

Focus on Healthy Aging[®]

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Maintaining Health and Vitality in Middle Age and Beyond[™]

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MOUNT SINAI
SCHOOL OF
MEDICINE

Living with a Failing Heart

Learning that you have heart failure can be frightening, but early treatment can help slow this condition.

Some 5 million people in the United States suffer from a serious condition known as heart failure. Each year more than 500,000 more Americans are diagnosed with heart failure, and about 300,000 people die.

These statistics from the National Heart, Lung and Blood Institute might seem scary, particularly to older adults who have a higher risk for developing heart failure. What's more, the condition is often difficult to pinpoint.

"Heart failure is a complicated diagnosis. Patients can mistake heart failure for other conditions, and misdiagnosis is common," says David A. Baran, MD, an assistant clinical professor in cardiology at the Mount

Sinai School of Medicine.

Recognizing the growing problem of heart failure in this country, the American College of Cardiology Foundation and the American Heart Association recently released new guidelines stressing earlier diagnosis and more aggressive treatment. Getting diagnosed quickly and having your doctor prescribe the right course of action and medicines can help prevent your heart failure from progressing further.

Defining heart failure

Although the term "heart failure" sounds like the heart has completely given out, it actually refers to a condition in which the heart cannot fill with enough blood or pump with enough force to get an adequate amount of blood moving throughout the body.

Heart failure is a serious condition. The body depends on the heart's pumping action to deliver oxygen and other nutrients to function properly. When your body's cells don't get enough of the oxygen- and nutrient-rich blood they need, you can become easily fatigued and short of breath. That's why people with heart failure find everyday activities such as climbing stairs

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Normal Heart

The blue arrows show oxygen-poor blood flowing to the lungs

The red arrows show oxygen-rich blood flowing to the body

Right Atrium

Left Atrium

Right Ventricle

Left Ventricle

Illustration by Marty Bee

Heart failure can affect the heart's ability to pump blood and oxygen to the body.



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FDA Approves First Inhaled Insulin for Diabetics

For the first time, diabetics have an alternative to painful insulin injections. The FDA in January approved the first inhaled insulin (Exubera) for the treatment of adults with type 1 and type 2 diabetes. The drug lowers blood sugar by helping the cells take up and use sugar for energy. In clinical trials involving some 2,500 patients, inhaled insulin helped patients reach their peak insulin levels faster than injected insulin. People with type 1 diabetes can take inhaled insulin along with the injectable longer acting insulins. Those with type 2 diabetes can take it either alone, or with oral medications. Inhaled insulin can have side effects such as low blood sugar, cough, and shortness of breath.



Physical Exercise May Slow Mental Decline

Exercising just a few times a week might help delay the onset of Alzheimer's and dementia, according to a study in the January 17 issue of the *Annals of Internal Medicine*. The study looked at 1,740 people ages 65 and older. Over six years, those who had initially reported exercising three or more times per week for at least 15 minutes at a time had a 30 to 40 percent lower risk of developing dementia than people who exercised less than three times a week. Exercises included walking, bicycling, water or other aerobics, and weight training or stretching. According to the authors, exercise boosts cognitive functioning by improving blood and oxygen flow to the parts of the brain involved with memory. Other studies have found a similar link between physical activity and delayed cognitive decline, but keeping a sharp mind is just one of many reasons to keep active. Exercise can also protect against heart disease, diabetes, and arthritis. For these benefits, try to get in at least three 30-minute workouts each week.



Some Men with Hernia Can Safely Wait to Have Surgery

Surgery has typically been the treatment of choice for men with inguinal hernia, a common type of hernia in which part of the intestines bulges through a weak spot in the groin area. Surgery can cause pain and discomfort, though, and the hernia can return after the operation. Now, a study in the *Journal of the American Medical Association* finds that men who aren't in much discomfort from their hernia can wait to have surgery without facing any increased risk of complications. The study group included 720 men, a third of whom were over age 65. Half of the men were randomized to standard surgery to repair their hernia; the other half were carefully watched for hernia symptoms. During the study about 23 percent of the men in the watchful waiting group actually had surgery, mainly due to increasing hernia-related pain. After two years, men in both groups reported similar pain and discomfort, and only two men in the watchful waiting group developed serious complications from their hernia. Surgical outcomes were similar in the men who had surgery right away and in those who crossed over from the watchful waiting group. Surgical complications were predominantly bleeding and infections, although three patients experienced potentially life-threatening complications. If you're not in significant discomfort from your inguinal hernia, you may be able to wait to have surgery, but let your doctor know immediately if your symptoms worsen.



Carbs Aren't Necessarily the Culprits in Weight Gain

Even though low-carb diets are all the rage, carbs aren't necessarily the enemies to weight loss, finds a study in the January 4 *Journal of the American Medical Association*. The study included more than 48,000 postmenopausal women. About 40 percent of the women were randomized to an intervention group that promoted a diet low in fat and high in vegetables, fruits, and whole grains. The other 60 percent of the women received diet-related educational materials, but were able to choose their own diet plan. In the first year of the study, while the control group lost almost no weight, women in the intervention group lost an average of nearly 5 pounds. What's more, they kept the weight off over seven-and-a-half years of follow-up. ■

Cancer-Fighting Foods

A few servings of fruits and veggies a day might help you keep cancer at bay.

When your mother pressed you to “eat your broccoli” years ago, it turns out she knew what she was talking about. Broccoli, as well as many other fruits and vegetables, contain powerful natural compounds that may help ward off disease.

There is no magic ingredient that can prevent cancer—but researchers are finding that people who eat certain types of foods have a measurably lower risk of developing cancer and other conditions. “Certain plant foods contain powerful disease-fighting substances called phytochemicals,” explains Amy Fleishman, MS, RD, CDN, clinical nutrition coordinator in the Mount Sinai Department of Surgery. “These foods have antioxidant properties, meaning that they can neutralize the damage caused by free radicals—highly reactive molecules in the body that are thought to damage cells and potentially lead to cancer.”

The best way to get these nutrients is from the foods themselves. Supplements don’t appear to have the same benefits, and because they’re not regulated by the FDA, there’s no way of knowing exactly what you’re getting when you buy a bottle. For people who already have cancer, taking too much of certain vitamins and minerals can actually reduce the effectiveness of chemotherapy and radiation treatments.

The anti-cancer diet

These are some of the cancer-fighting foods you should keep in your fridge:

Tomatoes. If you’re carb-conscious, you may be passing on the pasta

these days, but you shouldn’t be skimping on the sauce. Tomatoes contain the antioxidant lycopene, which has been linked to a reduced risk of prostate, breast, and colorectal cancers. The lycopene content is highest when the tomatoes are cooked, so the best sources are tomato sauces, soups, juice, and paste.

Broccoli, cauliflower, Brussels sprouts.

Broccoli and its cruciferous cousins contain isothiocyanates and other compounds that researchers believe may protect against certain types of cancer. For example, a 2005 study found that people with a certain genetic mutation that put them at increased risk for lung cancer were a third less likely to develop the disease when their diet was high in cruciferous vegetables.

Blueberries. These tiny berries hold powerful antioxidants called anthocyanins. According to some studies, blueberries may inhibit the growth of prostate, colon, and breast cancer cells. Strawberries and raspberries may also have cancer-fighting properties.

Garlic. The herb that kept Dracula at bay contains sulfur compounds that may slow the growth of tumor cells and make it easier for your body to remove carcinogens. Its relatives, onions and leeks, may have similar properties. Observational studies have suggested that garlic may protect against stomach and colon cancers.



WHAT YOU CAN DO



- Eat at least the recommended servings of fruits and vegetables every day. For a 2,000-calorie diet, that works out to 2 cups of fruit and 2 1/2 cups of vegetables per day. To learn more about the government's dietary guidelines, visit www.mypyramid.gov/, or call 1-800-687-2258.
- Mix it up. Eat a variety of fruits, vegetables, lean meats, fish, and whole grains for a healthy well-rounded diet.
- Try to eat fresh vegetables rather than frozen, because they pack the biggest nutritional punch. Raw isn't always better than cooked, though. Tomatoes, for example, have the highest antioxidant content when they're cooked.
- Discuss your use of dietary supplements with your doctor.

Red grapes. The skin and seeds of red grapes contain the antioxidant resveratrol, which has been shown in studies to help protect against colon and prostate cancers. It may work by reducing the genetic mutations that lead to cancer, and by preventing the formation of blood vessels that “feed” cancer cells. Despite the benefits, be cautious about adding red wine to your diet—more than a glass a day could be harmful.

Changing your diet

Even if you may be at risk for a specific type of cancer, don’t limit your diet to just one of the foods that protects against it. “You want to eat a variety of fruits and vegetables,” Fleishman says. “The antioxidants in these fruits and vegetables have a synergistic effect—they work better together.” ■

5 Ways to Ease Chronic Pain

Chronic pain can interfere with everything you do, but there are ways to get relief.

Pain is the body's way of telling you something is wrong. In a sense, pain is good. It's what makes you jerk your hand away from an open flame or a prickly cactus. It can also alert you to a life-threatening condition. Chest pain, for example, may signal an impending heart attack.

But sometimes pain persists long after an injury has healed or a sickness has disappeared. Such chronic pain affects 1 out of 5 people. Pain is the number one complaint of older Americans.

Typical chronic pain complaints in older adults include:

- Cancer pain
- Arthritis pain
- Nerve pain in the feet and hands (due to diabetes and peripheral vascular disease)
- Headache

Treating chronic pain is often difficult, because there is no physical injury to detect.

"Pain is one of the few symptoms in medicine that we have no way to measure. We don't have a blood test; we don't have a lab test," says pain management expert Joel Kreitzer, MD, clinical associate professor of anesthesiology at Mount Sinai. "There are still a lot of things we don't understand about pain."

How you feel pain

When you hurt, pain signals travel up the spinal cord, through your nervous system, and to your brain. During this journey, the signals can be increased, decreased, or blocked. How each pain episode is interpret-

ed depends on the seriousness of the event. The body filters out the most important pain messages from less important ones. Life-threatening pain messages go through immediately; minor pain messages may be blocked or delayed. Chronic pain occurs when pain messages continuously bombard the brain and spinal cord. Over time, the nerve pathways become hypersensitive.

PET scans have shown that pain-fighting chemicals called endorphins are activated in the brains of those who hurt, but such imaging tests are typically used only for research purposes—not to diagnose a patient. However, a study in the *Journal of Neuroscience* revealed that a patient's endorphin levels increase when they are told they are receiving pain medicine, even if they're really getting a placebo. The study suggests that the mind plays a powerful role in how we experience and interpret pain.

Five ways to feel better

Chronic pain can take an enormous toll on your quality of life. That's why it is very important that you find the source of the pain, and treat that source directly. Often this means re-evaluating what the cause may be, and starting new treatments. For example, new treatments for rheumatoid arthritis and post-herpetic neuropathy (the

chronic pain that occurs after a bout of shingles) have decreased pain and improved quality of life for many people.

Sometimes, though, it isn't possible to eradicate the source of the pain. With increasing warnings about the side effects of non-steroidal anti-inflammatory drugs (NSAIDs) and COX-2 inhibitors, managing your pain today can be complicated.

There are therapies and treatments that can help reduce pain and improve function, though. A 2004 study in *Pain Management Nursing* supported previous findings that older adults use a combination of medicines and non-drug strategies to cope with chronic pain.

Pain medications

Medication is always the first-line treatment for chronic pain. Today, longer-acting drugs offer greater relief from chronic pain than older pain relievers. For older adults, acetaminophen (Tylenol) should be the first choice for mild-to-moderate pain, according to guidelines set by the American Geriatrics Society. Acetaminophen now comes in an extended-release form that offers up to eight hours of relief.

Celecoxib (Celebrex, a COX-2 inhibitor) and meloxicam (Mobic, an NSAID) are once-a-day pills typically prescribed for chronic back or joint pain. They work for many patients; however, like all medications, these drugs have side effects. They can cause stomach and kidney problems, and may raise your risk for cardiovascular disease. The celecoxib package insert now includes a strong warning about the risks of cardio-

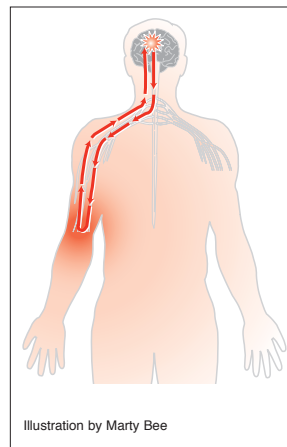


Illustration by Marty Bee

Pain messages travel from your nerves to your spinal cord to your brain, where they are interpreted.

vascular events and potentially life-threatening stomach bleeding.

For severe pain, opioids (narcotics) are commonly prescribed, but they last only a few hours and may lead to dependence. A longer-lasting alternative is a “pain patch” such as duragesic, which is applied directly to the skin. It is especially effective for nerve pain, but it must be used with caution. Recently, the patch has been linked to fatal overdoses in patients who did not use it as directed.

Nerve Blocks

A nerve block is an injection, usually of a numbing medication (anesthetic) or corticosteroid (anti-inflammatory), into a trigger point or nerve area. This invasive therapy temporarily turns off the pain. It is especially useful if you have pain due to shingles, cancer, sciatica, stenosis, back pain, neck pain, peripheral vascular disease, and myofascial pain syndrome. Side effects include bloating, increased appetite, a change in blood pressure and blood sugar, and mood swings. A nerve block may also be performed using heat (radiofrequency) to completely destroy the nerve.

Physical Therapy

A comprehensive pain management approach usually includes resistance training exercises (lifting weights) and ice or heat applied to sore muscles and joints.

Transcutaneous electric nerve stimulation (TENS) is another method physical therapists use to ease low back pain, as well as osteoarthritis, fibromyalgia, and neurogenic (related to the nervous system) pain.

During TENS, small patches, similar to those used during an EKG, are attached to your skin. The patches are connected to a

machine, which sends small, tingling pulses of electricity to the area where the patches are applied. It can feel prickly, but it doesn’t hurt. A TENS session usually lasts 15 to 30 minutes. TENS is most effective when used with other forms of therapy.

Complementary and Alternative Therapies (CAM)

Complementary therapies are used along with other treatments. Alternative therapies are used instead of them. Pain management may include complementary approaches such as massage, meditation, biofeedback, and acupuncture.

Complementary and alternative therapies can relieve pain, says Dr. Kreitzer. “The difficulty is choosing the patients and conditions that will respond well to them.”

Acupuncture is one of the most widely used forms of CAM. It has been shown to relieve chronic back pain, knee pain, and headaches. Stimulation with acupuncture needles releases pain-fighting endorphins. Biofeedback might also help you cope with pain. The technique can train you to relax and modify stressful behaviors. This therapy is based on the idea that stress triggers physical changes in the body that can make pain worse.

Because stress and pain are closely connected, stress-relieving techniques such as massage, warm bath, or yoga can both ease stress and reduce pain.

More and more practitioners believe in CAM therapies, but insurance companies are slow to follow suit. Treatments can be expensive. Always check to see what benefits you have before going to an appointment.

Antidepressants

If you have chronic pain, the worst

WHAT YOU CAN DO



Coping with Chronic Pain

- If your pain doesn’t get better, ask your doctor for a referral to a pain management specialist. The following organizations offer resources for patients:
American Assn. for Chronic Pain: www.theacpa.org, 800-533-3231
American Pain Foundation: www.painfoundation.org, 888-615-PAIN (7246).
- Use relaxation exercises such as yoga or meditation to help ease stress. Stress can increase your pain.
- Consider alternative therapies such as acupuncture, massage, and biofeedback, but check first to make sure your insurance plan covers such treatments, and check with your doctor to see whether they are safe for your condition.

thing you can be told is that it is all in your head. Don’t be offended, however, if your doctor refers you to a psychiatrist. Persistent pain can lead to depression. In fact, research suggests that up to 54 percent of chronic pain patients have depression.

Antidepressants can ease both depression related to chronic pain, and the pain itself. Your doctor may recommend a group of antidepressants known as Selective Serotonin Reuptake Inhibitors (SSRIs) to treat your depression. Although these antidepressants tend to be well tolerated by seniors, they can cause side effects such as nausea, diarrhea, constipation, insomnia, and headaches. Low-dose tricyclic antidepressants such as nortriptyline (Pamelor) can help you sleep better and ease your pain. ■

HEART FAILURE... *from page 1*

and carrying groceries difficult. Weakened pumping action also can cause blood and fluid to back up into the lungs, and can lead to fluid buildup in the feet, ankles, and legs.

Unfortunately, many people and their doctors often attribute those symptoms to other conditions. “Sometimes patients don’t even know they have heart failure,” Dr. Baran says. Some patients with emphysema, for example, will attribute their shortness of breath to the lung disease without realizing that they’re also exhibiting symptoms of heart failure.

People at risk for heart failure and their doctors should watch for certain symptoms, Dr. Baran says. One key symptom is a shortness of breath disproportionate to the activity. It’s normal to feel a little out of breath after a brisk walk, but if you can’t clear dinner dishes without becoming winded, you need to see a doctor. Also look out for symptoms such as leg edema (swelling), abdominal swelling, and fatigue after mild activity.

Are you at risk?

Heart failure doesn’t just happen overnight. People develop this condition after suffering from other conditions, such as coronary heart disease.

According to the new guidelines, it’s important for you and your doctor to identify and control risk factors before they can progress to heart failure. These risk factors include:

- Untreated or poorly treated high blood pressure
- Diabetes
- Coronary artery disease
- Metabolic syndrome (a collection of symptoms that includes abdominal obesity, high blood pressure, and high blood sugar)
- Lung disease
- Smoking

If you have any of these factors,

your doctor may put you on preventive medicine to reduce your risk for developing heart failure. Research has shown that bringing down elevated blood pressure alone can significantly reduce the odds of developing heart failure.

Diagnosis

Initially your doctor will ask you a number of questions and do a thorough physical exam. He or she may request an EKG (electrocardiogram), which measures the rate and regularity of your heartbeat and can show if you have had a heart attack; and a chest X-ray to see if your heart is enlarged or if there is any evidence of fluid in your lungs. If you have symptoms, or are at high risk, your doctor may order an echocardiogram. This test uses sound waves to show how well your heart fills with blood and how well it pumps blood to the rest of your body.

Living with heart failure

Although there’s no cure for heart failure, by treating the underlying causes you can keep the condition under control. The three most common strategies for treating heart failure are lifestyle changes, medication, and surgery.

Lifestyle changes can help you control the underlying factors that lead to heart failure. Your doctor might have you lose weight if you’re overweight, quit smoking, exercise regularly, and limit your alcohol intake. You should also focus on eating a diet low in salt, saturated fats, and trans fats.

In addition, your doctor might prescribe various medicines to help improve your heart function and control symptoms. Some of the most common medications used to treat heart failure are:

- ACE inhibitors to expand blood vessels and lower blood pressure.

WHAT YOU CAN DO



To help prevent or manage heart failure, follow these tips:

- Eat a well-balanced diet and exercise regularly to maintain a healthy weight.
- Don’t smoke. If you do smoke, get help to quit.
- Seek medical care if you have any symptoms that could indicate heart failure, such as increasing weight, shortness of breath, or swelling in your feet or ankles.

- The drug combination of isosorbide dinitrate with hydralazine (BiDil) to relax the arteries and veins so the heart doesn’t have to work as hard. This drug combination is FDA-approved specifically to treat heart failure in black patients, who don’t tend to respond as well as white patients to ACE inhibitors.
- Diuretics to help reduce fluid buildup.
- Beta blockers to slow heart rate.
- Digoxin to increase the strength of the heart’s contractions so it can pump more blood.

Severe heart failure may require more aggressive treatment in the hospital with intravenous vasodilators (drugs that open the blood vessels), diuretics, or inotropic agents (which make the heart beat more strongly).

In those patients whose heart failure is due to atherosclerosis, options for treating heart failure include coronary artery bypass surgery (to reroute blood flow around a blocked artery), or the less invasive angioplasty (to open a blocked artery). These patients should also be taking aspirin and cholesterol-lowering therapy (such as statin drugs). Today’s treatment options give patients with heart failure a chance to live full lives, once they’ve learned to manage their condition. ■

Blood Pressure Monitoring Devices

Accurately monitoring your blood pressure with the right home device can help you keep it under control.

High blood pressure is often called “the silent killer” because it rarely produces symptoms while it significantly increases your risk for a stroke, heart attack, and other serious illnesses. But today, thanks to the wide variety of easy-to-use blood pressure monitors available, you can easily keep track of your blood pressure at home.

There are three main types of home blood pressure monitors on the market: manual arm-cuff, automatic arm-cuff, and automatic wrist monitors. You inflate a manual arm-cuff by squeezing a rubber bulb. An automatic arm-cuff will inflate by itself. Depending on their features, blood pressure monitors usually cost between \$35 and \$125. Paying more doesn’t necessarily

mean that you’re getting the best or most accurate device.

“Overall, most monitors are pretty accurate,” says Mount Sinai cardiologist Bruce J. Darrow, MD, PhD. “The manual ones with a stethoscope can be more difficult to use on yourself. They are a little more accurate, but the act of inflating the cuff by itself may raise your blood pressure slightly. Wrist monitors are easier to use than arm monitors but tend to be less accurate because they may slightly increase the systolic (top) reading and decrease the diastolic (bottom) reading.”

Which monitor is right for you? “A home blood pressure monitor should be affordable, easy to use, and the numbers should be easy for you to read,” Dr. Darrow says. “I find the fewer buttons and beeps it







HOW TO USE YOUR BLOOD PRESSURE MONITOR



- Before buying the monitor, check with your health care provider to see what size cuff you need.
- Bring your monitor to your doctor’s office to be checked for accuracy, and to learn how to use it properly.
- Take your blood pressure reading twice a day—in the morning and at night. Get your reading before eating, drinking coffee, or taking any medications. Go to the bathroom before taking your blood pressure.
- To get an accurate measurement, first sit quietly for 5 to 10 minutes with your back supported.
- Keep your arm level with your heart, relaxed, and supported by a table or the arm of a chair.

makes and the simpler the design, the better it is for most people.”

Check the chart below to compare the features of six popular home blood pressure monitoring devices. ■

Model	Type	Price	Features
 Omron HEM-711AC	Automatic Arm-cuff	\$70	Automated level setting, large easy-to-read display, 60 memory storage with time and date stamp.
 Lifesource UA-787EJ	Automatic Arm-cuff	\$89	One-button operation, can be used with irregular heartbeat, pressure rating indicator, memory stores 60 blood pressure and pulse beat readings.
 Mabis 04-263-001	Semi-Automatic Arm-cuff	\$50	Large easy-to-read digital display, easy-to-squeeze inflation bulb with automatic deflation, memory stores 60 blood pressure readings.
 Mark of Fitness MF-36	Manual Arm-cuff	\$30	Large easy-to-read digital display, latex-free cuff, memory stores 30 readings and gives averages.
 Panasonic Precise Logic EW3002W	Automatic Wrist	\$60	One-touch auto inflate, extra large LCD display, alert warning system for high blood pressure reading.
 Oregon Scientific BPW 813	Automatic Wrist	\$80	Talking monitor, two-user capability, memory stores 60 readings per user with time and date stamp.



Rosanne M. Leipzig, MD, PhD
Editor-in-Chief

One of the big insurance companies recently recommended that patients split their pills to save money. But is pill-splitting safe?

With prescription drug prices soaring, it's understandable that you would want to save a few dollars on your medications. Considering that pills of different strengths often sell for the same price, it would seem to make perfect sense to buy a bottle of 40 mg tablets and cut each one in half, rather than paying double for two bottles of 20 mg tablets. Although pill splitting may be economical, it isn't always the safest choice. Some pills (for example, time-release or coated pills) aren't designed to split. If you're considering splitting your pills, first talk to your doctor or pharmacist. They may recommend that you try a less expensive generic drug first. If that isn't an option, your doctor can tell you whether your medication can be split safely. Then buy a pill splitter to ensure that you're getting the right dose—never try to split your pills with a knife. Pill splitters cost between \$3 and \$6 at your local pharmacy.

My ophthalmologist diagnosed me with the dry form of macular degeneration. Is there anything that can be done to treat it?

Age-related macular degeneration (AMD) is the most common cause of vision loss in adults over 50 in the U.S. It's caused by a hardening of the arteries that nourish the retina. Macular degeneration comes in two forms: wet (neovascular) and dry (non-neovascular). In the dry form, small yellow deposits called drusen form under the macula—the central part of the retina. The macula becomes dry and loses its function, eventually leading to vision loss. Dry macular degeneration is more common than the wet form, and tends to progress much more slowly. Unfortunately, there is no treatment for dry macular degeneration. However, some research indicates that taking supplements containing 500 milligrams (mg) of vitamin C, 400 international units (IU) of vitamin E, 15 mg of beta-carotene, and 80 mg of zinc oxide may slow its progression. It's important to have your eyes checked regularly to watch for any changes in your vision.

I read that some people lost all of their medical records during Hurricane Katrina. Should I be keeping a personal health record?

When Hurricane Katrina struck the Gulf Coast this past summer, thousands of people lost everything—including their medical records. To protect yourself in the event that your doctor's office or hospital is destroyed, many health experts recommend that you keep a personal health record (PHR), a sort of diary in which you record your medical history. Even without an emergency situation, a PHR can help you keep on top of your health history and enable you to better communicate with your healthcare team. When writing up your PHR, include the following: the names and addresses of your doctor, dentist, and other healthcare providers; past and current illnesses; any allergies you have; any surgeries you've undergone; test results; medications you're taking and their dosages; and your health insurance information. Store your personal health record in more than one secure place, for example a fireproof file cabinet at home, plus a safe deposit box at the bank. For more information on creating a PHR, visit: www.myphr.com/your_record/index.asp. ■

In Coming Issues

Getting a Good Night's Sleep

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