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The health benefits of shared living

Living with others offers a way to stay independent and avoid a cascade of mental, emotional and physical health problems.

Americans want to age in place. AARP research finds that nine out of 10 people ages 65 or older want to stay in their homes in their later years.

That goal isn't always achievable, because of challenges to independence

such as a limited income or chronic health problems. "Sometimes it's frailty. Weakness, stiffness, and aching joints creep up on you, decrease function, and keep you from climbing stairs or taking care of yourself or your home," says Dr. Erin Stevens, a geriatrician and palliative care physician at Harvard-affiliated Massachusetts General Hospital.

But several trends indicate that older adults are finding ways to stay in a home setting, and each of those trends involves shared living.

Living with family

Increasingly, older adults appear to be moving in with their family members. An analysis of data collected by the U.S. Census Bureau, conducted for the *Harvard Health Letter* by Harvard's Joint Center for Housing Studies (JCHS), found that between 2001 and 2016, the number of Americans ages 65 or older increased about 40%. During the same period, the number of people 65 or older living in a grown child's home nearly doubled (from 1.4 million to 3.4 million), as did the number living in a sibling's home (from 226,000 to 453,000).

What is causing these trends? For one thing, people are living longer. For another,



Being part of a multigenerational household may help you stay healthy and independent.

fewer are dying suddenly from heart attacks and strokes. In addition, demographic changes in the U.S. population may be contributing to the shift. "As our population becomes more culturally diverse, we'll see more multigenerational households. For example, traditionally Asian and Hispanic households are more likely to include three generations," says Jennifer Molinsky, senior researcher with the JCHS.

Getting housemates

For some older adults, the way to stay in a home setting is to share a home with people who aren't family members. The JCHS analysis found that the number of older adults living with non-relatives went from about 400,000 in 2001 to about 900,000 in 2016. This may mean that you buy or rent a home with another adult who isn't your family member, or that you take in boarders. Your tenants could be your friends or other adults you meet by placing an ad for renters (see "Want to find a housemate?" on page 7).

Molinsky says that one of the drivers of this trend is income. "We see that 60% of people in their 80s who have a mortgage or who rent a home are cost burdened—paying so much for housing they have to make trade-offs and cut back on other things, like food or medicine," she explains. Sharing a home helps offset housing costs. But the perks go beyond finances.

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FIVE THINGS TO DO THIS MONTH

1 Be prepared to describe chest pain, if you have it. Details will help your doctor make a better diagnosis. (page 3)

2 Try wearable wrist weights. They'll help build muscle when you can't grip a dumbbell. (page 4)

3 Avoid a menu rut. Consider eating at least one new type of food every week. (page 5)

4 Get checked for hearing loss. It's associated with depression, isolation, heart failure, and dementia. (page 8)

5 Cast out processed foods from your diet. New research links highly processed foods, like baked goods and sugary cereals, to cancer. (page 8)



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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 Boston, MA 02115

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Editor in Chief Gregory D. Curfman, MD

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ASK THE DOCTOR

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

What causes hiccups?

Q *Why do I get hiccups, and what can I do about them? I know they're not serious, but they sure are aggravating.*

A Hiccups are one of those minor maladies of man that they don't teach you about in medical school. But they can affect a person's life—particularly when they start at the wrong time. The first time I realized this was when hiccups started just as I was in the middle of giving a lecture to medical students. You want your lectures to be memorable, and this one may have been—not for what I said, but for the way it came out of my mouth.

We know what hiccups are, but not why they occur. Each of us has a flat plate of muscle just beneath our lungs, separating our chest from our abdomen. It's called the diaphragm, and it helps us breathe: when it moves downward, it causes the lungs to pull in air through the nose and mouth. And when it moves upward, it forces air out of our lungs. The movement of the diaphragm is directed by the brain, which sends signals down nerves that end in the diaphragm. A hiccup occurs when the brain sends a signal for the diaphragm to shift forcefully downward, suddenly pulling a lot of air into the back of the throat. The sudden change in pressure causes a narrow area in the throat to temporarily snap shut, causing the “hic” sound of a hiccup. Why the brain sends the signals that cause hiccups, however, is a mystery.

Several factors can trigger the short bouts of hiccups that many people periodically experience: (1) a stomach full of too much food, alcohol, or air; (2) sudden changes in temperature; (3) smoking cigarettes; (4) excitement, stress, or other heightened emotion (like when giving a lecture).

What to do? Fortunately, most episodes of hiccups go away after just a few minutes. When they are more persistent, doctors recommend various treatments—although most of these are closer to folklore than scientifically proven therapies:

- ▶ stimulating the back of the throat by poking it with a long cotton swab, pulling on your tongue, swallowing a spoonful of dry granulated sugar, gargling, sipping ice water, or biting on a lemon
- ▶ rubbing the back of the neck
- ▶ interrupting your normal breathing cycle by holding your breath, breathing into a paper bag, or pulling your knees up to your chest and leaning forward
- ▶ having someone prepared to distract you when hiccups return, by scaring you or telling you a really good joke.

Sometimes, hiccups last much longer than you'd like, despite these measures. Next month we'll discuss what to do then. ♥



Some people find success in relieving hiccups by biting into a slice of fresh lemon.

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What's that chest pain?

Sometimes it's hard to tell the difference between a heart attack, heartburn, and lung problems.

Many kinds of health problems can cause chest discomfort, with symptoms so intense that you rush to the hospital. "I see older adults with chest pain or something related to it every time I work in the emergency department," says Dr. Kei Ouchi, an emergency medicine physician at Harvard-affiliated Brigham and Women's Hospital.

The big fear

You may worry that chest pain is due to a heart attack, which occurs when blood flow to the heart is blocked, typically by a blood clot and narrowed arteries. Classic symptoms include pressure or squeezing in the chest, lightheadedness, and pain in the shoulder, arm, neck, jaw, or back.

However, Dr. Ouchi points out that the heart attack symptoms he sees most often in older adults do not fit that standard list. "Older adults with other medical conditions, like diabetes, might not get classic, crushing chest pain with a heart attack. They often have nausea, vomiting, shortness of breath, or fatigue that's new and otherwise unexplained," he says.

Other causes

Beyond a heart attack, chest pain may stem from a number of conditions. Here are some of the most common.

Stable angina. This occurs when clogged arteries slowly reduce the amount of oxygen-rich blood reaching your heart. It causes pain similar to a heart attack, but doesn't cause the death of heart muscle cells. "Angina is more common than actual heart attacks and can progress over months," says Dr. Ouchi. Indeed, increasing angina may signal an impending heart attack.

Pericarditis. An infection, injury, cancer treatment, or medication reaction

may inflame the pericardium (the protective sac around your heart). Pain is typically sharp and stabbing, located in the center or left side of your chest. It worsens when you take a deep breath or lie down.

Heartburn. Sometimes stomach acid can back up into your esophagus, the tube connecting your mouth and stomach. Symptoms can include a fiery, tingly, tight, or stabbing pain in your chest; nausea; a sour taste in your mouth; a sore throat; and coughing.

Pulmonary embolism. This is a blood clot that forms somewhere in your body (like a vein in your leg) and travels to a lung. It can be deadly. Symptoms include chest pain or discomfort that worsens on taking in a deep breath, difficulty breathing, coughing up blood, a fast heart rate, sudden lightheadedness, or fainting.

Other lung problems. Sharp, stabbing chest pain may occur in your lungs if you have pneumonia, bronchitis, asthma, or pneumothorax (a hole in the lung tissue that sends air between the chest wall and lungs; the condition is common in smokers).

Panic attack. Sharp chest pain (along with shortness of breath, palpitations, and dizziness) can occur if you experience a sudden wave of anxiety. It usually doesn't last long.

Costochondritis. An overuse injury from sports or heavy lifting may inflame the chest wall between your ribs and the breastbone. The result: a stabbing chest pain. It goes away with time and rest.

When to seek help

When chest pain is sudden and severe, call 911. "It's the right thing to do," Dr. Ouchi says. "Even if you call your doctor's office and report sudden pain, they'll tell you to go to the emergency department."



Get specific about your symptoms

To help your doctor diagnose chest pain, be able to answer the following questions:

- ▶ When did the pain start, and how long did it last?
- ▶ Have you had pain like this before?
- ▶ Did anything seem to bring on the pain (such as physical exertion or anger), and did anything relieve the pain?
- ▶ Along with the pain, did you have lightheadedness, nausea, shortness of breath, or sudden sweating?
- ▶ What did the pain feel like: sharp and stabbing? squeezing? pressure? burning?
- ▶ Where did you feel the pain: in the middle of your chest? on one side?
- ▶ Did the pain travel anywhere, like into your neck, arm, or back?

But you don't always have to call 911 if you're experiencing chest pain. "If it's been going on for months, it's probably okay to be evaluated at your doctor's office instead of the emergency department," says Dr. Ouchi. If you're unsure, he urges that you have your doctor make the decision. "Chest pain is common, and most of the time it's not a heart attack," explains Dr. Ouchi. "But we have to make sure it's not life-threatening." ♥



Wearable weights: How they can help or hurt

They're great as a substitute for a dumbbell, but a risky choice for some exercises.

When you want to add strength training to your routine, wearable weights seem like a handy shortcut. Just slip them on and do your regular workout. But it's not that simple. "They're great for specific exercises, but they have some risks," says Terry Downey, a physical therapist at Harvard-affiliated Spaulding Rehabilitation Network.

Ankle weights

You may see people walking around with weights around their ankles. The weights are typically built into a wide neoprene strap that wraps around the ankle and attaches with Velcro.

But Downey warns that it's not a good idea to use wearable ankle weights while you're walking or during an aerobics workout, because they force you to use your quadriceps (the muscles in the fronts of the thighs) and not your hamstrings (in the backs of the thighs). "That causes a muscle imbalance," Downey says. Wearable ankle weights also pull on the ankle joint, which poses the risk of tendon or ligament injuries to the knees, hips, and back.

But wearable ankle weights are helpful for exercises that target the leg and hip muscles, like leg lifts. "The weight places a greater load on the muscle group being targeted. The muscles have to work harder to move this increased load against gravity, and in turn this will increase strength," Downey explains.

Wrist weights

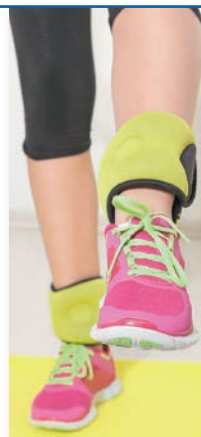
Like ankle weights, wearable wrist weights are wide, weighted straps that wrap around the wrist and attach with Velcro. Sometimes people wear these during a cardio workout or on a walk. But this can

lead to muscle imbalance as you swing your arms back and forth. The same action with wearable wrist weights can also cause joint and tendon injuries in the wrists, elbows, shoulders, and neck.

But wrist weights do have a place in a workout. "They're great for targeted exercise if you can't grip a dumbbell," Downey says. For example, you might have a weak grip from arthritis or a stroke. In that case, Downey recommends using wearable wrist weights for standard arm exercises, such as biceps curls, or shoulder exercises, such as rows. "Lean over a ball or table with your arms free to the sides. Bring your arms back, like you're rowing a boat, and squeeze the shoulder blades together," she says.

Weighted vests

Weighted vests are typically put on over your head. They hang from the shoulders, with a wide strap that wraps around your middle to keep the vest in place. There are pockets for weights around the vest, which help you adjust



Use ankle weights for leg lifts and other targeted exercises.

the amount of weight you're wearing.

Unlike wrist or ankle weights, the weighted vest can be beneficial on a walk, putting pressure on your bones to stimulate the growth of new bone cells, which helps fight bone loss. Downey says weighted vests should not exceed 10% of your body weight. For example, the weight should not exceed 15 pounds for a 150-pound person.

But weighted vests aren't right for people with back or neck problems. "It puts pressure on your spine, and if you have spinal stenosis or significant disc degeneration, it can cause problems all the way to the neck," Downey warns.

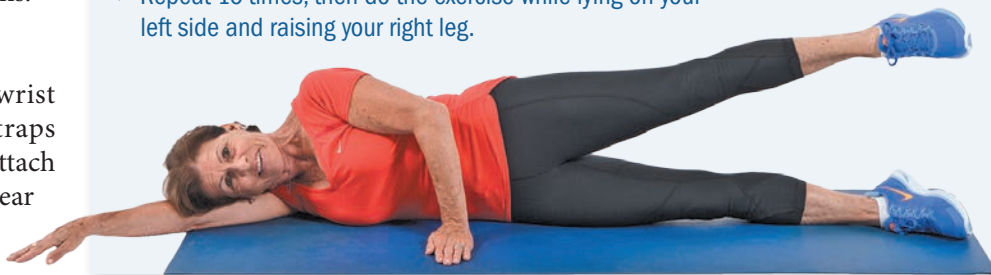
What you should do

Talk to your doctor first before you buy wearable weights, especially if you have back, joint, or balance problems. Once you get the go-ahead, Downey suggests working with a physical therapist to develop a strength-training plan. You'll likely start with the smallest amount of wearable weight (as little as a pound or two) and gradually increase the load.

You can find wearable weights online and in big-box stores. For more information, check out the Harvard Special Health Report *Strength and Power Training for Older Adults* (www.health.harvard.edu/spt). ♥

Move of the month: Side-lying leg lift (with or without weights)

- ▶ Lie on your right side with both legs extended.
- ▶ Raise your left leg toward the ceiling, keeping your hips stacked and facing forward. Hold. Return to the starting position.
- ▶ Repeat 10 times, then do the exercise while lying on your left side and raising your right leg.





Ways to dig out of a dietary rut

Trying new foods, cooking in batches, and inviting friends to dinner give mealtime some zing.

You may be bored if you're eating the same foods all the time. Even worse, you may be missing out on important nutrients from foods that aren't part of your regular diet. And if that's the case, you're not alone. "I see it a lot with older adults. Their diet isn't great. They get into a rut and cook simple meals, or they rely on prepared food," says dietitian Teresa Fung, adjunct professor in the nutrition department at the Harvard T.H. Chan School of Public Health.



Cook big batches of interesting foods so you have lots of leftovers. This is chicken, olives, and peppers.

Why the rut?

There are many reasons why people get into a menu rut or stop eating healthy, nutritious foods in older age. It may be that you're

- ▶ struggling with financial issues
- ▶ unable to get to a grocery store
- ▶ eating alone and uninterested in cooking an elaborate meal for one
- ▶ coping with a lost appetite because of depression or a medication side effect
- ▶ overwhelmed by dietary restrictions due to chronic illness.

Also, as age brings physical challenges, people often find that kitchen tasks simply become more difficult. "If you're frail and weak, it's hard to stand in front of the counter or stove to cook, and much easier to eat something that's simple to prepare," Fung explains.

Consequences of menu fatigue

Fung has noticed that a dietary rut seems to have two big effects on older adults. One is that they consume fewer fresh fruits and vegetables, calories, nutrients (like protein, fiber, vitamins, and minerals), and liquids. You need those to power your body through each day (see "Three nutrient goals."). Without them, you're risking weight loss and malnutrition, which can lead to fatigue, fuzzy thinking, and even falls.

Another effect is that older adults turn to prepackaged meals, like TV dinners. These are often rich in salt, saturated fat, and refined carbohydrates. An unhealthy diet is associated with an increased risk for many chronic conditions, such as high blood pressure, heart disease, obesity, and cancer.

A dash of zing

You don't have to come up with inspired meals that rocket taste and texture to new culinary heights. You just need something satisfying and healthy. Fung suggests the following ways to make meals interesting or a little easier to prepare.

Get variety elsewhere. Make part of the meal at home, and get the interesting part from another source. "A lot of grocery stores have an amazing array of healthy, prepared food, and you can pay by the ounce," Fung says. She recommends preparing the protein at home (like fish or chicken) and buying the side dishes—vegetables, whole grains, or salads—to bring home. "Get small portions, and make it something you wouldn't normally eat," she says.

Be adventurous. "Try something unusual at least every other week. Make it yourself or get it from a restaurant," Fung suggests. Focus on vegetables or

protein, and avoid anything with a lot of butter or cream. Need ideas? Pick a country and look up traditional dishes in a cookbook or on the Internet.

Try a subscription meal kit. You choose the menu on a website, and the premeasured, fresh ingredients arrive at your door. "Go for something with lots of vegetables and whole grains, and a chunk of protein," Fung says. There are many meal kit services. Some of the biggest are Hello Fresh and Blue Apron. Prices per person, per meal, range from \$10 to \$12.

Cook in batches. Cook once or twice a week and eat leftovers in between. Make a large entree (like white bean soup), broil several chicken breasts, or cook a few side dishes (like brown rice, quinoa, or cooked spinach) that can be eaten throughout the week. "It's easier to cook 14 carrots in one day than two carrots per day for seven days in a row," Fung points out.

Get your friends in on it. Invite a friend to dinner. "Socialization encourages us to eat," Fung says. Or ask friends to pitch in. "Take turns with grocery shopping and making main dishes and side dishes." ♥

A trio of nutrient goals

- ▶ **Fiber** (found in beans, whole grains, and leafy greens), important for digestion. "Men and women should try to consume 25 to 35 grams of fiber each day," says dietitian Teresa Fung, adjunct professor in the nutrition department at the Harvard T.H. Chan School of Public Health.
- ▶ **Protein** (meat, chicken, fish, dairy, eggs, nuts, and beans), needed for maintaining muscle and bone mass. Exact protein requirements are debated. Fung recommends eating protein at every meal.
- ▶ **Calcium** (milk, cheese, yogurt, leafy greens), necessary for bone health. The Recommended Dietary Allowance is 1,200 milligrams per day for people ages 71 or older.



Managing your medications before a medical procedure

You may need to stop taking blood thinners, certain painkillers, herbs, and supplements to reduce your risk for bleeding.

No one wants to have surgery, even minor surgery, but sometimes minor procedures, such as a tooth extraction or a colonoscopy, are unavoidable. When that happens, you may hear that it's important to stop taking certain medications. Understanding exactly which drugs to suspend—and when—can be confusing. “I get a lot of questions about this,” says Joanne Doyle Petrongolo, a pharmacist at Harvard-affiliated Massachusetts General Hospital.



Ask your doctor about stopping medications at least one week before you have a procedure.

Blood thinners

All surgery involves cutting body tissue, and that leads to bleeding. Blood thinners—medications like anticoagulants and antiplatelet drugs—can boost the risk for bleeding by keeping the blood from clotting.

Anticoagulants—such as warfarin (Coumadin), dabigatran (Pradaxa), rivaroxaban (Xarelto), apixaban (Eliquis), and edoxaban (Savaysa)—hamper the blood's ability to clot by blocking the production of certain natural clotting proteins. These medications are often taken by people who have atrial fibrillation, a common heart rhythm disorder that can lead to stroke.

Platelets are little spheres that travel in the blood and help form clots by sticking together. Antiplatelet medications—such as aspirin, clopidogrel (Plavix), cilostazol (Pletal), dipyridamole (Persantine), and ticagrelor (Brilinta)—prevent platelets from sticking together.

Doctors sometimes prescribe antiplatelet therapy to people who have had

- ▶ a heart attack or stroke
- ▶ a diagnosis of peripheral artery disease (significant plaque buildup in the leg arteries)

- ▶ coronary artery bypass surgery to reroute blood flow around blockages in the heart
- ▶ a stent implanted to keep an artery open.

NSAIDs

Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil) or naproxen (Aleve), are typically taken occasionally or for a short period to reduce pain and swelling. NSAIDs work by blocking the production of chemicals in the body that contribute to pain and inflammation.

But like aspirin (which is also considered an NSAID), these common pain relievers can also affect the way platelets work and interfere with the body's natural clotting function. That increases the risk for bleeding during and immediately after surgery.

It's important to note that long-term use of NSAIDs also increases the risk for stomach bleeding, as well as ulcers, kidney problems, high blood pressure, heart attack, and stroke. In 2015, the FDA warned that certain NSAIDs raise the risk for heart attack and stroke even with short-term use, and even among people who don't have heart disease.

Sometimes it's easy to spot the presence of NSAIDs (including aspirin) in over-the-counter products. But the drugs may also be found in common remedies that you don't associate with NSAIDs, particularly medications that reduce cold or sinus symptoms, such as Advil Cold and Sinus, and products for indigestion, such as Pepto-Bismol and Alka-Seltzer.

Herbs and supplements

Some herbal supplements and vitamins, which may seem harmless, can also interfere with surgery. “Herbal supplements like garlic, ginkgo biloba, ginger, and ginseng can affect clotting factors,” says Doyle Petrongolo.

She points out that St. John's wort, evening primrose oil, omega-3 fatty acids (found in fish oil), and vitamins C and E can also cause bleeding during and immediately after surgery.

Halting medications

Because anticoagulants, NSAIDs, and certain herbs and supplements can increase your risk of bleeding with surgery, you may need to stop taking them before a procedure. “Vitamins, herbal supplements, and over-the-counter medications should be stopped seven days prior to the surgery because it takes that long for them to get out of your system,” Doyle Petrongolo says. Your doctor will determine when you can restart them.

What about other antiplatelet or anticoagulant drugs? “In general, they are withheld for a few days, but typically not more than a week,” says Dr. Deepak L. Bhatt, a cardiologist and editor in chief of the *Harvard Heart Letter*.

But don't assume medication needs to be suspended, warns Dr. Bhatt. “In some cases there is a very low risk of bleeding but a high risk of developing a blood clot—for example, with a catheter-based procedure to eliminate an irregular heartbeat,” he says. In that case, you may need to stay on your blood thinner.

In addition to blood thinners, you

may need instructions from your doctor about your other medications, such as those for high blood pressure, Parkinson's disease, epilepsy, or diabetes. While you will likely continue them, you may need to reduce the dosage on the day of the procedure.

What you should do

But both Doyle Petrongolo and Dr. Bhatt stress that the instructions for

stopping or restarting medications and supplements should come from your



Some supplements, like vitamin E, can cause bleeding during or immediately after surgery.

doctor. If you don't get any directions, be sure to ask at least one week before the surgery. Another tip: double-check instructions.

"Always check first with the doctor doing the procedure. Also, always check with the doctor who prescribed the medication," suggests Dr. Bhatt. "If the answers are different, have the two doctors communicate directly with each other." ♥

Benefits of shared living ... from p. 1

Avoiding isolation

Many older adults are at risk for isolation and loneliness, partly because of their relationship status (maybe they're divorced or they've lost a partner), but also because of their living arrangements. "We see that three-quarters of older adults are aging in suburbs or rural areas, which has the potential to be isolating—especially when you give up driving with age," Molinsky says.

Isolation and loneliness are risk factors for many health problems. "When you live alone, you're at a higher risk for memory decline, depression, heart disease, diabetes, arthritis, and stress," says Dr. Stevens. "But having someone in the home is socially and mentally stimulating, and it may help prevent health problems."

Other benefits

Living with others can help you stay independent in other ways, too, depending on the situation. For instance:

- ▶ It could lead you to cook and eat healthier food. "If you live by yourself, you might not have the money, ability, or motivation to prepare food. Living with someone else can

change that." (See "5 ways to dig out of a dietary rut" on page 5.)

- ▶ You might have someone to assist you with personal care. "An adult child or friend may be able to help you dress, assist with your medicine, or encourage you to exercise and socialize," Dr. Stevens says.
- ▶ It can reduce your workload. You can share chores, making it easier on you if you're fatigued or limited by physical challenges like arthritis.
- ▶ You may gain a means of transportation. If you aren't able to drive anymore, someone else in the home may be able to take you to the grocery store or a doctor's appointment.
- ▶ You have someone there for you in case of an emergency, like a stroke.

Making it work

It's important to set boundaries when living with others. "Lay ground rules about whether you're a social or a private person, and talk about the jobs

you can do and the ones you need help with. Have a frank discussion where you each identify your needs, so you can avoid misunderstandings," says Barbara Moscovitz, a geriatric social worker at Harvard-affiliated Massachusetts General Hospital.



Living with a housemate or a family member can help stave off loneliness.

Living in your child's home can also present challenges, especially if you need care. "The adult child may overcompensate and be overprotective. Or you may want to keep parenting. Discuss what you both expect and need in advance," Moscovitz advises.

And remember: the risks of boundary issues may be far outweighed by the benefits of living with others. "It's about being noticed and visible and having function and purpose. It's waking up in the morning and seeing other people," Moscovitz says. "It gives you independence, but it also gives you the rhythm of life, and keeps you in it." ♥

Want to find a housemate?

Several websites, such as the New York Foundation for Senior Citizens (www.nyfsc.org) and Let's Share Housing (www.letssharehousing.com), connect older adults to others who want to share a home.

Nesterly in Boston (www.nesterly.io) helps older homeowners rent space at below-market prices to young adults, who agree to pay rent and help out around the house.

Make sure your housemate is fully vetted in advance and signs a contract spelling out the rent, house rules, and options to cancel the agreement.



Mom was right: Don't wolf down your dinner

Here's a simple way to try to control your weight: take more time to eat your meal. It's one of several strategies that appeared to help people in a study published online Feb. 12, 2018, by *BMJ Open*. Researchers analyzed about six years' worth of health insurance claims and doctor visit details for 60,000 Japanese men and women with type 2 diabetes. The doctor visits included questions about how quickly people ate their meals. People who ate slowly were 42% less likely to be obese than people who gulped down their food. The study was only observational and therefore can't prove that eating

slowly caused weight loss, but other studies have reported similar findings. Also, it takes about 15 minutes after you start to eat for the "getting full" signals to reach your brain—and a person can eat a lot of calories in 15 minutes. So slow down and savor every bite. For more information, check out the Harvard Special Health Report 6-Week Plan for Healthy Eating (www.health.harvard.edu/swp).

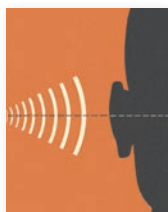


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More reasons to get your hearing checked

Hearing loss is a common and serious disability that can take you out of conversations and put you at risk for depression and isolation. Two recent studies from *JAMA Otolaryngology–Head & Neck Surgery* suggest that hearing loss is also connected to several other conditions. One study of national health surveys, published online Jan. 25, 2018, found that hearing loss was associated with heart failure: 75% of people ages 70 or older with heart failure also had hearing loss. The other study, published online Dec. 7, 2017, evaluated 36 studies



that included more than 20,000 people who'd had hearing and cognition tests. Scientists found that age-related hearing loss was significantly associated with a decline in all areas of thinking skills and with developing dementia. These studies were observational, so they don't prove that hearing loss causes thinking problems or heart failure. But they're a reminder of the importance of having hearing loss checked out. The problem can sometimes be resolved without hearing aids if it's being caused by earwax, an ear infection, or an abnormal bone growth.

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Eating highly processed foods may raise cancer risk

Prepackaged, processed foods are typically high in fat, salt, and sugar. If that's not enough to make you put down a cookie or resist a frozen dinner, consider an observational study published online Feb. 14, 2018, by *The BMJ*. It analyzed dietary questionnaire answers of 105,000 middle-aged men and women in France for five years. Foods were grouped according to degree of processing—that is, the amount of change the ingredients go through as food makers improve flavor, coloring, and shelf life. For example, dehydrated soups, baked goods, sugary

cereals, processed meats, biscuits, and sauces were considered ultra-processed foods. Less processed foods included canned vegetables, cheeses, and freshly made unpackaged bread. Every 10% increase in consumption of ultra-processed foods was associated with a 12% higher risk for cancer in general and an 11% increased risk for breast cancer. No significant link was found to prostate or colorectal cancer. The study doesn't prove that ultra-processed foods cause cancer, but researchers say the cumulative effects of food additives remain largely unknown. ♥

What's coming up:

- **Tips for coping when you're juggling several health conditions**
- **Think that hip pain is bursitis? Think again!**
- **How long does it take a new medication to start working?**
- **Banish these items from the pantry to clean up your health**