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The opioid epidemic and seniors

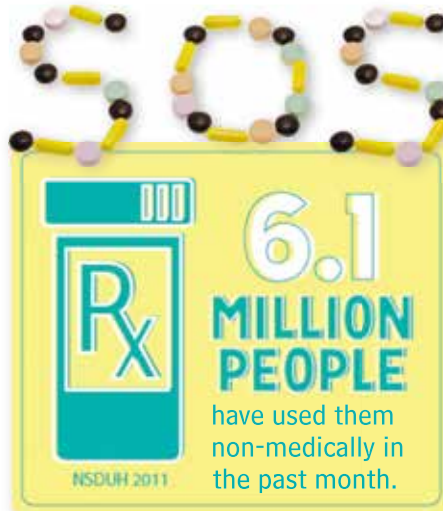
Addiction, misuse, and dependency are on the rise.

When you hear the word “addict” it likely conjures images of ragged, young people hustling for dollars and sticking needles in their arms. While there is some truth to that stereotype, it’s equally true that older adults are now the largest group seeking treatment for prescription opioids and heroin.

Researchers affiliated with New York University’s Center for Drug Use and HIV Research, and NYU’s School of Medicine dug through existing data and found that adults 50 and older have become the majority treatment population in New York City, which has one of the largest methadone treatment systems in the U.S. and consistently provides access to treatment in the public system. The recent study was published in the *Journal of Substance Use & Misuse*.

“Our eyes have been opened about the risks,” says Keith Heinzerling, MD, UCLA Department of Family Medicine and the medical director of the UCLA Center for Behavioral and Addiction Medicine. “Most opioids being prescribed for non-cancer pain in the U.S. have been going to patients with one or more multiple risk factors for complications such as addiction or overdose.”

Risk factors include current or past substance abuse problems. For example, if you had issues with drugs or alcohol early in life you are more susceptible to dependence or addiction to opioid pain medications and sleeping pills. There is a similar risk for people who have or have had depression,



Painkillers are the most commonly abused prescriptions.

mental health or anxiety problems. Patients who have such risk factors are especially vulnerable when prescribed a pain medication after surgery.

Risks more likely to affect seniors

While many experts, including Dr. Heinzerling, agree that there is a place for these powerful pain relievers, special attention is needed especially when prescribing to seniors:

- **Drug interactions:** Older people typically have more chronic conditions, and often their health needs necessitate multiple medications. Drug-to-drug interactions increase, and sometimes these interactions can be fatal.
- **Slower metabolism:** It typically takes longer for a drug to work its way through a senior’s system. In addition, because the elderly also are less likely to be active, and in some cases are bedridden, the active ingredients in many drugs can accumulate more rapidly in older people, leading to more problems.
- **Functional effects:** Older adults taking opioids are more likely to experience side effects that include drowsiness, dizziness, falls, slower reaction times and more difficulty driving safely.

Be especially aware after surgery

Researchers from the University of Colorado reported that patients with no recent history of taking opioid pain medication had a 25 percent higher risk of chronically

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**Research paves way for topical treatment of common, benign skin spots**

Unsightly brown spots, often referred to liver spots, are a normal part of aging and typically start appearing on the skin after the age of 40. Not only are they cosmetically undesirable, but the spots can be worrisome as well.

These growths, called seborrheic keratoses, or SK, vary in color from tan to black, can be flat or raised, and range in size from quite small to an inch or more across. While SKs have some microscopic features in common with their malignant counterpart squamous cell carcinoma and most have mutations in genes known to be involved in cancer, SKs never become malignant. A paper by Massachusetts General Hospital (MGH) researchers, published online in the *Journal of Investigative Dermatology*, details that blocking the action of a specific signaling enzyme leads to the death of cultured SK cells and the breakdown of SK lesions. Their discovery, according to the researchers, may lead to the first topical treatment that can dissolve SKs without otherwise damaging the skin. Current treatments include freezing with liquid nitrogen, scraping with special instruments and burning electrically or vaporizing with a laser. Treatments may be mildly painful and some scarring may occur.

Wearable technology and telemedicine transforming cardiac care

UCLA medical researchers are testing heart-surgery recovery and stroke therapy wearable tools that directly provide data to doctors rather than relying on patients' imperfect memories. About a dozen UCLA heart-surgery patients went home with toolboxes that contain a pre-programmed computer tablet and wireless digital sensors that patients use to measure their weight, pulse and heart rate. These measurements are automatically transmitted to a nurse practitioner who reviews the patient's information and uses the tablet to hold video calls to discuss recovery progress and visually check on the patient. "Everything is extremely easy for patients. They just turn on the computer tablet, and the screen asks them questions and tells them exactly what to do," explains cardiothoracic surgeon Peyman Benharash, MD, who oversees the heart-surgery-telehealth program. Data will alert the patient's health care team about abnormal heart rhythms, lung problems, weight gain from fluid retention and other problems before a patient requires hospitalization. About 20 percent of heart-surgery patients in the U.S. are readmitted to a hospital within 30 days of discharge, according to researchers at Duke University Medical Center. In contrast, the readmission rate has dipped to about 6 percent among heart-surgery patients who participate in this program and other in-home web-conferencing programs, according to a recent UCLA study, Dr. Benharash says.

Reducing the negative effects of chemo on the brain

Participation in a mindfulness-based stress reduction (MBSR) program yields robust and sustained improvement in cancer-related cognitive impairment, according to a new study published in the *Journal of Cancer Survivorship*. Cancer-related cognitive impairment, sometimes referred to as chemo brain or post-cancer cognitive fuzziness, is common among survivors, disrupting social relationships, work ability, self-confidence, and quality of life. For some, the cognitive impairment can last for decades. MBSR is a type of meditation adapted for Western audiences. It is a guided meditation that features simple strategies such as quietly observing the breath and thoughts. In the study, MBSR participants reported significantly greater improvement in the ability to pay attention, and also made fewer mistakes on difficult cognitive tasks than those in the control group, which received patient education materials and supportive counseling. Both groups attended eight weeks of two-hour classes led by skilled facilitators. "More people than ever are surviving cancer due to the development of targeted and effective treatments," says Shelley Johns, PsyD, the clinical health psychologist and health services researcher who led the Regenstrief-Indiana University study. "Yet many cancer survivors are living with difficult and persistent side effects of these treatments, which can be incapacitating." Retention rates in the trial exceeded 95 percent, strongly suggesting that participants found the program to be worthwhile. MBSR is commonly available through hospitals, universities and community centers nationwide. Online programs are also widely available. ■

How the brain and gut influence each other

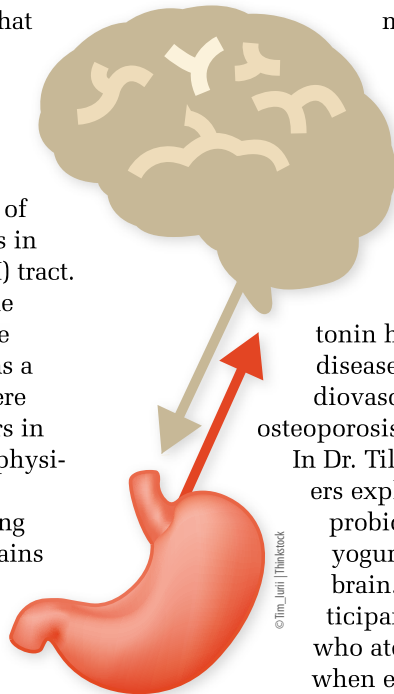
Research points the way toward possible new IBS treatments.

It's long been known that psychological stress can exert a heavy toll on the body. Negative thoughts and feelings can trigger a tightening in your chest, shortness of breath, and disturbances in your gastrointestinal (GI) tract. Irritable bowel syndrome (IBS), is a disorder of the GI tract. It's referred to as a "syndrome" because there are no biological markers in the body and hence no physical diagnostic tests.

"We diagnose by using symptom criteria," explains Dr. Kirsten Tillisch, MD, Chief, Integrative Medicine, Oppenheimer Family Center for the Neurobiology of Stress, Division of Digestive Diseases, David Geffen School of Medicine at UCLA. "Abdominal pain or discomfort that occurs in the context of a change in bowel frequency, change in stool consistency or a relief of that pain after a bowel movement are among the typical IBS symptoms."

How the gut influences the brain: a new scientific frontier

Doctors aren't sure exactly why IBS occurs, but among the culprits may be poor communication between the brain and nerves of your gut. A lot of research is underway to explore the brain-gut axis. Early outcomes point to possible changes in the way a number of diseases are treated in the future. For example, although serotonin is well known as a brain neurotransmitter, it is estimated that 90 percent of the body's serotonin is



The communication between the brain and gut goes both ways. They influence each other.

made in the digestive tract. Serotonin plays multiple roles in the body, influencing everything from mood to sleep to GI function. Altered levels of serotonin have been linked to diseases such as IBS, cardiovascular disease, and osteoporosis.

In Dr. Tillisch's lab, researchers explored what effects probiotic bacteria in yogurt might have on the brain. They found the participants (healthy women) who ate yogurt were calmer when exposed to images of angry and frightened faces. The fight or flight reflex was less reactive at the level of the brain in the yogurt eaters. Study participants didn't report being less anxious; rather researchers saw a change in the way the brain responded on a subconscious level.

"The bacteria that live in our gut communicate through the gut to the nervous system to the brain, and it's a conversation back and forth," explains Dr. Tillisch. "Gut bacteria can adjust to how we feel pain and how we secrete fluid into the gut and how the gut works. IBS can respond to probiotics in yogurt in some circumstances."

The good news about IBS

IBS is referred to as a functional disorder, meaning that there is nothing wrong with the actual structure of the bowel. It's how the GI tract is working (or not) that causes problems. On the

plus side, therefore, it's not considered dangerous or progressive when compared to cancers or autoimmune diseases that worsen through time. That does not mean IBS isn't painful or disruptive to quality of life. Before receiving a diagnosis of IBS, some patients, especially older patients, may need a few simple tests to rule out other diseases that might cause similar symptoms.

Treatments that can improve IBS include:

Stress reduction and some medications can help with IBS. Recommended treatments that target the brain-gut axis include:

- Cognitive behavioral therapy
- Hypnosis
- Mindfulness-based stress reduction
- Some antidepressants

Contrary to popular belief, IBS is not always caused by diet. Some people have specific food triggers, but in many people just the act of eating can lead to symptoms. Various diets exist for IBS and can be effective. To keep the gut's bacterial populations healthy it's best to eat a diverse diet that incorporates lots of different fruits and vegetables.

Stress is a big factor in IBS. Retirement can actually bring on stress because of the huge lifestyle changes and loss of positive distractions. Also, people might be under chronic stress and not realize it because it is such a constant in their lives. "When you take a bird's-eye view of someone's symptoms you can sometimes identify long-term stressors," says Dr. Tillisch. "In an older population, I often see people who are taking care of either a much older parent or spouse who is ill. That can cause real stress on the emotions, and that can translate to symptoms in the body."

Defining personal stressors and finding ways to reduce reactivity can help quell IBS symptoms. As for eating yogurt, the current recommendation is it can't hurt and it just might help. Look for yogurt with live cultures and without added sugar. ■

Five common myths about exercise

It's rarely too late to start or return to physical activity.

If exercise hasn't been part of your regular routine, you may have some concerns about getting started at an older age. You're certainly not alone. Exercise, however, is the ideal prescription to help you feel younger and more energetic.

"One of the central principles of geriatrics is that age is just a number," says Catherine Sarkisian, MD, of the UCLA Division of Geriatrics at the David Geffen School of Medicine. "We have 65-year-olds who look like and act like 40-year olds. There are physical changes with aging, but the vast majority of people can be very physically active into the 70s and beyond."

Here are some of the most common reasons why people resist exercise, along with recommendations on how you might overcome these excuses.

1 I have arthritis. It hurts to move and I'm afraid I'll cause more damage to my joints.

Increasing your circulation through movement will actually help bring relief to arthritic joints. Daily exercise, such as walking, helps keep joints moving, lessens pain, and makes muscles around the joints stronger. The caveat, however, is easy does it, especially if you haven't exercised in a while. Avoid high impact activities, such as running, jumping, and throwing. They are too jarring to the joints. Water aerobics classes, especially in warm water, are excellent choices as the buoyancy takes pressure off joints.

2 I may be retired, but my schedule is jammed packed. I just don't have time to exercise.

Lack of time is the long-standing excuse for not exercising. The truth



Choosing an activity you enjoy and doing it with others is a great way to maintain a healthy, active lifestyle.

is, it doesn't have to take a lot of time. The National Institutes of Health recommends that adults get at least 150 minutes per week. That equates to about 20 minutes per day. Studies have shown that even 10-minute bouts of exercise can make a difference. Make each minute count. A brisk 10-minute walk in the morning and one in the evening will get the job done. Scheduling exercise into an already busy schedule will help you make it a priority.

3 Exercise is boring. I just can't seem to make myself do it.

Variety is the spice of life and can be the key to getting movement into your life. It doesn't have to be in a gym, either. There are many social clubs oriented around physical activities such as dancing, bike riding, kayaking and more. The key might be the challenge of trying, and mastering, a new activity. Fencing, rowing, country line dancing and pickleball (a scaled down version of tennis) are a few of the out-of-the-ordinary options that might attract people who crave variety.

4 My balance is not the best. If I take a class, I'm afraid I'll fall and break a hip.

Falls are certainly a concern for many seniors. But the prescription to reduce fall risk is actually exercises that strengthen your muscles, and build balance and coordination. Look for exercises that focus on balance and are designed for older adults. Classes such as Pilates, yoga and tai chi can help you build the right muscles. Many hospitals offer such classes. Likewise, SilverSneakers is a senior wellness program offered to many Medicare plans nationwide. These classes are designed for seniors and are at low or no cost to those who qualify.

5 I know it's important but I hate doing things by myself.

Getting to a class is a great way to meet people and is especially important to do as you get older. "It is easy to become socially isolated as we age, and the medical field is increasingly recognizing how dangerous this can be for health, especially brain health," emphasizes Dr. Sarkisian. "I am not saying people who have been introverts their whole lives should go out and join a bunch of new clubs when they turn 75 years old, but that as people age and friends and spouses pass on or move away, it is important to nurture other existing and new relationships." While it can be intimidating to enter a class alone, know that many people may have the same trepidations as you do. A simple hello and smile can be enough to get the conversation started. And an invitation to a healthy lunch after class can be the start of new health-oriented friendship, too.

If you have been inactive for a while, gradually increase activity levels. Also know that it can take a few weeks to build a fitness habit. Many studies prove that exercise is good for the mind and body. The most important thing is to experience the benefits yourself. Stick with it and you likely find renewed vigor for life. ■



Is it a cold, flu or allergies?

Know the difference to treat it properly.

Your eyes itch, your nose is running and you've been sneezing. Is it a cold, flu or allergies? Understanding the differences will help you avoid unnecessary medications or those that might make your symptoms worse.

Allergies are triggered by something in the environment. In summer, grasses and ragweed are common culprits. With allergies, your immune system overreacts, which can cause wheezing, itchy, runny nose, and watery or itchy eyes. Allergies last as long as you're exposed to the allergens. Pollen from plants can last for six weeks. Colds and flu rarely last more than a couple of weeks.

It's important to treat allergies because allergic symptoms can interrupt sleep and people with allergies are more susceptible to sinus infections.

"Before taking any allergy medication, including those available over-the-counter, be sure there are no contraindications to any medications currently being taken," advises Peter Katona, MD, clinical professor of medicine in the division of infectious diseases at the David Geffen School of Medicine at UCLA.

Viruses cause colds and flu.

Different viruses cause colds and flu. As a rule of thumb, the symptoms associated with the flu are more severe. Both illnesses can lead to a runny, stuffy nose, congestion, cough, and sore throat. But the flu can also cause high fever that may last for 3-4 days, along with a headache, fatigue, and general aches and pain. These symptoms are less common when you have a cold.

People 65 years and older are at greater risk of serious complications from the flu compared with young,

healthy adults because human immune defenses become weaker with age. According to the Centers of Disease Control and Prevention, between 50 percent and 70 percent of seasonal flu-related hospitalizations have occurred among seniors.

The flu, in particular, can make chronic health problems worse. If you have multiple health issues or a compromised immune system, a flu shot might be an appropriate choice.

"Unfortunately, flu vaccine is less effective in seniors, but this should not preclude them from getting vaccinated," says Dr. Katona. "Ideally seniors should get the enhanced-dose version, which doubles the amount of

vaccine in each dose, but this is more expensive and harder to find."

Prevention strategies

To help keep cold and flu away, the CDC recommends that you:

- Always wash your hands, especially after nose-wiping, using the bathroom, and before eating and preparing food.
- Disinfect your environment. Clean commonly touched surfaces (such as sink handles, door knobs and sleeping mats).
- Use instant hand sanitizers to stop the spread of germs.
- Use paper towels instead of sharing cloth towels.

Prevention also means keeping your immune system strong and healthy. So, don't smoke, and avoid secondhand smoke. Also, avoid antibiotics if they are not needed. Eat a healthy diet and get plenty of exercise, as both help keep your immune system strong in all seasons. ■

| SYMPTOMS | COLD | FLU | AIRBORNE ALLERGY |
|-----------------------------|--|--|---|
| Fever | Rare | Usual, high (100-102 °F), sometimes higher, especially in young children); lasts 3-4 days | Never |
| Headache | Uncommon | Common | Uncommon |
| General Aches, Pains | Slight | Usual; often severe | Never |
| Fatigue, Weakness | Sometimes | Usual, can last up to 3 weeks | Sometimes |
| Extreme Exhaustion | Never | Usual, at the beginning of the illness | Never |
| Stuffy, Runny Nose | Common | Sometimes | Common |
| Sneezing | Usual | Sometimes | Usual |
| Sore Throat | Common | Sometimes | Sometimes |
| Cough | Common | Common, can become severe | Sometimes |
| Chest Discomfort | Mild to moderate | Common | Rare, except for those with allergic asthma |
| Treatment | <ul style="list-style-type: none"> • Get plenty of rest. • Stay hydrated. (Drink plenty of fluids.) • Decongestants. • Aspirin (ages 18 and up), acetaminophen, or ibuprofen for aches and pains | <ul style="list-style-type: none"> • Get plenty of rest. • Stay hydrated. • Aspirin (ages 18 and up), acetaminophen or a non-steroidal like ibuprofen for aches, pains and fever • Antiviral medicines (see your doctor) | <ul style="list-style-type: none"> • Avoid allergens (things that you're allergic to) • Antihistamines • Nasal steroids • Decongestants |
| Prevention | <ul style="list-style-type: none"> • Wash your hands often. • Avoid close contact with anyone who has a cold. | <ul style="list-style-type: none"> • Get the flu vaccine each year. • Wash your hands often. • Avoid close contact with anyone who has the flu. | <ul style="list-style-type: none"> • Avoid allergens, such as pollen, house dust mites, mold, pet dander, cockroaches. • Antihistamines |
| Complications | <ul style="list-style-type: none"> • Sinus infection, middle ear infection, asthma | <ul style="list-style-type: none"> • Bronchitis, pneumonia; can be life-threatening | <ul style="list-style-type: none"> • Sinus infection, middle ear infection, asthma |

The downward spiral of weight gain and chronic pain

How anti-inflammatory foods can fight this destructive cycle.

You are what you eat is an old cliché with a lot of truth. That's especially true when it comes to excess weight and chronic pain. Recent research has shown that the Total Western Diet (TWD), which emphasizes high-calorie, low-nutrition foods made with processed carbohydrates, saturated fats, and refined sugar, can trigger ongoing inflammation, and hence, worsen chronic pain.

According to Nancee Jaffe, a registered dietitian with the UCLA Digestive Health and Nutrition Clinic, a lot of the disorders causing mortality in America are those in which inflammation has run rampant in the body. Those disorders include obesity, diabetes, heart disease, cognitive issues like Alzheimer's and Parkinson's, certain cancers and arthritis. All of these conditions involve inflammatory processes that are chronic and sustained in the body.

"Pain associated with chronic inflammatory disorders can lead to more and more problems in the body," explains Jaffe. "Diet can make a profound difference."

Study shows link between poor diet and increased pain

A recent study from the University of Alabama at Birmingham, published in *The Journal of Pain*, investigated the functional and physiological consequences of a nutritionally poor diet. The outcomes of 13 weeks on the TWD showed a significant increase in fat mass and a decrease in lean mass. Tests also revealed increases in pro-inflammatory cytokines, signals that promote systemic inflammation, as well as increases in serum leptin, a hormone secreted by adipose (fat) tis-



Eating the right nutrient-rich foods can help reduce inflammation-related pain.

sue that acts to regulate long-term appetite and energy expenditure. While it may seem like elevated leptin might be positive because it helps regulate appetite, unfortunately, most obese people become leptin-resistant so their brains do not get the satiety message and hence they keep feeling hungry and continue eating.

Additionally, the body doesn't feel as full on the low-nutrition foods that make up the majority of the TWD. It's why you can eat an entire bag of cookies or potato chips but not five bananas or baked potatoes. Low-nutrition processed food choices trigger a cascade of problems, including a nervous system with a distorted perception of pain, according to UAB researchers.

"Because poor diet heightens hypersensitivity, patients with chronic pain who regularly practice bad diet habits are likely to experience exaggerated pain responses and slower recovery from injury or surgery," says lead researcher Robert Sorge, PhD, UAB College of Arts and Sciences.

Mediterranean diet continues to lead the way toward healthier living

For some time now, the Mediterranean diet has been the go-to recom-

WHAT YOU SHOULD KNOW

The Mediterranean diet key ingredients:

- Lean meat and chicken
- Whole grains, fresh fruit and veggies
- Fish and other seafood
- Oil olive as the main source of fat

mendation of health experts. And the accolades continue.

"When you look at the plate, it's mostly going to be made of fruits and vegetables, beans, legumes and whole grains," explains Jaffe. "The proteins tend to be healthy fatty fishes, like omega-3-rich salmon, black cod, sardines, herring, as well as lean protein with very limited amounts of red meat and processed foods."

In addition to choosing basic non-processed ingredients, you have to cook your food. Consider making it a family occasion and an education opportunity, especially if you have grandkids. Let them help prep the food such as veggies, which they will be more likely to eat if they're the ones who helped prepare them.

A key ingredient in the Mediterranean diet is olive oil, which is rich with healthful properties. Jaffe recommends that you look for olive oils that tout "early harvest" on their labels. That means that the olives were picked while still green and they produce the highest antioxidant oil. Avoid clear bottles, as light and heat ruin nutrient composition.

Combat chronic pain with these ingredients

Anti-inflammatory food ingredients include garlic, onion, cinnamon and turmeric. A well-stocked kitchen makes it easier to whip up a healthy meal in minutes. There are dozens of cookbooks and online sources to inspire culinary ideas.

An occasional indulgence won't derail health. But better food choices as a general rule can help reduce chronic pain issues, and help you look better, too. ■

Opioid addiction—cont. from page 1

using the drugs if they received them when discharged from the hospital.

“These drugs are highly effective for pain control, but also cause feelings of euphoria. For these reasons, patients may ask their physicians for additional opioid medication even after their acute issue is resolved,” says study author Susan Calcaterra, MD, MPH, assistant professor of medicine at the CU School of Medicine.

According to Dr. Calcaterra, physicians need to advise patients of the risk posed by opioids before they are discharged. They should also discuss if an alternative might be better.

Dr. Heinzerling concurs; “They can be a life saver during an acute

pain emergency, but with chronic pain there is addiction risk as well as the possibility of accidental overdose, physical dependency and severe constipation.”

Treating addiction

Everybody’s brain reacts to substances differently. Some people can take a few pills after surgery and once the pain is gone, they’re fine. People who are genetically prone to addiction, however, have different brain cell reactions to the drug. Once the brain’s opioid receptor cells no longer receive the chemical, they stay open, waiting and wanting. A deep craving takes control and supersedes all logic. Addiction is not the result of a person’s loss of willpower. It is a chemical reaction

in the brain that causes a person to become addicted.

Patients on long-term opioid therapy experience opioid withdrawal if the medication is abruptly stopped. Sweating, chills and nausea are among the symptoms. But patients can also experience potentially life-threatening arrhythmias. If you are addicted, it is ill advised to just stop. Rather, physicians should lower the dose or slowly taper a patient off the opioid. Suboxone is a prescription medication that assists with addiction recovery. While it contains a narcotic, it’s a longer lasting drug compared to prescription pain pills, and that extra time lessens the brutality of withdrawal, allowing the patient and physician to work together on rehabilitation. ■

TREATMENT



A brief history of the prescription opioid epidemic

How it happened and what is being done about it.

The beginning of the crisis can be traced back to a 1999 Joint Commission on Health Care initiative that proclaimed “Pain as the fifth Vital Sign.” It standardized the use of the now familiar zero to 10 numeric pain scale. The need to treat pain, especially among older adults, was and is a very real need. A few poorly designed studies, however, indicated low risk for addiction in treating pain with opioids. Because these drugs are very good at relieving pain, prescriptions for them skyrocketed.

According to an article in the American Academy of Pain Medicine journal *Pain Medicine*, in the ten-year period from 1997 to 2007, the milligram per person use of prescription opioids in the U.S. increased from 74

mg to 369 mg per person, an increase of 402 percent. Hydrocodone is the most commonly prescribed medication in the U.S. and also the most diverted and abused medication. The U.S. accounts for 5 percent of the world’s population but about 99 percent of hydrocodone use.

The other tragedy is the rise in heroin use because it’s cheaper and easier to get once an addict can no longer get a prescription drug and is not offered or does not opt for drug treatment. While addiction treatment programs hold stigma, public perception and public policies are changing.

President Obama’s fiscal year 2017 budget includes \$1 billion in new mandatory funding over two years to expand access to treatment for prescription drug abuse and heroin

use. This funding will boost efforts to help individuals with an opioid use disorder seek treatment, successfully complete treatment and sustain recovery. The funding will continue and build on current efforts across the Departments of Justice and Health and Human Services to expand state-level prescription drug overdose prevention strategies, increase the availability of medication-assisted treatment programs, improve access to the overdose-reversal drug naloxone, and support targeted enforcement activities.

While people at all ages are at risk, seniors are especially vulnerable because of possible multiple prescription interactions. Overuse and long-term use of opioids also present another problem known as “opioid-induced hyperalgesia”, which makes a person more sensitive to both painful and non-painful stimuli.

Chronic pain is best addressed by a multipronged approach with behavioral and nutritional strategies, and perhaps some medications. If you suspect addiction or dependency in yourself or a loved one, get help. The Fix (thefix.com) has a nationwide database of clinics and insurance coverage information. ■



Editor-in-Chief
Bruce A. Ferrell,
MD, Professor of
Medicine and
Geriatrics

Q I enjoy sipping a little scotch while watching the news. Is a nightly drink really a problem?

A The messages about drinking alcohol certainly can be confusing. Some studies say there are health benefits; others indicate there are health hazards. If you don't drink, there's no reason to do so for health purposes. But if you are healthy and enjoy a little something to sip, the key is moderation. The current guidelines state that it is okay to have one drink a day for women of all ages and for men older than age 65. For men under 65, it's a two-drink daily maximum. When it comes to spirits such as scotch, one drink equates to 1.5 ounces of 80-proof spirits for men, and half that for women. SAMHSA (Substance Abuse and Mental Health Services Administration, a branch of the U.S. Department of Health and Human Services) defines heavy drinking as five or more drinks on the same occasion on each of five or more days in the past month. Over time, heavy drinking causes alcoholic hepatitis, which develops in some heavy drinkers but it can also develop in people who are only moderate drinkers. So, that evening drink is okay so long you limit the amount. If you're tempted to have more than one, try adding extra ice or soda. That can extend the length of time it takes to drink your beverage.

Q What's the difference between a virtual colonoscopy and a regular colonoscopy?

A Unlike a regular colonoscopy, a computerized tomographic colonography (CTC), also known as virtual colonoscopy, is a noninvasive screening tool. It uses low dose X-rays to make three-dimensional images of your colon and rectum. A study published in the *New England Journal of Medicine* demonstrated that CTC is highly accurate for the detection of intermediate and large polyps, which are the ones more likely to develop into cancer. More than 2,600 participants age 50 years or older who did not have symptoms of colorectal disease underwent

both conventional and virtual colonoscopies on the same day. Using conventional colonoscopy as the gold standard, the study revealed that CTC detected polyps 10 mm or larger in 90 percent of all participants who were also confirmed to have a polyp of this size by conventional colonoscopy. Virtual colonoscopy is certainly a viable screening option, however, it is important to seek out institutions with radiologists adequately trained and experienced in CTC. Risk factors for colon cancer include obesity, a sedentary lifestyle and eating too much red meat. A healthy diet and an active lifestyle can reduce your risk of colon and other cancers as well.

Q I'm a 62-year-old man, and I recently had a heart attack. I've been fairly active most of my life but less so recently. My doctor advised exercise, but I have to say I'm little nervous. What should I do?

A I understand your concern and it is a common one. It's great that you had a more active lifestyle, but it's what you do now that matters. The heart is a muscle and it needs regular exercise to optimize health. A recent study in the *Journal of the American College of Cardiology: Heart Failure* found that recent activity may be more important for heart failure protection than past physical activity levels. Researchers reported that the first incidence of heart failure in men occurred later for those who actively walked or bicycled 20 minutes daily. While a heart attack does not automatically lead to heart failure, it is a wake-up call for many people. Vigorous exercise is needed. The greater the intensity, the less time is required. A cardiac rehab program can help identify what's best for your current condition, and given your apprehension may be the ideal way for you to feel comfortable returning to a more active life. In addition to the heart-protective effect of exercise, it can improve your mood. The positive emotional boost can work wonders for your heart, too. Walking, especially outside, can be a great way to get started with a heart-healthy exercise program. ■

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