



Harvard Health Letter

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Tips to cope when you're juggling several chronic health issues

Be proactive by learning about and tracking your conditions and medications, and by speaking up when you have concerns.

We don't want our golden years to be spent juggling a long list of health issues. But that's the reality for most older adults in the United States.

The CDC reports that 75% of Americans ages 65 or older have several chronic health problems. And a 2013 analysis of Medicare claims published online by *Preventing Chronic Disease* found that 68% of beneficiaries had two or more chronic conditions and 36% had at least four.

"Having multiple chronic diseases is common because people are living longer. The older we are, the more chronic diseases we accumulate," says Dr. Suzanne Salamon, associate chief of gerontology at Harvard-affiliated Beth Israel Deaconess Medical Center.

The challenges

Advances in medicine have improved treatment for many diseases and lengthened life. But those same advances mean that today's medical care often involves seeing more types of doctors, having more tests, and getting more treatments than in earlier times. In other words, medical care in our golden years is better, but also more complicated.

"People take more medications, both prescription and over-the-counter, to manage these conditions. That's because there are more effective medicines now than there used



Engaging in regular physical activity is an important way to help manage a chronic health condition.

to be. However, medications can interfere with each other," Dr. Salamon explains. In addition, treatment for one problem may make another problem worse. "For example, if you have high blood pressure and a history of falls, and lowering your blood pressure makes you feel lightheaded, your fall risk will

increase," says Dr. Erin Stevens, a geriatrician and palliative care physician at Harvard-affiliated Massachusetts General Hospital.

Doctors do their best to avoid prescribing medicines that are likely to cause problems, but the risk cannot be perfectly predicted. Bad things that are unlikely still can happen. "Another problem is that people get tired of taking medications, or find them too expensive—and so they don't take them. This can lead to problems of untreated hypertension, diabetes, and other conditions," Dr. Salamon explains.

Taking back control

To avoid missteps, be proactive in your health care with these strategies.

Get educated about your conditions. Talk with your doctor about what you can do (like exercise or eat a healthy diet) to take control of any conditions you already have and to prevent conditions you worry about getting.

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FIVE THINGS TO DO THIS MONTH

1 Regularly stretch your iliotibial band on the side of your leg.

It could cause hip pain if it's too tight. (page 3)

2 Track a new medication. Note when you take it, and if any new symptoms develop. (page 4)

3 Eliminate unhealthy food in your pantry. Ditch foods high in salt and added sugars. (page 5)

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ASK THE DOCTOR

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

How can I treat stubborn hiccups?

Q *Home remedies aren't stopping my hiccups. Is there something my doctor can prescribe to help?*

A In the May 2018 issue, I answered a question about hiccups, saying they are common but typically short-lived, and that simple home remedies often can end them. However, I ran out of space to say something about treatments for the very unusual cases of hiccups that don't respond to simple treatments.

The most commonly prescribed medicine for hiccups, and the only one approved by the FDA, is chlorpromazine (Thorazine). Often, drugs approved to treat one condition prove useful in treating another. That's the case with chlorpromazine, which was first approved as a drug to treat psychotic disorders. It can also treat hiccups, either in pill form or—in severe cases—intravenously. Small studies suggest that several other drugs also may work, including baclofen, metoclopramide, phenytoin, valproic acid, and gabapentin, although the FDA has not approved their use to treat hiccups. Other small studies suggest that marijuana, acupuncture, or hypnosis may help. Although surgical approaches have been developed, they are a last resort, reserved for the rare cases that last, literally, for years.



What is a leaky gut?

Q *My doctor says I might have a "leaky gut," and a friend says she heard the same thing from her doctor. What is a "leaky gut?"*

A Sometimes a new idea struggles to be accepted by doctors, and sometimes new ideas are exploited by quacks. Both are true with "leaky gut."

What is a leaky gut? The inner lining of the intestine—the part in contact with food and with all the microbes that live in our gut—is a wall of cells. The cells are very tightly attached to each other, creating a barrier that keeps gut microbes and the toxins they can produce from getting into our bloodstream (where they would wreak havoc). In recent years, scientists have discovered that this barrier is not always as tight as we thought: it can become "leaky," allowing toxins from microbes (and, sometimes, the microbes themselves) to get into our blood.

What makes the gut leaky? The most common cause we know about is inflammation. When certain microbes get into the gut, our immune system reacts and attacks—causing inflammation. The immune attack causes collateral damage: the cells that form the barrier become less tightly attached, and the barrier can be breached. An increasing number of important medical conditions are being linked to inflammation in the gut, and the resulting leaky gut. I believe our growing understanding of this condition will someday lead to valuable treatments. But beware: there already are charlatans offering unproven treatments for leaky gut. ♥



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Think that hip pain is bursitis? Think again.

Pain on the side of your hip is more likely from tendinitis, tight muscles, or another condition.

Hip bursitis—an inflammation between your thighbone and nearby tendons—is commonly diagnosed when patients have pain on the outer side of the hip. However, several other conditions can cause similar pain, and require different treatments. “Doctors often assume that pain on the outer side of the hip is due to bursitis. But 90% of the time, it’s not bursitis,” says Dr. Lauren Elson, a physiatrist with Harvard-affiliated Massachusetts General Hospital.

What’s causing the pain?

Dr. Elson says pain in the side of your hip most often results from one of the following conditions:

Tendinitis. This is an inflammation of the tendons (fibrous bands of tissue) that connect the gluteal muscles in your buttocks to the hip bone. “Tendinitis develops because of muscle imbalance. It could be from a lack of activity, crossing your legs, or even sitting on a wallet,” Dr. Elson says.

Overuse injury. When you walk or run, weak hip and buttock muscles can tighten and irritate the iliotibial (IT)

band—a long band of connective tissue that runs from the knee to the hip. It merges with the gluteal muscles to stabilize the leg.

Tight muscles in the buttocks and hip. If the gluteal muscles and IT band are too tight, they pull at the thighbone where they attach, and that causes pain on the side.

Spine problems. “The body isn’t always smart in recognizing where the pain is coming from,” Dr. Elson explains, “and spine arthritis, a pinched nerve, or bones in the spine rubbing together can create pain in the side of your hip.”

Symptoms and diagnosis

With all of these conditions, the pain lingers or even worsens when you lie on your side, or when you sit and cross your legs. It may ease with activity. But left untreated, the pain can become so severe that you’re unable to walk.

You may need to seek treatment from a primary care physician or specialist (such as a physiatrist, sports medicine specialist, or physical therapist) who

can interpret your symptoms and imaging tests to determine the cause of pain on the side of your hip.

Starting your treatment

The good news: “Pain almost always goes away with targeted exercise and stretching,” says Dr. Elson.

She typically recommends massage and a course of physical therapy, which focuses at first on easing tight tissues by stretching them. These include the hip flexors, the IT band, and the piriformis muscles in the buttocks.

It’s also important to avoid habits that can tighten muscles and add to pain at the side of the hip, such as crossing your legs or sitting too long.

Strengthening the muscles

Along with improving flexibility, physical therapy sessions aim to strengthen the abdominal or core muscles, such as the transversus abdominis muscle. “This helps align the pelvis better, so you won’t stress the hip when you stand or walk. Stronger abdominals also support your spine,” explains Madhuri Kale, a physical therapist at Harvard-affiliated Brigham and Women’s Hospital.

With a stronger core, you can then move on to strengthening the muscles at the hip that let you move your leg in various directions. “We may have you do side or back leg lifts, performed while standing, with a resistance band. And clamshells are also helpful,” Kale says. You do this exercise by lying on your side with your knees bent and raising and lowering only your top knee while keeping your feet together.

In time, you can restore balance to the body and reduce pain. “Pain comes on because of an imbalance from tight or weak muscles,” Dr. Elson says. “If you can restore balance, you can help the body function better and eliminate pain.” For more information, check out the Harvard Special Health Report *The Joint Pain Relief Workout* (www.health.harvard.edu/jprw). ♥



Move of the month: Seated pretzel

Stretches the buttocks, hips, and outer thighs.

Reps: 2–4

Hold: 10–30 seconds

Starting position: Sit up straight in a chair and rest your left ankle on your right thigh above your knee. Place your hands on your thighs.

Movement: Keeping your spine neutral, slowly hinge forward from your hips until you feel a stretch in your left hip and buttock. Hold. Slowly return to the starting position. Repeat with your right ankle on your left knee. This is one rep.

Tips and techniques: Keep your spine neutral, not rounded, and your chest lifted as you lean forward. Keep your shoulders down and back, away from your ears, as you stretch. For a deeper stretch, gently press down with the hand on your bent leg.





When to expect results from a new medication

Each one can have a different timetable. Find out in advance what you should expect, and then track your symptoms.

When your doctor prescribes a new medication, you may expect to start feeling the effects right away. But some drugs can take time to make a difference. “It depends on how quickly your body absorbs the medication, how your body distributes it, and how your body breaks down or metabolizes it,” says Laura Carr, a pharmacist at Harvard-affiliated Massachusetts General Hospital.

Giving it time

Some medications start working on the first day. These include drugs that treat high blood pressure, like the beta blocker metoprolol (Toprol, Lopressor), which slows down the heart and reduces the force of its contractions; or H2 blockers such as famotidine (Pepcid) and ranitidine (Zantac), which treat heartburn by blocking the stomach’s acid-secreting cells from making acid.

Some medicines can take longer to start working. For example, it might be two to four weeks before a cholesterol-lowering statin drug like atorvastatin (Lipitor) takes effect. It blocks an enzyme that the liver needs to make cholesterol. With less cholesterol

circulating in the blood, the body is forced to better use and break down the remaining cholesterol. But it takes time for that effect to kick in.

And it may be months before you feel the full effects of certain drugs, such as medications to treat depression—like sertraline (Zoloft). “The antidepressants that have been available so far work to enhance the activity of chemical messengers between nerve cells. That direct effect is immediate, but mood improvement seems to depend on a downstream effect on brain circuits that modulate mood. Those changes take longer to develop,” says Dr. Michael Craig Miller, an assistant professor of psychiatry at Harvard Medical School.

“As a pharmacist, I always tell patients starting on new antidepressants to be sure to wait a full 12 weeks before deciding if it is helping with their symptoms,” says Carr.

Monitoring progress

You may be able to monitor your own symptoms to see if a drug makes you feel better. “That can be the case for medications that lower blood pressure or blood sugar, or treat depression,”



You need to ask how each medication works, how to take it properly, and why it's necessary.

Carr says. It’s helpful to track when you’ve taken a medication and any changes in symptoms you experience.

Sometimes your doctor will want to monitor a medication’s effectiveness with blood tests. That may be the case if you’re taking a statin. Your blood cholesterol level will be checked periodically, to be sure the drug and dose are achieving the desired effect.

If you start a new medication and you feel you are having new symptoms or your symptoms are getting worse, then you should contact your doctor right away.

When a medication doesn't seem to be working

If you’re concerned that a new medication is not working, you should always talk with your doctor or pharmacist.

But whatever you do, don’t stop taking the drug without speaking to your doctor first. “Some medicines need to be stopped slowly, over time, to prevent side effects or worsened symptoms,” Carr says. For example, suddenly stopping an antidepressant or a medication to treat heartburn may actually provoke symptoms.

A better plan: talk to your doctor about finding a more effective drug. “For common conditions, such as high blood pressure, high cholesterol, diabetes, or depression, there are many different medicines that your doctor can use to treat your condition,” Carr says. “Just keep in mind that it can take time to find the one that’s right for you.” ♥

Bring these questions to your next doctor appointment

- ☒ How does the medication work?
- ☒ Why are you prescribing it?
- ☒ How should I take it?
- ☒ How long will it take to work?
- ☒ How will we monitor my progress?
- ☒ What are the common side effects and which side effects require me to contact you?





Clean out your pantry, clean up your health

Say goodbye to foods high in refined carbohydrates, sodium, and added sugars.

They say the journey of a thousand miles starts with a single step. And if you're looking to eat a healthier diet, the first few steps should include a stroll over to the pantry.

Inside, you may find staples of the standard American diet: foods in boxes, bags, cans, and jars, brimming with refined grains, salt, added sugars, or saturated fat.

"We think that over decades, this kind of diet leads to diabetes. Eventually, the pancreas tires of producing insulin to accommodate frequent spikes in blood sugar from easily digested carbohydrates," says registered dietitian Kathy McManus, director of the Department of Nutrition at Harvard-affiliated Brigham and Women's Hospital.

Other risks from eating unhealthy prepackaged foods include weight gain, high blood pressure, and heart disease.

Out with the old

Rather than risk temptation by keeping some of these unhealthy foods in the pantry, why not get rid of them? Do it in one fell swoop or in baby steps—whichever makes sense for you.

Swap out the unhealthy items listed below for healthier versions, and start your journey to better health.

Look for: Salted or smoked nuts and seeds. These are high in sodium and may include additives for flavor.

Replace with: Unsalted, unflavored versions. Sprinkle them in salads, sauté them with vegetables, or eat as a snack.

Look for: Bread, rolls, pastas, crackers, cereals, pretzels, chips, and pancake mixes. Many of these products are made from refined grains, such as white flour



Common pantry items (that come in bottles, cans, and jars) may have unhealthy ingredients.

and white rice, which are easily digested and can rapidly elevate your blood sugar.

Replace with: Whole-grain versions of the same foods, such as lentil pasta, whole-wheat crackers, or whole-grain tortilla chips. The first ingredient listed needs to start with the word "whole."

Look for: Instant cereals, such as flavored oatmeal or Cream of Wheat, which may be high in sugar and refined carbohydrates.

Replace with: Whole-grain rolled or steel-cut oats, or so-called ancient grains (millet, quinoa, amaranth), which make a hearty breakfast when cooked and topped with fresh fruit.

Look for: Marinades, salad dressings, bottled sauces (such as soy or Worcestershire), and gravy. These are typically very high in sodium and even saturated fat. In some people, a salty diet can increase blood pressure. "Just throw out the soy sauce. It's high in sodium even when it's a light version," cautions McManus. "And some marinades can have 400 milligrams (mg) of sodium in one tablespoon."

Replace with: Spices. Make your own rub out of spices instead of using a marinade or sauce. Try combinations like chili powder, cinnamon, and onion powder; or curry powder, dry mustard,

and garlic powder. Make your own salad dressing using olive or canola oil, lemon juice, and vinegar. And make a sauce for fish or chicken using fat-free Greek yogurt and your favorite spices.

Look for: Canned vegetables, and canned or boxed soups and soup stock. These are often high in sodium.

Replace with: Low-sodium versions. "Find soups with less than 400 mg of sodium per serving," McManus says. She also advises rinsing canned beans to help reduce sodium.

Look for: Pasta sauces in jars, which can have high amounts of sugar and sodium.

Replace with: Healthier versions. "Aim for less than 150 mg of sodium per serving, and less than 5 grams of sugar per serving," McManus advises. Or make your own fresh pasta sauce by sautéing two diced tomatoes and one diced onion in olive oil, garlic, and basil.

Look for: Nut butters, like peanut butter and almond butter. Some have too many added sugars.

Replace with: Natural versions. "I try to get folks to find peanut or almond butter that just has the ground nut in it," McManus says. "Get one that doesn't have a lot of additives. You might have to keep it in the refrigerator after you open it."

Look for: Canned meat and fish. Canned tuna or chicken, if packed in oil, is high in fat and sodium.

Replace with: Meat or fish packed in water. "And we recommend a chunk light tuna versus albacore tuna, because it's lower in mercury," McManus says.

Look for: Cookies. These have refined grains, preservatives, and added sugar.

Replace with: Fresh fruit. Make it feel like a treat by placing ripened fruit (such as bananas and strawberries) on wood skewers and freezing them. ♥



Working later in life can pay off in more than just income

Benefits such as mental stimulation and social engagement are associated with staving off chronic disease.

Punching a time clock is still part of the regular routine for an increasing number of older adults. They're staying employed or going back to work, even though they're beyond the traditional retirement age of 65.

"For well over 100 years, men had been retiring at earlier and earlier ages. Something shifted in the 1990s, and they began working longer. The story for women is different. They weren't always in the labor force. But now we see employment rates rising for women at every age," says Nicole Maestas, an associate professor of health care policy at Harvard Medical School. She studies the economics of aging, health, and disability.

Why are we working later in life?

There are many reasons why people are working longer, and some have to do with health. For example:

- ▶ Life expectancy has improved. In 1970, life expectancy for people who reached age 65 was 78 for men and 82 for women. Today men and women who've reached 65 will on average live to ages 84 and 86, respectively. "If you expect to live into your 80s or beyond, it's natural that you might still be working in your 60s and 70s," says Maestas.
- ▶ Jobs require less physical work. "Many people have less physically demanding jobs in today's information economy, so for some it is easier to continue working," Dr. Maestas explains.
- ▶ People in their 60s are in better health today than they were 50 years ago.

Dr. Maestas also identifies two other reasons for working longer. First, education levels have risen, and people who are more educated are more likely



Working later in life keeps you socially, mentally, and intellectually engaged.

to work at any age. Second, as people live longer, they might have to extend their working lives so they can support themselves.

Good for health

There's increasing evidence that the payoff of working past age 65 may go beyond income. Some studies have linked working past retirement with better health and longevity.

A 2016 study of about 3,000 people, published in the *Journal of Epidemiology and Community Health*, suggested that working even one more year beyond retirement age was associated with a 9% to 11% lower risk of dying during the 18-year study period, regardless of health.

A 2015 study of 83,000 older adults over 15 years, published in the CDC journal *Preventing Chronic Disease*, suggested that, compared with people who retired, people who worked past age 65 were about three times more likely to report being in good health and about

half as likely to have serious health problems, such as cancer or heart disease.

Other studies have linked working past retirement age with a reduced risk of dementia and heart attack.

Not always good for health

Working past retirement age might not be beneficial to health for everyone, however. For example:

- ▶ Suffering stress on the job has long been recognized as a risk factor for coronary artery disease and stroke.
- ▶ If your job is physically demanding, you may have an increased risk of injury.
- ▶ If you feel your job lacks meaning, if you're bored, or if you feel "burned out," that may add to stress or affect your mood.

It's not surprising, then, that a number of studies have found health benefits to retiring. For example, a 2010 study of 14,000 people, published in *The BMJ*, found that retiring was linked to a substantial reduction in mental and physical fatigue and depressive symptoms.

A mixed bag

The fact is, scientists have found mixed results when they've studied the effect of working past retirement. "Some studies find less of a benefit, no benefit, or maybe even harm. On balance they tend toward the positive," Maestas says.

But she also points out that the mixed findings indicate the health benefits of working simply depend on the individual and his or her circumstances.

What you should do

We do know that staying mentally, socially, and physically active—which working may enable you to do—is good for health.

Mental stimulation and problem solving are good for maintaining thinking skills; social engagement is associated with staving off chronic disease; and staying physically active, even if it's just walking, can lead to both better health and sharper thinking skills.

Does that mean you should keep working? “Yes, if you can,” says Maestas. “But be smart about what you’re doing. Don’t stay in a job you hate. Try to find something that’s meaningful and gives you purpose. If you’re happy at work, that’s one sign that work may be good for your health.”

If you’re interested in going back to work, the National Council on Aging (www.ncoa.org) and the AARP (www.aarp.org) have a number of resources on their websites. ♥



The aging workforce

The U.S. Bureau of Labor Statistics reported in 2017 that 32% of people ages 65 to 69 were working, and 19% of people ages 70 to 74 were employed.

The projection for 2024 is that 36% of people ages 65 to 69 will be in the labor force, far more than the 22% who were working in 1994.

Juggling health conditions ... from p. 1

Become a medication expert. Find out what each of your medications does, why you need it, what side effects you should particularly watch for, and how it may interact with other drugs. You can get such information from your pharmacist or from online sources (such as the AARP website).

If you see many doctors, be sure each of them knows what medicines the other doctors have prescribed (they

will, if they are all part of a hospital or health care system that shares electronic health records).

To be safe, Dr. Stevens recommends bringing all of your medications to each doctor appointment, including over-the-counter pills. “Then we can be sure the medication list on the computer matches the pills and doses that you’re taking,” Dr. Salamon says.

Keep track of your symptoms and treatments. If you’re having symptoms you think may be side effects of

a medicine or an adverse interaction between drugs, use a notebook or a computer to record when you take medications, when symptoms develop, and how long the symptoms last.

Get a good CEO. Just as a corporation needs a chief executive officer to oversee its many departments, you may need a primary care physician to look at the big picture and help you make sure treatment for numerous conditions is well coordinated.

Consider palliative care. It’s a misconception that palliative care is only for the end of life. When you have serious degenerative illness—like heart failure, Parkinson’s disease, or a breathing disorder—your quality of life suffers. A palliative care physician can help you manage those conditions, maximize your function, and preserve as much quality of life as possible. “We want to meet people early on, not in crisis mode,” Dr. Stevens says. “Maybe we can prevent a fall or address pain. We can talk about what to expect, so when something happens over time, it won’t be a surprise.”

Be your own advocate. Finally, remember that no one understands how you’re feeling better than you do. Ask questions about your treatment, and don’t be afraid to speak up if you’re having trouble managing your conditions or if you’re concerned about the way your doctors are doing the job. ♥

Why do we accumulate chronic conditions?



A poor diet is linked to many chronic health problems.

Many factors play a role in the accumulation of health problems. Most diseases involve a combination of genetics and lifestyle. Being born with certain genes can make you more vulnerable than other people to certain diseases. An unhealthy lifestyle can further increase the risk.

Some genes, and some lifestyle factors, influence the risk for multiple diseases. And having one disease can increase your risk for another. “One disease can affect an organ system which then affects another.

For example, diabetes can damage nerves, which can lead to loss of sensation in the extremities, which can lead to imbalance, a fall, and disability,” explains Dr. Erin Stevens, a geriatrician and palliative care physician at Harvard-affiliated Massachusetts General Hospital. Or you may have high blood pressure that damages blood vessels, which leads to a stroke.

And sometimes health conditions just go hand in hand, and we don’t know why. For example, depression often accompanies heart disease, diabetes, or Parkinson’s disease. Autoimmune diseases also can run in clusters. “So if you have thyroid disease, you may be predisposed to another autoimmune disease, like rheumatoid arthritis,” Dr. Stevens says.



Fat at the waistline linked to increased fall risk

Are you an apple or a pear?

Older adults who carry their weight around their middle (in an apple shape) may have a higher risk for falls than people who carry their weight around their hips (in a pear shape), according to a study published online Feb. 9, 2018, by the *American Journal of Preventive Medicine*. An apple shape is known as central obesity. When researchers looked at the two-year fall histories of about 3,400 people ages 65 or older, it turned out that people with central obesity were 37% more likely to fall than people who didn't have central obesity. Scientists speculate



that the increased risk was the result of a higher center of gravity for the people with central obesity. Also noteworthy: some people had a normal body mass index (a measure that takes into account both your height and weight), even though they also had central obesity (a big belly). The study was only observational and doesn't prove that

central obesity causes falls. But we already know that a large waist is associated with a higher risk for developing heart disease, stroke, and diabetes. Men should aim for a waist circumference less than 40 inches, and women should aim for less than 35 inches.



Baby boomers: Don't forget hepatitis C screenings

Baby boomers are falling short in getting hepatitis C screenings. In 2012, the CDC urged the entire generation of people born from 1945 to 1965 to get this simple blood test, noting that baby boomers are five times more likely to have the virus than other adults. But a study published online March 27, 2018, by the journal *Cancer Epidemiology, Biomarkers & Prevention* found that only about 13% of baby boomers had been tested by 2015, up just one percentage point from 2013. The information came from

national government health surveys. Hepatitis C can lead to cirrhosis, liver damage, liver cancer, and liver failure. Treatments are now available that can cure hepatitis C, if it's caught early enough. Baby boomers are believed typically to have become infected in the 1960s through the 1980s, when transmission of hepatitis C was highest. People at highest risk are those who have used intravenous drugs, had more than one sex partner, or received a blood transfusion before 1992, when the blood test for hepatitis C was first available.



Custom orthotics appear no better than store-bought versions for heel pain

When you have a type of heel pain known as plantar fasciitis, you may hear that getting a custom-made orthotic (an insole molded to your heel or your whole foot) can help ease your agony. But a study published online March 19, 2018, by the *British Journal of Sports Medicine* suggests that custom orthotics—which can run a few hundred dollars—are no more helpful than less expensive over-the-counter versions, which cost about \$20 or less. Plantar fasciitis is an inflammation of the plantar fascia, a band of tissue that extends along the bottom of the foot from the heel to the toes. It's associated with flat feet, a lack of flexibility, and overuse. Researchers



analyzed 20 randomized controlled studies (the gold standard in research) that included about 1,800 people and eight different types of foot orthotics. Scientists found no difference in short-term pain relief among people who used custom-made orthotics compared with people who used store-bought versions. They also found that orthotics weren't better at relieving pain or improving function compared with other treatments for heel pain, such as stretching, wearing a heel brace, or using a splint at night. Plantar fasciitis often gets better with time as well as rest, ice, over-the-counter painkillers, and exercises to improve calf strength. ♥

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