powders that were tested contained elevated levels of toxins. You can see the results at the Clean Label Project's website (www.cleanlabelproject.org).

What you should do

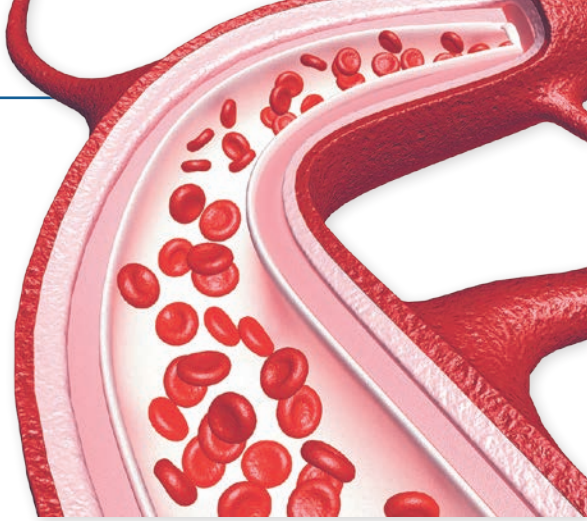
McManus says that in certain cases, chemical-free protein powders may be helpful—but only with medical supervision. Such cases could include

- difficulty eating or an impaired appetite (as a result of cancer treatment or frailty from older age)
- a surgical incision or a pressure wound that is not healing well (your body needs protein to repair cells and make new ones)
- a serious condition requiring additional calories and protein in order for you to get better (such as burns).

Otherwise, get protein from whole foods: nuts, seeds, low-fat dairy products (yogurt, milk, cheese), legumes (beans, lentils), fish, poultry, eggs, and lean meat. "You'll find," McManus says, "that there are many ways to get protein without turning to a powder."

More antidotes for newer blood thinners

New medications add advantages to treatments that help prevent stroke, pulmonary embolism, and deep-vein thrombosis.



Blood thinners keep clots from forming, so blood can flow freely through the vessels.

The wait is over for an antidote to stop rare uncontrolled bleeding linked to some newer blood thinners. The FDA approved andexanet alfa (AndexXa) on May 3, 2018. It's the first and only antidote to reverse bleeding in people taking apixaban (Eliquis), rivaroxaban (Xarelto), or edoxaban (Savaysa).

Another newer blood thinner—dabigatran (Pradaxa)—already has an approved antidote called idarucizumab (Praxbind). A dose of vitamin K is used to reverse the action of warfarin (Coumadin), a blood thinner used routinely for more than half a century and, until recently, the only such option for most people.

This means that people who need to take blood thinners (also called anticoagulants) now have more options in case of a bleeding emergency. And that's going to make a big difference to some people, suggests Dr. Christian Ruff, director of general cardiology at Harvard-affiliated Brigham and Women's Hospital. "When we look at why doctors aren't prescribing the newer blood thinners, one important reason has been that they may not be able to reverse serious bleeding. The fact that you have reversal agents now provides reassurance," Dr. Ruff says.

Blood thinner basics

Blood thinners are prescribed to people at risk for developing dangerous blood clots. These clots can block the flow of blood when they form in the leg (a condition called deep-vein thrombosis) or travel through the blood to lodge in the lung or brain (causing a pulmonary embolism or a stroke, respectively).

Blood thinners prevent clots from forming by blocking the production of certain substances in the blood known as clotting factors. Warfarin, the older blood thinner, targets several different clotting factors; the newer blood thinners target one specific clotting factor.

Both types of blood thinners are effective. Warfarin reduces the risk of strokes by about 65%. Clinical trials suggest the newer blood thinners are as effective, if not more so, than warfarin and far safer with respect to serious bleeding.

Warfarin: Monitoring required

Warfarin takes five to seven days to become fully active as an anticoagulant. It can cause side effects such as hair loss, fatigue, and a cold feeling.

Most importantly, the drug is tricky to manage: If you don't take enough warfarin, blood clots can form. If you take too much, you may experience internal bleeding, especially in the brain. Plus, many common drugs, foods, and dietary supplements affect how well warfarin works.

As a result, many people who take warfarin wind up in the emergency room. To avoid that, you need to get frequent blood tests to see if the dose needs to be adjusted—an inconvenience that can be particularly difficult for people with transportation problems.

Newer blood thinner advances

The newer blood thinners are more convenient. They are less likely to interact with drugs and foods, and they don't require lab monitoring or frequent dose adjustments. Plus, they're effective within a couple of hours.

On the flip side, newer blood thinners leave your body much faster than warfarin; if you miss a dose, your risk of blood clots returns faster.

Newer blood thinners can also cause bleeding (gastrointestinal bleeding in particular, and sometimes uncontrolled bleeding from surgery or an accident). However, compared to warfarin, they have up to a 50% lower risk of bleeding in or around the brain—a type of bleeding that can be life-threatening.

"The new drugs inhibit clotting in a more targeted way than warfarin, which results in less brain bleeding. They cause half as much life-threatening or fatal bleeding as warfarin, so they're far safer. That's a major advance," Dr. Ruff says. "But the biggest advance is preventing the bleeding in the first place without worrying how you should manage it."

Antidotes

Because both types of blood thinners can cause internal bleeding, it's important to have an antidote (given by infusion in a hospital) to reverse the bleeding. Dr. Ruff says the newer blood thinner antidotes are effective. "You can reverse the blood-thinning effect of the drug within minutes. These antidotes have no other side effects. They just reverse the drug," Dr. Ruff notes.

He also says newer blood thinner antidotes can cut the risk of death from a brain bleed by half. "We don't have that data with warfarin," Dr. Ruff says.

Deciding factors

For some people, the low cost of warfarin makes it appealing to keep taking the drug. "Warfarin is very inexpensive. It costs just a few dollars for a supply that lasts several months. The newer blood thinners cost $5 to $30 per month, depending on your insurance," says Dr. Ruff.

But if you're just starting out on a blood thinner, and if you can afford it, Dr. Ruff recommends going with one of the warfarin alternatives. "It's not that the newer blood thinners don't cause bleeding. It's that they cause less bleeding than warfarin," Dr. Ruff says. "We know these drugs are far safer than warfarin, from clinical trials and also in the real world."

Coping with downsizing ... *from p. 1*

you for depression. You may also consider speaking with a therapist.

But don't rush the grieving process. It may take a few months or longer to feel better, and there's no way to predict how long your experience will last.

Stress

Moving is stressful, no matter how old you are. There are belongings to pack, rooms to clean, papers to sign, and deadlines to meet. Plus, you have to figure out what to bring (and what will fit) in your new, smaller home, and what to do with the things that won't be moving with you. It's an enormous job if you've accumulated a lifetime of "stuff."

"When you're 70 or older, you don't have the same organizational or coping skills you had at 30. You can get easily overwhelmed and feel tasks are impossible," Dr. Mischoulon says.

The feeling of being overwhelmed is a type of stress, and it's not good for your health. It can worsen existing health conditions, such as allergies and diabetes. Prolonged (chronic) stress increases the risk for heart disease, high blood pressure, heartburn, and many other health problems.

Tips to cope: Enlist as much help as possible, particularly if you're daunted by whittling down your belongings. Ask friends and family to help, or—if you can afford it—hire a professional: a consultant or a company that specializes in downsizing households. Prices vary, ranging from a few dozen to a few hundred dollars per hour. The National Association of Senior Move Managers (www.nasmm.org) offers a tool to help you find pros in your area.

Nonprofit groups such as Goodwill can come and haul away (for free) furniture and other belongings you'd like to donate to charity.

Anxiety

Anxiety can creep into the downsizing process when you're worried about the unknown. "It could be the costs that are involved or whether you'll like the new place and make friends. The uncertainty is anxiety-provoking," Dr. Mischoulon says.

Anxiety may also come into play when you're trying to determine which belongings to keep and which to leave behind. You may not want to let go of possessions with sentimental value, or you may fret about how well the items you give away (like family heirlooms) will be cared for. Or you may simply be reluctant to give up useful objects. "If you've lived through tough economic times in the past, there may be an element of wanting to hold on to things because you may need them one day," Dr. Mischoulon explains.

Tips to cope: Dr. Mischoulon recommends keeping things based on practicality and whether the item brings you happiness. If it doesn't, he suggests that you part with it.

It may ease your worries if you can pass on your belongings to your children. "But let them decide if there's anything they'd like to keep for the long term. If there isn't, it's all the more reason to let go of something," Dr. Mischoulon says.

Another way to part with belongings: pass them on to charities. There's satisfaction in knowing that your donation will benefit others.

And when it comes to worrying about how you'll cope in the next phase of life: You didn't have all the answers when you were young, and you may not have them now. But if you make an effort to be active and engaged in your new community, you may find that this next stage will offer plenty of interest and fulfillment.

3 healthy upsides of downsizing

Feeling sad about leaving your large home for a smaller one? Focus on these health benefits:

1. **A lower physical burden.** Moving into a smaller space may reduce the amount of yard or house work on your to-do list.
2. **A safer environment.** If you're moving from a two-story home to a one-story house or apartment, you'll remove a major fall hazard: stairs. Falls are the No. 1 cause of injuries and deaths from injury among older adults.
3. **Fewer decisions.** Paring down your belongings so that they fit into a smaller space will force you get rid of clutter, and make only the most necessary objects and clothing readily available. That will help to simplify your choices about what to wear or which kitchen utensils to use, which is especially helpful for people whose thinking skills are declining.

Having fewer belongings, such as fewer clothes in your closet, helps to simplify daily choices.

Depression risks in the medicine cabinet

Are you taking a medication that has depression or suicidal thinking as a potential side effect? One or both risks have been linked to use of more than 200 prescription and over-the-counter pills, including medicines that treat high blood pressure, heartburn, pain, and headaches. The more of these drugs you use, the higher the likelihood that you'll experience depression, suggests a study published June 12, 2018, in *The Journal of the American Medical Association*. Working with five surveys conducted over a nine-year period, researchers evaluated health information from 26,192 adults. About 37% of them reported taking such medications. Of individuals taking three or more of the medications with depression as a possible side effect, about 15% reported depression, compared with about 5% in people not using those medications. Even for people already taking an antidepressant, the addition of one or more of the identified medicines was linked to higher rates of depression. This study was based on surveys, so it didn't prove that the medications caused the reported depression. Nonetheless, if you think you're depressed (and have symptoms such as apathy, hopelessness, changes in sleep or eating habits, and persistent fatigue), ask your doctor if any of the medicines you are taking may be responsible.

Virtual visits and high blood pressure

If your doctor offers a way to monitor your chronic health condition via computer, consider giving it a try. A Harvard study that was published online April 23, 2018, by the *Journal of General Internal Medicine* found that people who had "virtual" office visits over the Internet were able to control their blood pressure just as well as people who had in-person follow-up office visits—and they used fewer health care services over all. Researchers compared the health outcomes of two groups. One group included about 900 people with high blood pressure who had in-office follow-up visits. The other group included about 900 people who had "virtual" follow-up visits, which meant they used a website to enter blood pressure readings, track their medications and side effects, and ask questions; their doctors determined whether to follow up by computer or phone or to schedule in an in-office visit. Over the course of six months, blood pressures improved for people in both groups. But people in the virtual care group averaged about one fewer office visit than people in the other group, and they had fewer emergency room visits and hospitalizations over all. The authors say the results support using virtual follow-up visits for other chronic diseases. Indeed, many health care providers already are doing so, including one group in the study—Massachusetts General Hospital, which uses virtual care to follow 65 different kinds of chronic disease.

Americans aren't meeting exercise goals

Not getting enough exercise? You're not alone, suggests a report published online June 28, 2018, by the CDC's National Center for Health Statistics. Researchers looked at health survey information collected from all 50 states and the District of Columbia from 2010 to 2015. The results: Among adults ages 18 to 64 years old, just 27% of men and 19% of women met the guidelines for both aerobic and muscle-strengthening activities. The numbers were a little higher for men and women who worked, and lower if they were unemployed. The level of activity also varied by state, with 32% of men and women in Colorado meeting both activity goals, compared with just 13.5% in Mississippi. The takeaway: We all need at least 150 minutes per week of moderate-intensity exercise (like brisk walking), and muscle-strengthening exercise twice a week. If you're not meeting these goals, consider ways to increase your exercise activity. Even a few extra minutes per day will get you closer to your goals and better health.

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What's coming up:

- How the new opioid laws will affect pain relief
- Ways to prevent painful muscle cramps
- How to add your kids to your health care team
- Why wounds are harder to heal later in life