



Harvard Health Letter

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What's causing those swollen feet?

Perhaps you're just on your feet a lot, but the swelling also could signal a potentially serious condition.

Anyone can experience swollen feet from time to time. It's common—especially after walking or standing for long periods—and it's often remedied by resting and elevating those tired dogs.

Sometimes, however, swelling (also called edema) is a red flag for a more serious underlying problem.

"My approach is to consider potential problems in each of the body's systems, such as the heart and blood vessels, bones, and skin," explains Dr. James Ioli, chief of podiatry services at Harvard-affiliated Brigham and Women's Hospital and co-editor of the Harvard Special Health Report *Healthy Feet* (www.health.harvard.edu/fcb).



Swollen feet are sometimes the result of a vascular problem such as heart failure.

Vascular causes

When you are on your feet a lot, gravity pulls blood into the veins of your legs, and some of the water in the blood enters the tissues of your legs and feet, causing them to swell. But there are also some conditions that can cause similar swelling because they affect the movement of fluids within the body.

Venous insufficiency. Valves in the veins of our legs keep blood from being pulled down by gravity and pooling in the leg veins. As we age, those valves age, too, and may function less efficiently. This is a common cause of swollen feet.

Phlebitis. This painful inflammation of the veins can cause swollen feet and also leg pain.

Deep-vein thrombosis. In this condition, blood clots form in the deep veins of the legs. The clots block the return of blood from the

legs to the heart, causing swelling of the legs and feet. This can be very serious if it is not diagnosed and treated promptly: the blood clots can break loose and travel in the blood to the lungs, causing a condition called pulmonary embolism. This can cause breathlessness, pain with breathing, and even death. Usually, the clots

occur in only one leg, and so just one leg is unusually swollen. While a new swelling of both legs and feet often is not serious, new swelling of just one leg is always something to bring to your doctor.

Heart failure. A failing heart does not pump as effectively as it should. As a result, blood in the leg veins that should be pumped back to the heart instead pools in the veins.

Liver disease. Some liver diseases can lead to low blood levels of a protein called albumin, which is made in the liver. Low albumin levels cause fluid in the blood to pass into the tissues, producing swelling not only of the legs and feet but also other parts of the body, such as the hands and face.

Kidney disease. Fluid can build up in the tissues if disease makes it hard for the kidneys to get rid of excess fluid in the body (one of the main functions of the kidneys).

Sometimes, swelling in the feet is the first

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NEWLY RELEASED

The Joint Pain Relief Workout:

Healing exercises for your shoulders, hips, knees, and ankles

www.health.harvard.edu/jpr

FIVE THINGS TO DO THIS MONTH

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Online www.content.health.harvard.edu

Editorial Correspondence

Email health_letter@hms.harvard.edu
Letters Harvard Health Letter
Harvard Health Publishing
Harvard Institutes of Medicine, 4th Floor
4 Blackfan Circle
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ASK THE DOCTOR

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

Is it safe for women to drink alcohol?

Q *The Harvard Health Letter has often said that it is generally healthy for women to have one alcoholic drink per day. Yet I hear a recent study showed no benefit. What's the truth?*

A Before answering your question, let's define "one drink": it's 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of hard liquor. And it means having one drink each day of the week, not having seven drinks on Saturday night, sleeping it off Sunday, and begging off until next Saturday night. Now, despite the recent study, we stick with what we've said, which reflects the research of outstanding nutrition scientists at Harvard and elsewhere.

But please notice the word "generally" in your question. There are many nutritional practices that may be healthy for most, but not all, people. Why? Because people are different: our age, gender, genes, and lifestyles are different. And because with some types of food, a little is good but a lot is not: in small doses they're a tonic, but in larger doses they're toxic. And because some practices affect the risk of one disease very differently from the risk of another. And because, globally, nations are very different in their lifestyles and disease risks. The question of alcohol in women highlights the importance of all these differences.

Your genes and your gender influence whether you might become addicted to alcohol, how efficiently you metabolize alcohol, and the effect of alcohol on your organs. In small doses, alcohol changes body chemistry in ways that reduce heart attacks and strokes. In larger doses, however, it damages many organs, including the heart, brain, and liver, and it damages the fetus in a pregnant woman. Also, alcohol addiction plays a key role in traffic deaths and violent crime. As for global differences, the study you're probably referring to was heavily influenced by death rates in developing nations, where death from tuberculosis (fueled by alcohol) is much more common than in the United States.

As for the effect of alcohol on different diseases, more than 100 studies show that a woman who has one drink per day, compared with a woman who does not drink, has a reduced risk of having a heart attack and the most common kind of stroke. Yet, many of these same studies also show that even a drink a day increases a woman's risk of breast cancer. In thinking about this trade-off, it's important to know that heart attacks are by far the most common cause of death in women, killing 10 times more women than does breast cancer.

So a woman who is pregnant, or who has a personal or family history of breast cancer, liver disease, or alcohol abuse, should generally avoid alcohol. For others, one drink a day is generally healthy. ♥



Consuming one drink per day may be healthy for some women.

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Is that brain fog really adult ADHD?

Sometimes attention deficit hyperactivity disorder is behind issues with memory and task completion.

You may be concerned about your memory if you notice that you're struggling to keep track of items you use each day, getting sidetracked when doing chores and other tasks, and tuning out during conversations. But it could be that you have attention deficit hyperactivity disorder (ADHD), a brain wiring difference once recognized only in children. In adults, ADHD often produces problems with memory and attention rather than hyperactivity.

"Two to three percent of people in their 60s or older have traits of ADHD that are impairing," says Dr. Craig Surman, a neuropsychiatrist and ADHD researcher at Harvard-affiliated Massachusetts General Hospital and co-author of the Harvard Health Publishing book *FASTMINDS: How to Thrive If You Have ADHD (or think you might)*.

It's probably not new

Dr. Surman says older adults with ADHD have actually lived their whole lives with the condition, and maybe not realized they had it. They've had to manage

- ▶ forgetfulness
- ▶ being disorganized
- ▶ procrastinating
- ▶ losing interest in tasks
- ▶ being easily distracted
- ▶ working inefficiently, especially on multiple tasks at the same time
- ▶ acting impulsively (with plans, spending, new activities)
- ▶ being impatient
- ▶ blurting out thoughts.

Symptoms may show themselves differently at different life stages, because having a job or school-age kids, for example, can pressure a person to complete tasks, meet deadlines, and keep appointments. That kind of structure can sometimes keep symptoms



A diagnosis of attention deficit hyperactivity disorder is based on your symptoms, medical history, medication side effects, and more.

manageable. But this can change in retirement. "Older adults may not have the same obligations. They're setting up the structure themselves. It can be a real struggle," Dr. Surman says.

Diagnosis

Figuring out if you have ADHD is complicated. It shares traits with

- ▶ a decline in thinking skills
- ▶ stress, anxiety, or depression
- ▶ fuzzy thinking as a side effect of anticholinergic drugs. These include common treatments for incontinence, such as oxybutynin (Ditropan); depression, such as amitriptyline (Elavil); and allergies, such as diphenhydramine (Benadryl).

To start disentangling ADHD from other conditions, Dr. Surman suggests asking yourself if you've always struggled to get around to, stick with, and finish things (unless they were interesting or had deadlines).

Sharing information about the pattern of your challenges over time, and (when possible) input from a loved one about your symptoms and ability to function, will help the psychologist or psychiatrist who does the evaluation.

An evaluation will also include your health and medical history, and possibly computerized testing to measure attention.

Treatment

While medication is a mainstay of treatment for the attention challenges in ADHD, Dr. Surman says that non-drug strategies can help individuals stay on top of daily expectations. "Most older people with ADHD can explain which tasks and situations they do well and where they struggle, offering clues to the factors that help them best cope with symptoms," he points out. Plus, ADHD medications—such as methylphenidate (Ritalin, Concerta) and amphetamine salts (Adderall)—can reduce appetite, create insomnia, or increase heart rate or blood pressure, all of which may be riskier for older adults.

When does Dr. Surman prescribe medications for ADHD? "When problems paying attention or sticking with tasks in the moment are getting in the way of self-care and thriving, undermining healthy routines and important relationships," he says.

Pill-free supports

Behavior changes may be enough to take the suffering out of having ADHD. You can get ideas from support groups, ADHD coaches, or talk therapy with a psychologist. "They'll help you recreate strategies and solutions that worked earlier in your life," Dr. Surman says.

Strategies might include

- ▶ making activities more interesting, more routine, or more collaborative
- ▶ calling a buddy for help
- ▶ recording scattered thoughts in lists
- ▶ using reminder systems (like a calendar or alarm) in a smartphone
- ▶ creating low-distraction areas at home or work without the noise of TVs, phones, or even people (closing your door might be enough).

"With help," says Dr. Surman, "you can understand the best methods for living the healthy life you want."

Want more information? Check out Children and Adults with Attention-Deficit/Hyperactivity Disorder (www.chadd.org). ♥



Stop making these common workout mistakes

Skipping warm-ups and lifting too much can lead to injury.

Exercising is one of the best things you can do for your health, and you deserve an enthusiastic pat on the back for any amount of physical activity you're doing. But if you're performing your exercises the wrong way, you could be hurting, not helping your body.

One of the biggest exercise errors is using improper technique. You risk back injury if you arch your back while doing planks or push-ups, and knee injury if you bend too deeply in a lunge or squat (see "Move of the month").

Another mistake is doing the wrong exercise. For instance, running when you have severe back or knee arthritis puts too much pressure on the joint.

But those are just a few exercise nos. Consider the following, and see if you need to take steps to fix them.

MOVE OF THE MONTH: SQUAT

Movement: From a standing position, lower your buttocks toward the floor as if sitting down. Stop with your buttocks above knee level. Keep your back straight, not arched. Return to the starting position. Repeat 10 times.



Don't dive into a strenuous workout. Walk for two minutes first to warm up the muscles.

Skipping the warm-up

You need to warm up your muscles so they're more flexible before you put them to work, especially when you get older. "An older person has less flexible muscles and tendons. Muscles can tear easily because they have less water content, and they're brittle and less elastic," says Clare Safran-Norton, clinical supervisor of rehabilitation services at Harvard-affiliated Brigham and Women's Hospital.

Fix it: Warm up your muscles before exercising with a few minutes of repetitive motion such as marching in place or doing arm circles. That gets blood, heat, and oxygen to the muscles and makes them amenable to change.

Being inconsistent

An occasional or weekend workout is less effective than more frequent activity, and cramming a week's exercise into a single session increases the risk for injury.

Fix it: For most people, the weekly goal should be 150 minutes of moderate-intensity exercise (that gets your heart and lungs pumping) and strength training at least twice per week. That could consist of shorter aerobic workouts (at least 20 minutes) each day or longer workouts (at least 50 minutes) three times per week.

Lifting too much weight

Lifting too much weight—especially lifting too much too soon, if you're just starting to get back into a routine—can lead to muscle tears.

Fix it: Use lighter weights and lift them more times. "Do two or three sets of 20 lifts using 2-pound weights instead of one set of five or 10 with a 5-pound weight," Safran-Norton says.

Not resting muscle groups

Working the same muscle groups every day can cause injury. Muscles need at least 48 hours after a strength workout to recover and rebuild.

Fix it: Alternate which muscle groups you work from day to day, such as arms and shoulders on Tuesdays and Thursdays, but not Mondays or Wednesdays.

Improper hydration

Fluids help cushion your joints and stabilize blood pressure and heart rate. Exercising causes you to lose water and electrolytes (sodium, potassium) when you sweat, and it also causes lactic acid to build up in your muscles (which can lead to muscle cramps).

Fix it: Healthy people need six to eight cups of fluid per day, and more if they're exercising. "Some people do well with water; others do well with a sports drink to replace electrolytes," Safran-Norton says.

Poor posture

Exercising with slouched posture and rounded shoulders puts you at risk for back and shoulder injury (such as a rotator cuff tear).

Fix it: Keep your shoulders down and back, keep your back straight, and work with a physical therapist to correct poor posture.

Want advice?

Make an appointment with a trainer or physical therapist, or check out the Harvard Special Health Report *Starting to Exercise* (www.health.harvard.edu/e). ♥



What to order at the coffee shop

Trendy new options are fresh and appealing, but they may not be good for you.

The hot item in coffee shops isn't just coffee. Now, along with inventive brews, many shops are offering fresh gourmet noshes that rival food at chic cafes. That means you'll find treats and dishes with all the buzzwords attached, including "house-baked," "hand-crafted," and "locally sourced." It also means you may be tempted to eat something that's unhealthy, especially if you're ordering quickly because eight people are in line behind you.



Avocado toast is a big hit in coffee shops across the country.

New on the menu

More coffee shops are ditching pre-packaged pastries and sandwiches, and operating tiny kitchens that crank out breakfast with flair. For example:

- ▶ cage-free egg bites prepared using the French *sous vide* cooking technique
- ▶ rice-stuffed omelets
- ▶ eggs on brioche rolls with espresso-maple lacquered bacon
- ▶ chocolate-apricot-buckwheat cakes.
- Or you might find lunch items, like
- ▶ Honduran baleadas (folded flour tortillas filled with beans and vegetables)
- ▶ avocado toast dressed with tahini and black sesame seeds
- ▶ hot pressed sandwiches with house-roasted chicken, veggies, and pesto
- ▶ cold noodles with micro greens, radish, rutabaga, pickled vegetables, peanut sauce, and benne seeds.

What's in it?

As with any restaurant food, some of the new fare comes with whopping amounts of fat, salt, carbohydrates, or sugar. How can you tell? Restaurant chains with 20 or more establishments now must post nutrition information

on a menu or website. So you can see that two tiny *sous vide* egg bites with bacon and gruyere from Starbucks have 600 grams of sodium and 22 grams of fat, and that a blackberry polenta teacake from Blue Bottle Coffee has 700 calories, 47 grams of fat, 60 grams of carbohydrates, and 34 grams of sugar.

But smaller coffee shops (not bound by nutrition information requirements), are less likely to share data about house-baked pastries, focaccia breads, yogurt parfaits, egg bowls, soups, or any other fresh gourmet fare now on the menu.

What you should do

Don't worry about the exact nutrition details, suggests Teresa Fung, adjunct professor in the Nutrition Department at the Harvard T.H. Chan School of Public Health. "Make a choice based on the food displays or descriptions," she advises. "Avoid foods that primarily contain refined grains [white bread, tortillas, noodles], processed meat [bacon, sausage, ham], or too much cheese, butter, cream, or sugar [all pastries]. Keep eliminating the bad choices until you only have a few choices left, as opposed to 20. That will help when you're in a hurry."

The foods you should seek: eggs, vegetables, low-fat dairy, legumes, whole grains (like whole-wheat bread, quinoa, oatmeal, whole-grain noodles), and fruit. "If the item is huge, cut it in half and wrap the other half before you eat it. And don't pair it with sugary coffee," Fung says. "Going into a coffee shop is fraught with nutrition risks. Prepare yourself so you won't get stuck." ♥

The bitter truth about sweetening your coffee

Drinking a few cups of coffee per day is associated with everything from a longer life to a reduced risk for developing heart disease, stroke, diabetes, and other ailments.

But coffee may wind up hurting your health if you add a lot of sugar to it, or if you add sweetened flavored syrup to the brew at your favorite coffee shop. For example, you'll guzzle 33 grams of added sugar if you drink a large cup of Starbucks caramel macchiato (espresso poured into steamed milk with vanilla-flavored syrup, topped with caramel drizzle). The American Heart Association recommends a daily limit of 36 grams of added sugar for men, and 25 grams per day for women.

Consuming lots of sugar in any form (like table sugar, honey, or high-fructose corn syrup) adds extra calories to your diet and spikes your blood sugar. Repeated blood sugar spikes may increase your risk for developing diabetes.

What about sugar substitutes? The FDA has approved eight such substitutes, which contribute only a few or no calories when added to food and drinks. The sweeteners you'll find at the coffee shop may include

- ▶ aspartame (Equal, NutraSweet)
- ▶ saccharin (Sweet'N Low)
- ▶ sucralose (Splenda)
- ▶ rebaudioside A, extract of the stevia plant (Truvia, Pure Via).

These are hundreds of times sweeter than sugar. Research suggests they may train your taste buds to crave very sweet foods, and they may change the types of bacteria in your intestines, possibly increasing calorie absorption and blood sugar. So even though they contain few calories themselves, the sweeteners may cause you to consume and absorb more calories.

The answer? Cut back on all added sugar and sugar substitutes in coffee. Flavor the brew with spices like cinnamon or nutmeg. Then enjoy your joe knowing that it's not only satisfying, but healthier, too.



Bracing for flu season: Steps to protect yourself right now

Get your flu shot as soon as possible, wash your hands often, and watch for signs of this dangerous virus.

Flu season is under way, and doctors are hopeful this year's influenza outbreak will be far less severe than the last one. The 2017–18 flu season ranked in the high-severity category for every age group, hospitalizing hundreds of thousands of people and killing almost 200 children and tens of thousands of adults—most of them ages 65 or older. “The number of cases and severity of the illness in last year's epidemic was a surprise,” says Dr. Mark Poznansky, director of the Vaccine Immunotherapy Center at Harvard-affiliated Massachusetts General Hospital.

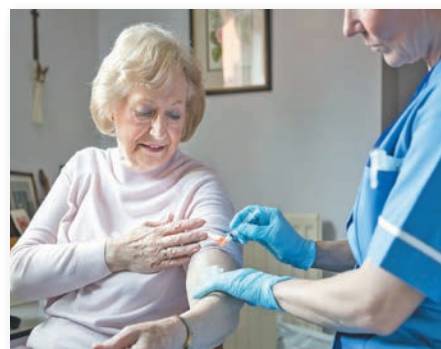
Why was the last flu season so vicious? “The flu vaccine wasn't a great match for the actual virus that wound up infecting people,” Dr. Poznansky explains. The vaccine was only about

40% effective, meaning that people who received the vaccine were 40% less likely to get sick. The FDA is trying to figure out why.

A tricky cocktail

Predicting which flu strains will be floating around, and thus which ones should go into a vaccine, is always a gamble. It's done many months in advance, because it takes months to make enough vaccine for hundreds of millions of people. “But flu viruses are constantly changing, and the viruses that months ago were chosen for the vaccine may morph by the time the epidemic strikes,” Dr. Poznansky says.

This year's trivalent flu shot will cover two influenza A viruses and one influenza B, with two of the strains swapped out from last year. The



It's no guarantee, but you're more likely to avoid getting influenza and being hospitalized for complications if you get a flu shot.

quadrivalent vaccine (which covers four types of flu viruses) adds another B virus into the mix.

Trivalent vs. quadrivalent?

Dr. Poznansky recommends that older adults get the quadrivalent vaccine if possible. “It makes the most sense, because it has the most targets,” he says. But he stresses that more important than which vaccine you get is just getting vaccinated, and urges you to get whichever vaccine is available. “You have a better chance of avoiding illness or hospitalization if you get the vaccine, although it's not a guarantee,” he says.

What if you don't get the shot? That's risky for older adults. The CDC estimates that the vast majority of flu-related deaths (71% to 85%) and flu-related hospitalizations (54% to 70%) occur in people ages 65 or older.

You are especially susceptible for flu complications if you have diabetes or heart, lung, or kidney disease, or if you take medication that suppresses your immune system.

Skipping a flu shot is risky for kids, too. Of the 179 children who died from the flu last season, 80% had not received a flu shot.

What you should do

Don't worry which flu shot your doctor or drugstore is offering, unless you have a severe allergy to eggs (most vaccines are incubated in eggs). In that case, you can get an egg-free recombinant influenza vaccine called Flublok.

Do you need any other vaccinations?

When you get your flu shot, it's a good time to check that you're up to date on other vaccinations. Consider these:

- ▶ **Shingles vaccine.** The CDC recommends two doses of the newer shingles vaccine, Shingrix, for all adults ages 50 or older, even if they've already had the older vaccine, Zostavax. Both vaccines guard against the varicella-zoster virus, which causes shingles as well as chickenpox. Shingrix has been found to be far more effective and to last longer than Zostavax. Shingrix, however, is more likely than Zostavax to cause temporary side effects, such as fever and muscle pain.
- ▶ **Tetanus vaccine.** You're probably due for a tetanus booster if you can't remember the last time you received the vaccine. It guards against the muscle-tightening disease (such as lockjaw) that can result from a bad scrape.
- ▶ **Pneumococcal vaccine.** The CDC recommends two pneumococcal vaccines—which protect against pneumonia, bacteremia, and meningitis—for adults 65 and older. Get a dose of PCV13 first, followed by a dose of PPSV23 six to 12 months later. If you've already had PPSV23, then get PCV13 a year later. If you had PCV13 before age 65, you won't need another dose.



Otherwise, just make sure you get a vaccine from a registered site, and that the product is standard FDA-approved (ask your pharmacist or doctor's office). In addition:

- ▶ Don't get the shot when you're sick. Your immune system needs to be in good shape to mount a response to the vaccine.
- ▶ Remember that it takes two weeks for the flu shot to become effective.
- ▶ Get the shot earlier rather than later in the flu season (which lasts until May), to give yourself the best chance at protection.
- ▶ Take basic precautions to avoid getting and spreading the flu, such as washing your hands often (with soap and warm water or hand sanitizer if soap is unavailable), and covering your mouth and nose when coughing or sneezing.

In case of illness

Sometimes the best attempt at avoiding the flu—even if you get the vaccination—can fall short. The flu is

spread from person to person, often when someone with the flu talks, coughs, or sneezes. Droplets with the virus can travel up to six feet. You can also get the flu by touching something that has the virus on it, like a doorknob, and then touching your nose or mouth.

Make sure to watch for flu symptoms such as weakness, fatigue, body aches, sore throat, congestion, and fever.

If you get sick, call your doctor within two days to ask if an antiviral drug will help. The CDC currently recommends several: oseltamivir (Tamiflu), peramivir (Rapivab), and zanamivir (Relenza).

Otherwise, baby yourself: rest, drink plenty of fluids, and stay home. The bug will pass in a week or two.

If it doesn't—or if you notice symptoms such as shortness of breath, a cough with colored sputum, difficulty breathing, or a high fever (103° F)—call your doctor again. Flu can trigger pneumonia and other health complications. Don't try to be a trouper and tough it out.” ♥



What's the best way to wash your hands?

Killing germs requires more than a five-second routine of soaping up and rinsing off your hands.

Washing your hands with soap and water for 20 seconds (about the time it takes to sing two choruses of “Happy Birthday to You”) reduces bacterial counts by about 90%.

Make sure to clean all the surfaces of your hands, including the fronts and backs, fingertips, fingernails, thumbs, and spaces between fingers. Then rinse your hands thoroughly.

But don't make the mistake of not drying your hands properly. Wet hands are more likely to spread germs than dry ones.

Swollen feet ... from p. 1

clue that you have heart failure or liver or kidney disease, and your doctor needs to consider those possibilities. Your doctor will take a medical history and do a thorough physical examination that includes your heart and lungs. The doctor may order blood and urine tests, a chest x-ray, an electrocardiogram, or other tests.

Other causes

Sometimes swollen feet have causes that are not directly related to the flow of body fluids. For example:

Bone and tendon conditions. Several problems with the bones and tendons in your feet also can cause swelling, although (in contrast to the vascular causes) they also typically cause pain. Examples include fractures, arthritis, and tendinitis.

Problems with the skin and toenails.

As we age, our skin thins. That makes skin more vulnerable to cuts, which then can become infected, causing swelling of the area near the wound. A cut on the foot can cause the whole foot to swell. Ingrown toenails that dig into the skin also can lead to sores and swelling.

Drug side effects. Some medications, such as calcium-channel blockers to treat high blood pressure, can also be the culprit.

What you should do

A little foot swelling is probably nothing to worry about. If you get off your feet and prop them up on a footstool, the swelling should disappear over several hours.

When should you call the doctor? “Report your symptoms to your doctor if there's so much swelling that it leaves an indentation if you press your finger



Foot swelling is often easily remedied by elevating your feet. Swelling should disappear within a few hours. If not, report symptoms to your doctor.

into it, or if it has developed suddenly, lasts for more than a few days, affects just one foot, or is accompanied by pain or discoloration of the skin,” Dr. Ioli advises.

Finally, don't make your own diagnosis. With so many potential reasons for swelling, it's important to let your doctor drill down to the cause, prescribe the treatment you need, and help you get back on your feet as soon as possible. ♥



Move more, even if it's gentle activity

Are you putting off exercise because you think you need to jump into a rigorous routine? An observational study published Aug. 8, 2018, in the *Journal of the American Heart Association* suggests that even light physical activity, combined with less time sitting, is associated with signs of better heart and blood vessel health among older adults. Researchers analyzed health information for more than 1,600 people ages 60 to 64 who underwent clinical assessments and wore heart and physical activity monitors for five days. Participants' activity ranged from light intensity—like stretching and golfing—to moderate-to-vigorous activity, like brisk walking, dancing, and lawn mowing. Scientists also looked

at participants' blood markers for heart and blood vessel disease, including the inflammation markers C-reactive protein and interleukin-6. The results: compared with being sedentary, people with light to moderate activity levels had more favorable biomarker profiles. The takeaway: lots of research has shown that replacing sedentary time with any amount of physical activity is linked to better health, so don't let high activity goals keep you from getting off the couch.



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Screening guidelines for women: Incontinence and cervical cancer

Older women: Take note of two new screening guidelines. One is for cervical cancer screening. Recommendations from the U.S. Preventive Services Task Force, published online Aug. 21, 2018, by the *Journal of the American Medical Association*, suggest that many women ages 30 to 65 can now approach cervical cancer screening in several ways: they can get a cervical cytology (Pap) test every three years; a test for human papillomavirus (which causes most cervical cancer cases) every five years; or they can get a combination of both tests every five years. If you're older than 65, the USPSTF recommends against screening unless you haven't had adequate tests before or you're at high risk for cervical cancer. The other screening guidelines are for urinary

incontinence. They come from the Women's Preventive Services Initiative and were published online Aug. 14, 2018, by *Annals of Internal Medicine*. The guidelines recommend that women get screened for incontinence yearly, regardless of age. "I completely agree with brief annual screening for urinary incontinence for women. A simple question can be used to screen for it, such as, 'Do you have any bothersome urinary incontinence or urinary leaking during the day or night?' If the incontinence is treated early, in some cases, it will not progress and the patient will be able to avoid more invasive, costly, risky, or time-consuming treatment options," says Dr. May Wakamatsu, vice chair of gynecology services at Harvard-affiliated Massachusetts General Hospital.



Warning: Avoid these novel treats in shopping malls and restaurants

If your grandkids urge you to indulge them in a popular new snack at the mall, just say no. The FDA is warning that consuming products with liquid nitrogen added at the last minute can lead to injury. The products are marketed under names such as "Dragon's Breath" and "Nitro Puff." They're cheese puffs or cereal pieces that are frozen in liquid nitrogen and then dipped

in a special sauce. When you put them in your mouth, the products release vapor that looks like smoke. Liquid nitrogen is also added to some cocktails to make them look like they're emitting fog. But the FDA says all of these products can cause severe damage to skin and internal organs and may cause breathing problems. The agency advises you to avoid the products. ♥



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