



## When Stroke Strikes, Timely Treatment is Critical

Only one-third of stroke victims reach the hospital within the therapeutic window of three hours. Here's how to improve your odds.

An estimated 750,000 strokes occur in America every year—160,000 of which result in death. That means a new or recurrent stroke happens approximately once every 42 seconds.

However, a majority of stroke victims fail to get the timely help they need to save their lives or at least minimize the damage, according to a five-year study reported in the December issue of the journal *Stroke*. The study showed that 69 percent of stroke victims don't reach the hospital within the first three hours of symptom onset. It also showed that 44 percent of patients who have an ischemic stroke, in which a clot blocks a vessel supplying blood to the brain, failed to reach the hospital within six hours.

"Too often, people call their doctors [instead of 911], which causes an immediate delay," says Steven R. Levine, MD, a professor of neurology and director of the Cerebrovascular Education Program at the Mount Sinai Stroke Center. "You have to call 911 as soon as symptoms appear."

**Critical window.** The only currently approved treatment for acute ischemic strokes, which represent about 83 percent of all strokes, is tissue plasminogen activator (tPA), a clot-busting drug that should be given intravenously within three hours of symptom onset.

If that critical window is missed, an injection of tPA into a blood vessel in the brain within six hours can still offer some protection to brain cells, says Dr. Levine.

The other 17 percent of strokes are hemorrhagic, in which a blood vessel in the brain bursts and the bleeding compresses the surrounding brain tissue. The rupture can stem from an aneurysm, in which the wall of a blood vessel balloons

out and weakens, or from an arteriovenous malformation (AVM), a clump of malformed blood vessels in the brain that also can bleed.

Timely treatment of a hemorrhagic stroke is also critical. Because tPA doesn't help, and can actually make bleeding worse, doctors must either turn to invasive surgery or, when technically possible, push a tiny platinum coil through a catheter into the aneurysm. The coil fills the aneurysm and causes clotting, preventing the aneurysm from bursting

**Identifying a stroke.** So how can you tell if someone is having a stroke?

Dr. Levine says the person having a stroke is not "a reliable source" to explain what's going on because the symptoms may limit his or her ability to communicate or to realize that he or she needs assistance quickly.

"The organ of recognition is the organ being damaged," he explains. "You may no longer have normal speech, movement, judgment, vision, and muscle strength. If the left side of the brain is being affected, you may experience aphasia [inability to use or comprehend words] and can't tell anyone you're having a stroke. If the right side is damaged, your awareness may be affected, along with your ability to reason and make decisions."

Likewise, observers may not immediately be able to identify a person in the middle of a "brain attack."

"There's no way to predict how a person will respond when having a stroke," Dr. Levine says. "Person X can go blind. Person Y can't walk. Person Z can't speak, and so on."

He says the most common symptoms of hemorrhagic stroke include

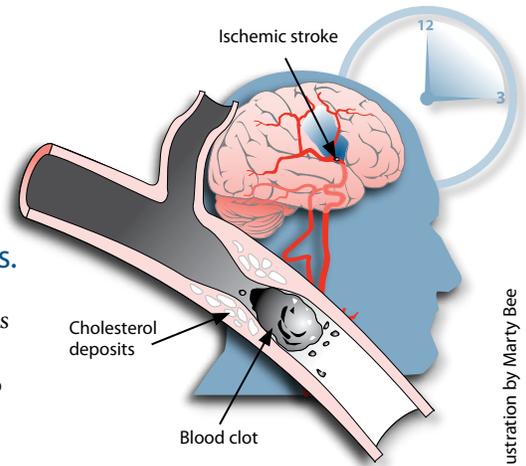


Illustration by Marty Bee

*The clot-busting drug tPA can reduce brain damage and improve blood flow when given **within three hours** of the onset of stroke symptoms.*

sudden and severe headaches and nausea, vomiting, and a depressed level of awareness/consciousness. Symptoms of ischemic stroke include:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness or loss of balance and coordination
- Sudden severe headache, with no known cause.

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**BOTH MODERATE AND VIGOROUS EXERCISE DECREASE MORTALITY**

Regular exercise is associated with a decreased risk of mortality in older adults, according to a large, prospective study published in the Dec. 10/24 issue of *Archives of Internal Medicine*. The exercise habits of 252,925 men and women ages 50 to 71 were gathered from the National Institutes of Health-American Association of Retired Persons (NIH-AARP) Diet and Health Study. Vigorous activity was defined as any activity that lasted 20 minutes or more and caused either increases in breathing or heart rate, or working up a sweat. Examples of moderate exercise included brisk walking, tennis, biking, and swimming. Compared to inactivity, moderate activity (at least 30 minutes most days of the week) was associated with a 27% decrease in mortality. At least 20 minutes of vigorous exercise, three times a week, was associated with a 32% lower mortality risk. Engaging in physical activity at less than vigorous or moderate levels also was related to a reduced (19%) mortality risk. Bottom line: Do something and try to do more! 📧

**LEVOCARNITINE COULD IMPROVE ENERGY IN CENTENARIANS**

A randomized, double-blind study published in the December issue of *The American Journal of Clinical Nutrition* showed that treatment with levocarnitine (Carnitor), improved energy levels and cognition in 66 adults ages 100 to 106. Levocarnitine is available with a prescription for the treatment of carnitine (a compound required for energy metabolism) deficiency due to a genetic predisposition or as a result of kidney dialysis. Participants who experienced fatigue after even slight physical activity were assigned to either 2 grams of levocarnitine or placebo, once-daily for six months. The levocarnitine-treated centenarians showed improvements in total fat mass, total muscle mass, physical fatigue, mental fatigue, and fatigue severity compared to the placebo group. Levocarnitine is available in supplement form, but further research is needed to determine if older adults can benefit from supplementation. 📧



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

# Diabetes: A Cause for Concern

But you can learn to manage it by knowing your numbers.

In this month's "Consumer Watch," we discuss glucose meters for people with diabetes. More than 20 percent of Americans age 60 and older have diabetes. But the real problem is that many people don't realize the danger diabetes poses, that it can often be prevented, and that those who have it can manage their disease.

Diabetes can put you at high risk of developing vascular problems like heart disease, stroke, or peripheral vascular disease. Uncontrolled diabetes can affect almost every area of your body including your feet, eyes, liver, and kidneys. It can increase your susceptibility to infection and increase the risk of life-threatening conditions.

But the purpose of this column is not to scare you. It's to get you to think about what you can do to either prevent or better control your diabetes. And there's a lot!

Obesity is an epidemic in America and it's putting people's lives in jeopardy. The good news is that studies have shown that, for older adults, losing weight and exercising regularly can prevent diabetes better than medication. Some risk factors, like having a family history of the disease, are uncontrollable, but your weight is definitely something you can work on.

If you don't normally exercise, start out slowly. Walk daily, increasing the distance or time by a small amount regularly until you get to 30 minutes a day, five days a week. Get a pedometer and try to work up to 10,000 steps each day. If you're able, join a gym or buy an exercise bike and put it in

front of your TV. Watch your portion sizes, and remember that decreasing your intake by 250 calories daily results in a half-pound weight loss a week.

The American Diabetes Association recommends that you avoid sugary, high-calorie snack foods like chips, cookies, and full-fat ice cream; choose whole-grain foods over processed grain products; eat fish two to three times a week; and avoid drinking regular soda, sweet tea, or other sugary beverages.

If you're diabetic, controlling your blood pressure and lipids is as important as controlling your sugar. In general, blood pressure should be 130/80 or less, LDL cholesterol should be less than 100, and triglycerides less than 150. Discuss these numbers with your doctor and decide what your target should be. Then work to get to these goals. You may also want to buy a home blood pressure monitor.

There's a real art to controlling blood sugar. Blood sugar changes with activity, the foods we eat, and with certain medications. Learning how to keep glucose in a normal range (not too high OR too low) will take time, but if you have diabetes, it's one of the best things you can do for your health.

The bottom line is that no one can control your diabetes as well as you can. Consider conquering diabetes to be a personal challenge. It may not be an easy battle to win, but it is definitely well worth the fight. 📧

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

Gerald and May Ellen Ritter  
Professor and Vice Chair,  
Brookdale Department of  
Geriatrics and Adult  
Development, Mount Sinai  
School of Medicine,  
New York City, New York

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Dean, Mount Sinai  
School of Medicine

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# Medication Adherence is Vital for Good Health

Skipping doses of drugs prescribed to manage medical disorders or diseases can have serious consequences.

**F**inancial hardship, inconvenience, or unpleasant side effects are just some of the reasons people give for not taking their medications. Other patients simply stop taking them once they start to feel better, not realizing that the drugs continue to help them manage their conditions.

Whatever the reasons, pharmacists and physicians are confronting a serious problem: Only about half of Americans take their medications exactly as prescribed by their doctors, according to a 2007 report issued by the National Council on Patient Information and Education.

“When your doctor hands you a prescription, he’s handing you responsibility for your health,” says Judith Beizer, PharmD, professor of clinical pharmacy at St. John’s University and a member of the *Focus on Healthy Aging* advisory board.

If patients are better informed about the importance of medication adherence, and feel empowered to ask questions and raise concerns with their doctors, the number of people taking their medications correctly will improve, says Beizer.

**Risks of nonadherence.** The consequences of missing a dose of your medication can range from a negligible change in your condition to a serious health risk. Depending on your specific medical condition, missing just two daily doses a week can put you in danger, says Beizer.

For example, patients with cardiomyopathy, in which the heart muscle becomes weakened, can experience painful swelling

and difficulty breathing after missing just a couple of doses of diuretics. And in a study reported in the Sept. 10, 2007 *Archives of Internal Medicine*, coronary heart disease patients who did not take their medications at least 75 percent of the time were nearly twice as likely to have a coronary event, such as a heart attack.

“If you haven’t been taking your medications as prescribed, you need to tell your doctor,” Beizer says. “If you haven’t been taking your blood pressure medication, for example, your doctor may check your blood pressure, find it to be high, think that the medication is not working, and increase the dose. That could be dangerous.”

**Talk it out.** If you’re experiencing unpleasant side effects from a particular drug, Beizer recommends asking your doctor about alternatives. Likewise, if a pill you need to take multiple times a day is difficult to take on schedule, ask if there’s a once-a-day option.

Beizer also stresses the importance of informing all your doctors about what you are taking. She recommends “brown bag” sessions, in which you take all your medications to each specialist. There may be duplications among your prescriptions and you may have been prescribed drugs that interact to produce unhealthy consequences.

“It helps to really see everything you’re taking and what your schedule is like,” Beizer says. “People are often afraid to talk with their doctors about these things, but it’s so important. It’s your responsibility.”

## OLDER ADULTS SHOULD BE ADVISED ABOUT HEAVY DRINKING

Almost one out of every 10 older adults drinks more alcohol than he or she should, according to a cross-sectional analysis published in the February issue of the *Journal of the American Geriatrics Society*. “Excessive drinking” was defined as exceeding 30 drinks per typical month; “heavy episodic drinking” was defined as drinking four or more drinks in any single day during a typical month. Of the Medicare recipients surveyed, those who were more likely to exceed the recommended drinking levels (no more than one drink per day for women and two drinks per day for men) were male; younger; smokers; white; divorced, separated or single; in good health; depressed; and with a higher education and income level. The study stresses the importance of education about the dangers of drinking among older adults. Excessive alcohol consumption can cause liver damage, increase fall risk, decrease cognitive function, and cause memory loss.

## SLEEP APNEA ASSOCIATED WITH COGNITIVE IMPAIRMENT

Sleep apnea, also referred to as sleep-disordered breathing (SDB), may be associated with cognitive impairment, according to a study published in the January issue of the *Journal of the American Geriatrics Society*. In the study, 448 women with an average age of 83 were studied using several cognitive tests as well as tests to measure SDB. Of the group, 242 women were also identified as having the apolipoprotein (APOE) ε4 allele, a lipoprotein that has been linked to an increased susceptibility to Alzheimer’s disease. Severity of SDB, regardless of the measure used, was associated with cognitive impairment as measured by the Mini-Mental State Examination, a 30-point questionnaire that tests memory, spatial orientation, and mathematical skills. Those with the APOE ε4 allele had nearly five times greater odds of cognitive impairment. Further research is needed to determine for sure whether SDB was the cause of the cognitive impairment or if treatment of SDB could improve cognition.

### QUICK TIPS

#### Talk to your pharmacist

about the variety of pillboxes, pill dispensers, and even multi-alarm watches that can help you stay on schedule.

#### Keep a diary or checklist

to help keep track of your medication intake each day.

# Choosing a Home Glucose Meter

Finding one with the right features to meet your needs and lifestyle can help you manage your diabetes and avoid complications.

The number of new diabetes cases diagnosed among Americans over age 65 increased by 23 percent from 1995 to 2004—and the prevalence of the disease overall grew by 62 percent among the older population during the same period, according to a study published in the Jan. 28 issue of *Archives of Internal Medicine*. Nearly 90 percent of the people with diabetes experienced at least one diabetes-related complication, like congestive heart failure, in the six years after diagnosis.

In people with diabetes, the pancreas does not produce enough insulin or the body's cells do not respond appropriately to the insulin that is produced, allowing glucose to build up in the blood. This can result in serious consequences, including blindness and the loss of limbs due to

circulatory disorders.

Fortunately, there is no shortage of home glucose meters on the market today to help you check your blood sugar levels regularly. "Most of the brands are good, and all come with a test solution so you can make sure that they are accurate," says Donald A. Smith, MD, MPH, director of Lipids and Metabolism at Mount Sinai School of Medicine.

**Things to consider.** Deciding which home glucose meter is right for you depends on your lifestyle and personal preferences. For example, if you plan on traveling with your meter, you may prefer a smaller unit that can be easily placed in your pocket or purse. Or if you don't want to stick your finger, you may opt for a meter that takes a smaller blood sample

from an alternate testing site. More expensive meters tend to offer a variety of added features, including the ability to chart your glucose levels and download the results to your computer.

According to Dr. Smith, some physicians have software to download the data from glucose meters, which can be helpful in getting a visual plot of the values. "Often that can help in giving more specific medication dosages and recommendations," he says.

**How meters work.** Home glucose meters do not require a prescription and are usually covered by Medicare and other insurance plans. They require a small sample of blood, usually taken from a fingertip, to be placed on a testing strip. (Some meters allow people to test in different, less-sensitive areas of the body, such as the thigh or calf, but these readings may not be as accurate as those taken from the fingertips because they don't reflect rapid changes in blood glucose). After a blood sample is drawn, the meter determines how much glucose is in the blood.

Dr. Smith says the most popular brands of home glucose meters are basically the same as far as accuracy.

"Results of home glucose monitoring are always just an approximation, probably plus or minus 10 percent," he explains. So it's important that people with diabetes visit their doctor regularly for a more thorough exam.

**How often to test.** "People with type 1 diabetes need to monitor their blood sugar to determine insulin dosages throughout the day. Some people with type 2 only need to check three times per week, before breakfast and supper, just to make sure they are staying in the under 120 mg/dL range," says Dr. Smith. "Others need to check their blood sugar more often, and some who take insulin may need to check up to four times per day."

Taking insulin actually can make your blood sugar too low, a condition known as hypoglycemia. Low blood sugar is typically defined as a reading of less than 70 mg/dL. The "ideal" blood glucose level for people with diabetes is between 90 and 130 mg/dL when taken before a meal, and less than 180 mg/dL when taken before bedtime, according to the American Diabetes Association. 

## POPULAR HOME GLUCOSE METERS

BRAND	AVERAGE PRICE	FEATURES	TESTING SITES	BLOOD SAMPLE	CODING*
 ACCU-CHEK Active	\$20	Small and lightweight; Stores results; Data can be downloaded	Fingertip, palm, forearm, upper arm, thigh, calf	1.0 µL	Coding chip included with testing strips must be inserted into meter
 OneTouch UltraMini	\$20	Small and lightweight; Comes in a variety of colors; Stores results	Fingertip, forearm, palm	1.0 µL	Code must be manually entered by user
 Freestyle Flash	\$70	Smallest meter available, also requires smallest amount of blood; Reminds user to test; Stores results; Data can be downloaded	Fingertip, hand, forearm, upper arm, thigh, calf	0.3 µL	Code must be manually entered by user
 ACCU-CHEK Compact Plus	\$75	Testing strips are pre-loaded into the meter; Data can be downloaded; Lancet is attached to unit	Fingertip, palm, forearm, upper arm, thigh, calf	1.5 µL	No coding required so there is less chance for human error
 OneTouch UltraSmart	\$80	Collects and organizes glucose data by time of day; Creates charts and graphs that can be downloaded	Fingertip, forearm, palm	1.0 µL	Code must be manually entered by user

\*Note: Coding is an adjustment made to the meter's electronic system to ensure the meter matches the blood glucose test strips. Incorrect coding can result in inaccurate results.

# Are You at Risk for Anemia?

Chronic diseases and nutritional deficits raise the odds, but effective treatments can help you avoid serious consequences.

Older adults are at an increased risk of developing anemia: 11 percent of men and 10 percent of women over age 65 are affected by the condition, according to results of the third National Health and Nutrition Examination Study (NHANES III). Higher risk stems from coexisting medical conditions, poorer regulation of the body's inflammatory response system, and inadequate nutrition.

Although anemia is easy to overlook, it can have severe consequences. "Anemia correlates with decreased performance on physical functioning tests and increased mortality in the elderly," says Gabrielle Goldberg, MD, education director of The Lillian and Benjamin Hertzberg Palliative Care Institute and assistant professor in geriatrics and hematology/oncology at Mount Sinai School of Medicine. "But anemia should not be accepted as an inevitable consequence of aging—a cause [for anemia] is found in 70 to 80 percent of older patients."

The first step in combating anemia is diagnosis, followed by identifying the cause and initiating cause-specific treatment.

**What is anemia?** "Anemia is a condition in which there aren't enough healthy red blood cells to carry oxygen to the tissues in the body," explains Dr. Goldberg. Insufficient oxygen prevents the body from generating enough energy to properly fuel all of its systems, resulting in poorer overall functioning.

Anemia is detected by a blood test that measures hemoglobin (Hgb), a substance in red blood cells that contains iron as well as proteins that transport oxygen. A hemoglobin level of less than 13 grams per

deciliter (g/dL) in men and less than 12 g/dL in women indicates that anemia is present.

Fatigue is the most common symptom of anemia. Other symptoms can include shortness of breath, weakness, dizziness, and pale skin. Since your heart must pump more blood to compensate for low blood oxygen levels when you are anemic, severe anemia can lead to heart failure. In some cases, severe untreated anemia can be fatal.

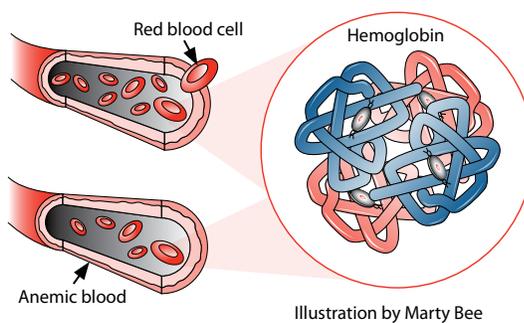


Illustration by Marty Bee

*Red blood cells contain hemoglobin. Healthy blood contains many red blood cells, while anemic blood lacks enough red blood cells to adequately carry oxygen throughout the body.*

**Possible causes.** The most common cause of anemia is deficiency in nutrients, such as iron, vitamin B<sub>12</sub>, and folate. Nutrient deficiency may be caused by blood loss, inadequate intake of the nutrient, or by malabsorption of nutrients due to overgrowth of intestinal bacteria, *Helicobacter pylori* infection of the stomach, chronic alcoholism, Crohn's disease, celiac disease, or gastric bypass surgery.

Chronic disease is another common cause of anemia. Inflammatory conditions such as rheumatoid arthritis and irritable bowel disease can disrupt the formation of red blood cells. "Cytokines—proteins

## WHAT YOU CAN DO

- » If you feel fatigued, do not self-medicate with an iron supplement—excessive iron intake can have negative effects.
- » If you take nonsteroidal anti-inflammatory agents like ibuprofen or naprosyn daily, ask your doctor if you should be checked for anemia.
- » If you are a vegetarian, you should be taking nutritional supplements to prevent developing anemia.

which are activated when inflammation is present—inhibit the body's ability to use iron to produce red blood cells in the bone marrow," Dr. Goldberg explains.

Renal failure (often associated with advanced chronic kidney disease) results in underproduction of erythropoietin, a hormone needed for red blood cell production. Cancers of the blood or bone marrow also can cause anemia, as can internal blood loss from gastrointestinal conditions such as a stomach ulcer.

**Treatment options.** Anemia caused by iron deficiency is treated with iron supplements. In all cases of iron deficiency, an evaluation to rule out bleeding from an ulcer or underlying cancer must be undertaken. Eating iron-rich foods, such as beans, lentils, fortified cereals, and enriched grains, also can help. Red meats contain iron but should be consumed in moderation due to the saturated fat and cholesterol content.

If you're low in vitamin B<sub>12</sub> or folic acid, supplements can boost your levels. Consult your doctor for appropriate dosages of any type of supplement. Vitamin B<sub>12</sub> deficiency can also result in neurological symptoms, including memory loss, numbness, tingling, and abnormal gait, and can progress to severe weakness, and even urinary and fecal incontinence and paraplegia, if it is not detected and treated. It's especially important for older adults to get enough B<sub>12</sub>, as deficiencies have also been linked to an increased risk of osteoporosis and fractures of the hip and spine. Fish, poultry, eggs, and milk are rich in B<sub>12</sub>. But some older adults cannot absorb vitamin B<sub>12</sub> from food, so they

*Continued on page 6*

### Benefits and risks of anemia drugs

Epoetin alfa (Procrit, Epogen) and darbepoetin alfa (Aranesp) are drugs specifically indicated for anemia in patients being treated with chemotherapy for cancer, who have chronic kidney failure, or who take anti-retroviral medication (AZT) for HIV. These medications are often successful at increasing hemoglobin levels and improving or eliminating anemia. However, serious side effects are possible, including severe chest pain, seizures, slurred speech, and weakness on one side. These drugs also have been found to increase the rate of tumor growth and fatality in some cancer patients. And in a recent study, patients with chronic kidney failure whose hemoglobin levels exceeded 12 g/dL following treatment with these drugs had a greater risk of death and other serious conditions.

# Lose Weight to Relieve Chronic Pain Conditions

The right combination of healthy eating and exercise can lower your body mass index and reduce stress on your bones and joints.

If you are overweight, carrying around those extra pounds increases your risk of heart disease, diabetes, and certain cancers, such as breast and colon cancer. It also strains your joints and muscles, which can cause chronic problems such as arthritis and back pain. But if you lose weight, you will notice an improvement in these chronic pain conditions.

“Every pound of weight increases contact forces across our joints, such as the knees, and these forces can increase up to as much as eight times our own actual weight with activities such as climbing stairs or running,” says Brian P. Jacob, MD, assistant clinical professor of surgery at Mount Sinai School of Medicine, who performs bariatric surgery such as gastric bypass on obese patients. “Therefore, obesity results in more rapid wearing out of the articular cartilage, which is the coating of the bone in joints such as the knee, resulting in arthritis.”

**Get moving.** Fortunately, there are things you can do starting right now to shed those extra pounds and alleviate chronic pain conditions.

Dr. Jacob tells his overweight and obese patients to get aerobic exercise by walking a few blocks several times a week in the beginning, and then to gradually increase their walking as they develop more strength. For obese patients without arthritis who have never exercised before, he tells them to start slowly by exercising every other day or every three days. Even fairly simple tasks like gardening, washing your car, or doing laundry can be good forms of exercise for beginners. Seated exercises like

leg and arm lifts can also be good for sedentary adults who want to start getting in shape.

Dr. Jacob refers patients with arthritis to a personal trainer or orthopedic surgeon, who designs exercises that minimize stress on the affected joints. “It varies with each patient, and if someone has arthritis, they should consult their doctor before starting any special exercise program,” he says.

**Lighten your load.** Weight loss also helps reduce stress and strain on the body. Amy Fleishman, MS, RD, CDN, the dietitian who works with Dr. Jacob’s patients in her private New York City practice, recommends that overweight and

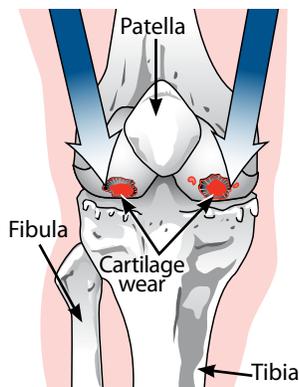


Illustration by Marty Bee

*Excess weight places strain on the joints, such as the knees, causing more rapid deterioration of articular cartilage, which leads to arthritis.*

## WHAT YOU CAN DO

The U.S. Centers for Disease Control and Prevention (CDC) recommends these tips for weight loss:

- » Eat high-fiber foods such as whole grains to help you feel full.
- » Switch to healthier foods, such as skim milk instead of whole milk.
- » Eat only when you are hungry.
- » Substitute fruits and vegetables for higher-calorie foods.

obese patients decrease their intake by 500 calories per day to see a one-pound weight loss per week. She also urges them to stick with nutritious foods: whole grains, fruits, vegetables, low-fat dairy, lean meat, and beans.

“Unfortunately, there isn’t any magic formula for losing weight,” she says. “It’s basically a matter of keeping track of your calories, making healthy choices, and getting regular exercise.”

**Know your BMI.** The National Institutes of Health recommends that people keep their body mass index (BMI), which measures weight-to-height ratio, within a range of 18.5 to 24.9 (a BMI of 25 to 29.9 is considered overweight, while 30 and higher is considered obese). You can calculate your BMI by dividing your weight (in pounds) by your height (in inches squared), and then multiplying the result by 703.

“My goal for patients is for them to try to lose 30 percent of their excess weight over about four to six months,” Dr. Jacob says. “For every pound lost, there is less stress experienced by the affected joints,” he says. “Weight loss results in a decreased number of symptoms and prolongs the longevity of the articular structures.”

ANEMIA...cont. from page 5

must take daily oral supplements. Others have a condition called pernicious anemia, and are lacking intrinsic factor, a molecule needed to absorb oral B<sub>12</sub>. These patients can be treated either with very high doses of oral vitamin B<sub>12</sub> or monthly injections of the vitamin. Beans, lentils, and fortified cereals are good sources of folic acid.

When anemia is a secondary result of a

chronic disease, the primary focus of treatment is on the disease itself. For example, if a patient has a chronic infection, treating the infection will help to stem the loss and reverse the anemia.

Medications that contain a synthetic form of erythropoietin (normally produced by the kidneys) increase production of red blood cells in some patients. However, patients taking these medications (see box on page 5) must have their hemoglo-

bin levels checked frequently because of possible serious side effects.

“If too many red blood cells are produced, a condition called polycythemia can occur, which increases the risk of blood clots, heart attack, and stroke,” Dr. Goldberg cautions. She also points out that if a nutritional deficiency is causing the anemia, these medications will be ineffective, so determining the cause of anemia is a key factor in successful treatment.

**Prevention.** Responding to a stroke is vital, but “The best way to treat a stroke is to prevent it,” Dr. Levine says. Good circulatory health is the key. You should monitor your blood pressure regularly, eat a low-fat, low-sodium diet, and get at least 30 minutes of moderately intense exercise daily to reduce arterial inflammation and plaque buildup. If you have any risk factors for heart disease, you’re advised to be evaluated for atherosclerosis.

One of the most common conditions contributing to stroke is atrial fibrillation (AFib), in which the heart’s two upper chambers (atria) quiver rather than beat regularly. The result is that blood stays in

the atria longer than usual, increasing the likelihood that it will form a clot, which can then break free of the heart and travel to the brain, causing an ischemic stroke.

An estimated two million Americans have been diagnosed with AFib, but Dr. Levine says many more probably have the condition and have not been diagnosed. In addition to getting an annual medical exam, adults with a family history of stroke and/or heart disease should check their own pulse every month.

“One way to remember is when you get your Social Security check, check your pulse,” Dr. Levine suggests. “It may seem fast or slow, but as long as it’s regular, you’re not in AFib. If it’s irregular, you should get it checked as soon as possible.” 

## WHAT YOU CAN DO

- » Learn the symptoms of stroke to help yourself or someone close to you.
- » If you or someone near you appears to be having a stroke, call 911 immediately; do not try to drive to the hospital.
- » Note the time symptoms first appear and share that with the paramedic and/or doctor.
- » Don’t ignore the warning signs of stroke, even if they disappear. They could signal a transient ischemic attack or “mini-stroke,” which precedes about 60 percent of strokes.

# Hypnosis Can ‘Retrain the Brain to Reduce Pain’

Study shows presurgical hypnosis can ease discomfort and other symptoms in breast surgery patients.

**W**omen undergoing breast surgery frequently suffer side effects such as postsurgical pain, nausea, and fatigue. Such symptoms often result in a longer time in the recovery room, delayed discharge, unanticipated readmission, and the use of more pain relief medication.

However, a brief hypnosis session prior to biopsy or lumpectomy can help relieve symptoms, according to a study reported in the Sept. 5, 2007 *Journal of the National Cancer Institute*.

“Hypnosis before breast cancer surgery is a brief, easy-to-use technique that can significantly improve your recovery from surgery, as well as shorten your time in the operating room,” says Guy Montgomery, PhD, associate professor of Oncological Sciences at Mount Sinai School of Medicine. “In particular, hypnosis can help you feel more relaxed, less pain, less fatigue, and less nausea after surgery. It is likely to be helpful for the vast majority of patients undergoing other types of surgery as well.”

**The findings.** Dr. Montgomery and colleagues randomly assigned 200 patients scheduled for breast biopsy or lumpectomy to one of two groups. The first group re-

ceived a 15-minute hypnosis session within one hour before surgery. Psychologists who performed the hypnosis used a script that included suggestions for relaxation, pleasant thoughts, and reduced experience of pain, nausea, and fatigue, in addition to instructions for self-hypnosis for use after surgery. Women in the control group spent 15 minutes with the psychologists to talk and receive emotional support.

The results were assessed prior to hospital discharge. Compared to the control group, hypnotized patients required less anesthesia and sedation, and experienced less nausea, fatigue, discomfort, and emotional upset. Their procedure also took almost 11 minutes less, resulting in a savings of \$773 per patient.

**The mind-body connection.** In an editorial that accompanied the study, David Spiegel, MD, of the Department of Psychiatry and Behavioral Sciences at Stanford University School of Medicine, wrote: “It has taken us a century and a half to rediscover the fact that the mind has something to do with pain and can be a powerful tool in controlling it: the strain in pain lies mainly in the brain.”

This is good news for patients. “Studies have shown that hypnosis reduces pain, anxiety, and complications, and shortens procedure time for women with breast cancer and those undergoing invasive radiological procedures,” says Dr. Spiegel.

Similar success has been documented in “controlling side effects of other types of surgery [e.g., breast reduction, gynecologic surgery, coronary artery bypass],” according to Dr. Montgomery’s paper.

**A valuable tool.** Some day, hypnosis might well become integrated into routine surgical care. “The combination of potential improvements in symptom burden for the hundreds of thousands of women facing breast cancer surgery each year and the economic benefit for institutions argues persuasively for the more widespread application of brief presurgical hypnosis,” Dr. Montgomery’s study concluded.

According to Dr. Spiegel, patients would be well-advised to prepare their minds as well as their bodies for surgery. “One is naturally anxious about a surgical procedure and what the surgeon will find,” he says. “Hypnosis is effective at helping people control their mental and physical states. Just mentally go somewhere you would rather be (the beach, mountains, a lake) and let the surgeon attend to the physical problem. Focus on floating rather than fighting the procedure. Studies have shown that such a use of hypnosis reduces pain, anxiety, and complications. It is now abundantly clear that we can retrain the brain to reduce pain.” 



**Judith L. Beizer, PharmD**  
Geriatric Pharmacology  
St. John's University  
College of Pharmacy and  
Allied Health Professions



**Rosanne M. Leipzig, MD, PhD**  
Editor-in-Chief  
Geriatric Medicine



**Patricia A. Bloom, MD**  
Geriatric Medicine

**Q Is it safe to take potassium citrate pills to strengthen bones?**

**A** Some small studies have found that postmenopausal women who took potassium supplements in combination with an alkaline, like citrate, experienced an increase in bone mineral density (BMD). The results of these studies are interesting, but more research needs to be done before we can know definitively if potassium supplements can help strengthen bones.

What we do know for sure is that too much potassium can be dangerous—even deadly. When your kidneys are not able to remove potassium quickly enough and too much of it builds up in the blood, you can develop a condition known as hyperkalemia which, in some cases, can cause fatal heart rhythm disturbances (arrhythmias). Unless your doctor advises otherwise, it's best to get your potassium from natural sources like green, leafy vegetables and other foods such as dried apricots, raisins, tomatoes, or mushrooms, instead of taking a potassium supplement.

The following are other natural ways to strengthen bones and prevent fracture:

- Eat at least five servings of fruits and vegetables daily.
- Limit your alcohol intake to one drink per day for women, two for men.
- Limit your caffeine intake.
- If you smoke, quit.
- Avoid processed foods and drinks, especially sugary sodas.
- Do weight-bearing exercises, such as walking, on a regular basis.
- Ask your doctor if you should take a calcium and/or vitamin D supplement.

**Judith L. Beizer, PharmD**  
Geriatric Pharmacology

**Q For almost two years, I have been troubled by post-nasal drip without any relief. Do you have any suggestions?**

**A** My first recommendation would be to visit your general practitioner or otolaryngologist (ENT—ear, nose, throat) to determine the cause of your post-nasal drip (PND). PND can be caused by a number

of factors, including sinusitis, nasal or sinus polyps, allergies, too little moisture in a heated environment, gastroesophageal reflux disease, and even excessive use of decongestant sprays like Afrin.

Depending on the cause of your PND, your doctor may suggest treatment with an antihistamine or decongestant. Antibiotics also can be prescribed if your PND is caused by an infection. Some doctors may recommend use of nasal saline sprays or nasal irrigation, which involves cleaning out the nasal passages with a saline solution. In very rare cases, surgery can be performed to treat PND.

Drink plenty of fluids, including hot water, and consider investing in a vaporizer for your bedroom.

**Rosanne M. Leipzig, MD, PhD**  
Geriatric Medicine

**Q An article in the October issue of *Focus on Healthy Aging* states that, "The tiny nation of Andorra...has the longest average life expectancy of 83.5 years." Why is that? Is there anything we can learn from their country (i.e. what they eat, medications they take, etc...)?**

**A** That's a good question. Unfortunately, there's no way to know exactly why the people of Andorra live longer than everyone else in the world, but one can draw some conclusions based on the country's demographics.

Andorra is a small country with a temperate climate that is located between France and Spain. It is home to about 70,000 people. Andorra has no income tax, a zero-percent unemployment rate, no poverty, a 100-percent literacy rate, and a very low crime rate. The average auto-accident death rate is about three people per year. It is a wealthy country due to the number of tourists who travel there annually.

Perhaps one of the biggest factors that affects Andorra's average life expectancy is the fact that everyone in the country has health care. The average life expectancy for women, in particular, is very high—about 86 years old. This may be due, at least in part, to the fact that the majority of Andorran women do not drink alcohol or smoke cigarettes. In addition, most Andorran women are not significantly overweight.

**Patricia A. Bloom, MD**  
Geriatric Medicine

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Mammography is worth the price

**EDITORIAL CORRESPONDENCE**

For letters to the editor or to suggest "Ask Dr. Leipzig" questions, write to:

The Editor  
*Focus on Healthy Aging*  
P.O. Box 5656  
Norwalk, CT 06856-5656

By email:  
kristine.lang@belvoirpubs.com

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