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If You Suspect a Heart Attack, Call 911 Immediately

Many fatal heart attacks occur within an hour of symptom occurrence and before patients reach the hospital.

A heart attack (myocardial infarction, or MI) happens when an artery is blocked or when blood flow is severely restricted and can't reach the heart. When the area of the heart that relies on that oxygen-rich blood is deprived, all or part of it can die. Receiving timely medical attention can make a significant difference. But, you must recognize the symptoms and act quickly.

Some heart attacks are sudden and intense — the “movie heart attack,” where no one doubts what's happening. But most heart attacks start slowly, with mild pain or discomfort.

“Often people affected aren't sure what's wrong and wait too long before getting help,” says cardiologist Gregg Fonarow, co-chief UCLA Division of Cardiology. “It is critical to seek immediate medical attention without delay, by calling 911, at the onset of symptoms to limit heart muscle damage and improve the chances of survival.”

Heart Attack Symptoms Vary Widely

Men tend to experience chest pressure as growing in frequency and intensity, often described as a squeezing sensation. Pain in the left arm, shoulder, neck or jaw and pain in the abdomen that may be mistaken for indigestion is more common in men. Other

symptoms include sweating, restlessness, anxiety, dizziness, and shortness of breath.

Women tend to experience symptoms less dramatically compared to men. And these can frequently be mistaken for less-serious conditions. Women can experience upper back or shoulder pain, jaw pain, shortness of breath and feel unusually fatigued for several days. Women are also more prone to “silent” heart attacks (see page 7).



Reduce heart muscle damage by seeking immediate medical attention if you suspect a heart attack.

Special Note to Older Patients

Heart attack symptoms can present differently in people with diabetes and older adults. For example, disorientation is more common in the elderly.

“Older individuals and women are more likely than younger men to experience some of the other common symptoms, particularly shortness of

breath, nausea/vomiting, and back or jaw pain,” says Dr. Fonarow.

Heart attacks are usually the result of coronary artery disease, CAD (also called coronary heart disease). CAD is a disease in which a waxy substance called plaque builds up inside the coronary arteries. These arteries supply oxygen-rich blood to your heart muscle. When plaque builds up in the arteries, the condition is called atherosclerosis. Plaque buildups that cause

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account status, or contact a
customer service representative.**New Test Provides Early Diagnosis of Brain Diseases**

National Institutes of Health scientists developing a rapid, practical test for the early diagnosis of prion diseases (diseases caused by malformed prion proteins) have modified the test to offer the possibility of improving early diagnosis of Parkinson's disease and dementia with Lewy bodies.

The group tested 60 cerebral spinal fluid samples, including 12 from people with Parkinson's disease, 17 from people with dementia with Lewy bodies, and 31 controls, 16 of whom had Alzheimer's disease. The test correctly excluded all the 31 controls and diagnosed both Parkinson's disease and dementia with Lewy bodies with 93 percent accuracy. Importantly, test results were available within two days, compared to related assays that require up to 13 days. The research findings were published in *Acta Neuropathologica Communications*. Early and accurate diagnoses of these brain disorders is essential for developing treatments and identifying patients eligible for clinical trials. The diseases typically progress for years before symptoms appear, and once they do, distinguishing one disease from another can be difficult. The test shows promise, but results must be assessed in larger groups of people.

Gene Therapy Could Provide Long-term Protection Against HIV

A UCLA-led research team has created blood-forming stem cells that can carry a gene that allows the body to produce cells that can detect and destroy HIV-infected cells. The blood-forming cells, called hematopoietic stem and progenitor cells, or HSPCs, have been engineered to carry chimeric antigen receptor, or CAR, genes that allow the production of immune cells that target cells infected with HIV. After being transplanted into the body of nonhuman primates, the engineered cells formed immune cells that not only destroyed the infected cells, but also lived for more than two years. This suggests that they have the potential to give people long-term immunity from HIV, the virus that causes AIDS. The findings are the first to show that blood-forming stem cells can be modified with a CAR therapy that can safely engraft in the bone marrow, mature and become functional immune cells throughout the body. This could lead to the development of a treatment to ensure safe, lifelong immunity to HIV. The approach could ultimately reduce people's dependence on antiviral medications, lower the cost of therapy and offer a way to eliminate HIV from the parts of the body where it hides. One caveat of the study is that it involves cell modification and transplantation procedures that can be difficult to perform and are only available at major medical or research centers. The authors are working on techniques that would lessen the impact of blood cell transplantation and that would make the therapy more widely available and effective. Clinical trials are still a few years away. The study appeared in the journal *PLOS Pathogens*.

Association Found Between High Blood Sugar and Long-term Cognitive Decline

A data analysis of more than 5,000 older adults (average age 66) in the UK shows that the rates of long-term cognitive decline are greater in those with higher-than-normal blood sugar levels, even if a person is not diabetic. Researchers used data collected over a 10 year period from the English Longitudinal Study of Ageing (ELSA) for their analysis. Other studies have linked cognitive decline with diabetes, but this study is one of the largest to establish the direct relationship between HbA1c (a measure of overall blood sugar control) and subsequent risk of cognitive decline. Cognitive function declined with age (as expected) in all study participants, whether diabetic or not. The global cognitive decline associated with prediabetes and diabetes significantly increased compared with participants with normal blood sugar control. Similarly, diabetes was associated with an increased rate of declines in memory and executive function. And higher HbA1c equated to a higher rate of cognitive decline. According to the authors, future studies are needed to determine the long-term effects of maintaining optimal glucose control on cognitive decline in people with diabetes. However, the findings suggest that interventions that delay diabetes onset, as well as management strategies for blood sugar control, might help alleviate the progression of subsequent cognitive decline over the long-term. The study was published in the European journal *Diabetologia*. ■

Getting Real About Alcohol Use and Abuse

Why you can't drink in your 60s like you did in your 20s.

Having “one more for the road” sounds ridiculous and dangerous now. But back in the day, drinking early, often, and to excess was steeped into our culture. Two-martini lunches and/or cocktails at 5 o'clock were (and for some people still are) a daily routine.

With age comes many experiences, including the challenges of divorce, death of loved ones, loneliness and other stressors that may encourage overindulging in alcohol. Some people may think there's no harm in having a few just to take the edge off. The reality is that in middle age and older, the body metabolizes alcohol differently. Add in medications for chronic conditions, and if you're not careful, you've got a dangerous and potentially fatal combination.

Greater Sensitivity to Alcohol

It's not just hangovers and headaches that are the problem. Your brain simply doesn't recover from alcohol like it used to. If you are experiencing some cognitive decline, alcohol can make symptoms worse. Older adults who drink too much are also at greater risk for developing or exacerbating health conditions, such as diabetes, high blood pressure, congestive heart failure, liver problems, osteoporosis, and mood disorders.

However, even if you've been a heavy drinker for a long time, it's never too late to cut back and reap the rewards.

“If you're a heavy drinker, the benefits of limiting or eliminating alcohol include increased life expectancy; fewer chances of falls and injuries; better chance of prescribed medicines achieving their intended uses/causes; an immune system that is better able to combat infection and cancer; and decreased chance of liver

disease, osteoporosis, hypertension, heart disease/problems, hemorrhagic stroke,” says Dr. Karen Miotto, director of the UCLA Alcoholism and Addiction Medicine Service.

If drinking interrupts your relationships or your home life, if you're embarrassed by things you've said or done after drinking, if you're drinking more, can't cut back, and/or avoid doing activities you once enjoyed because it's cocktail hour, it's time to take an honest look at your habits.

How Much Is Too Much?

Excessive drinking is a relative term and depends on physiological as well as biological factors, such as your sex, weight, current health and genetic makeup. Also, consider whether alcohol is being consumed with food (a good idea) or if you're drinking on an empty stomach (not a good idea). Serving sizes matter, too. One “standard” drink contains roughly 14 grams of pure alcohol, which is found in:

- 12 ounces of regular beer
- 5 ounces of wine
- 1.5 ounces of distilled spirits

Two glasses of wine may not feel like much to some people, while others shouldn't get behind the wheel after a couple of drinks. Although everyone is different, the general recommendation from the National Institute on Alcohol Abuse and Alcoholism is that people over age 65 should have no more than seven drinks a week and no more than one or two drinks a day.

Be Aware of Binging

Not everyone who drinks daily has a drinking problem. And, not all problem drinkers have to drink every day. A recent study found that binge drinking is responsible for nearly half



Over-imbibing has greater consequences when you're older. Know your limits.

of the 88,000 deaths contributed to alcohol consumption. Binge drinkers are also more likely to become alcohol dependent. Binge drinking is defined as five or more drinks on a single occasion for men and four or more for women on at least one day a month. Researchers have also found that older women are increasingly more likely to binge drink than men.

Finding a Solution

A study from Massachusetts General Hospital found that less than half of those who reported an alcohol or substance abuse problem could get sober on their own. Most people in the study got help from Alcoholics Anonymous, rehab centers, and/or faith-based programs.

The NIH-developed the Alcohol Treatment Navigator (<http://bit.ly/2oNla7U>) can be used to find help for yourself or a family member or friend.

Alcohol use disorder is a health condition that can improve with treatment. But the same treatment path doesn't work for everyone. Searching for the right treatment can be complicated. The navigator makes this complicated process easier by explaining what you need to know to recognize and choose quality care. It describes how to find addiction therapists, treatment programs, and board-certified doctors.

But, some people can and do cut back on their own. Having clearly stated reasons why you want to change provides motivation to stay on track. This NIH online resource (<http://bit.ly/2FGJX11>) can help you discern if you should consider quitting and provides advice on how to do so. ■

Depression After Surgery

These are some symptoms to watch for and actions that can help restore mental wellbeing.

Feeling depressed can happen after any type of surgical procedure, and many doctors don't warn patients of the possibility, according to geriatrician Michelle Eslami, MD, UCLA Medical Center. Postsurgical depression can be the result of chronic pain, reactions to pain medications, anesthesia, facing one's mortality and the physical and emotional stress of surgery. Though it can occur with any procedure, it's more common with coronary artery bypass surgery, lumbar spine procedures, hip replacement, and bariatric surgery.

"Symptoms of post-surgery depression can be easy to overlook because some of them may seem like the typical aftereffects of the surgery," explains Dr. Eslami. "Symptoms include excessive sleeping or sleeping more often than normal, irritability, loss of interest in activities, fatigue, anxiety, stress, or hopelessness and/or loss of appetite."

Depression Affects the Mind and Body

There is some awareness about the importance of strengthening the body pre-surgery, such as before a hip replacement. However, there is less emphasis placed on the importance of a patient's mental state before and after a procedure. The body and mind work together and influence each other. Being in the best shape physically and mentally can help improve and speed up recovery.

Depression doesn't just affect the mind; it influences the body, too. Depression can negatively affect the pre- and postsurgical experience in several ways. For example, a patient who has postsurgical depression can take longer to recover. If depression is present before surgery, the condition can suppress the immune system, exposing a patient to increased risk for postoperative infections. The pain



Depression slows recovery. See your doctor if you're feeling down for more than two weeks.

following surgery can cause depression, and depression can lower the threshold for pain.

Medications and the aftereffects of surgery can cause similar symptoms to post-surgery depression, including loss of appetite or excessive sleeping. That's why it's important to have a physician evaluate what your status.

"If symptoms last longer than two weeks, make an appointment with your doctor to talk about depression," advises Dr. Eslami. "After two weeks, it's less likely to be a temporary side effect of your medications."

Assessing Your Emotional State

A survey known as the PHQ-9 (Patient Health Questionnaire) is a commonly used diagnostic tool to evaluate the severity of depression. While you can take the survey on your own, it's best to have the results evaluated by your physician. PHQ-9 ranks severity by how often you experience certain symptoms (not at all, several days, more than half the days, or nearly every day). The following are questions included in PHQ-9.

Over the past two weeks, how

often have you been bothered by any of the following:

- Little interest or pleasure in doing things?
- Feeling down, depressed or hopeless?
- Trouble falling asleep, staying asleep or sleeping too much?
- Feeling tired or having little energy?
- Poor appetite or overeating?
- Feeling bad about yourself—or that you are a failure or have let yourself or your family down?
- Trouble concentrating on things, such as reading the newspaper or watching television?
- Moving or speaking so slowly that other people could have noticed? Or so fidgety or restless that you have been moving a lot more than usual?
- Thoughts that you'd be better off dead, or thoughts of hurting yourself in some way?

Lift Your Mood

Some patients may be immobile or homebound while recovering from surgery. Having a friend or family member visit can help boost mood, as can a visit from a local pet therapy provider. Once you can get up and out of the house, a change in scenery and fresh air can help you feel better. Ask your doctor before heading out of the house to make sure there's no risk of infection.

"Set positive and realistic goals, and celebrate your progress, however small," recommends Dr. Eslami. "This can help you maintain a positive outlook. Also, focus on long-term recovery rather than the frustration of not being where you want to be as fast as you'd like."

Exercise is also a wonderful elixir. Of course, you'll want to consult with your physician regarding what type of exercise, how soon and how intensely you can work out. But, know that even short walks down the hallway or around your yard can be restorative. Depending on your surgery, you may be able to lift small dumbbells or stretch in bed. ■

Find Happiness on a Bike

Make new friends while you get and stay fit.

Bike riding can trigger the adrenaline rush of self-propelled speed akin to a runner's high, without the pavement pounding that can hurt knees and other joints.

"Biking is great for those who have been told by their physician not to do any high-impact exercise," says physical therapist Ashley McLeish, DPT, UCLA Medical Center. "Movement keeps joints lubricated, and riding a bike is a good way to do that without putting excessive strain on the body."

Join the Club

Outdoor rides fill your lungs with fresh air, provide an opportunity to see a place anew, and if you join a club, you can make some new friends, too. There are many other advantages to bike clubs, too, including organized rides according to skill level, mapped-out routes, discounts at local bike shops, bike skills workshops, and non-riding social events. Riding with others can help you improve your fitness level because everyone in the group strives to keep pace together. Beginner rides typically feature "no drop," meaning that the group will ride as slow as the slowest rider, so nobody gets left behind. Intermediate riders can generally maintain an average speed of 18+ mph; advanced riders pace at about 25+ mph.

An online search for bike clubs is an easy way to discover what's happening in your community. Most clubs charge a nominal yearly fee to join. Local bike shops may also sponsor weekly rides.

Nationwide Bike Network

The Adventure Cycling Association is North America's largest nonprofit member-supported bicycling association (adventurecycling.org). The association has a nationwide network of more than 45,000 miles of road

and mountain bike routes. Their route maps (available for purchase online) crisscross the country and take you through roads less traveled. The bike maps enable you to build your

own bike trip or explore new routes near your home. Map details include information about terrain, distances, points of interest, and weather. The association also offers guided tours that vary in skill level as well duration (from four to 93 days).

Position Yourself for Comfort

Proper bike fit is crucial to comfort. The three adjustments below are the most vital. Bike shops can adjust your existing bike or set up a new one for the perfect ride.

Saddle Height. The height of the saddle, or seat, is critical to pedaling power and knee health. A seat that's too low will place too much pressure on the front of the knees. If you feel pain on the back of your knees after your ride, the seat is too high.

Saddle Setback. This refers to the distance from the handle bars to the seat. The saddle setback affects weight distribution on your sitting bones and pelvis. If it's not adjusted correctly, your bottom (and other parts) will quickly become numb. When seated, you want your kneecap over the pedal spindle when your leg is at 90-degrees (or mid pedal stroke).

Handlebar Reach. This is the distance and angle of your arms to the handlebars. The more upright positions maybe more comfortable, but for



Enjoy new landscapes, fun, and friendship on a bike.

longer distances and to activate more muscles, you need some forward lean, meaning the bars will need to be lower.

Keeping It Safe

If you plan on riding solo or far from home, it's best to learn how to change a flat. Local bike shops usually offer bike maintenance classes, or you can find tips on YouTube. Practice changing a tire so you know what to do when the time comes.

It's estimated that helmet use reduces the odds of head injury by 50 percent, and the odds of head, face, or neck injury by 33 percent. Once the chin strap is snapped into place, the helmet should not wobble on your head. If you crash or there is a crack in the helmet, replace it. Helmets.org submitted samples of six helmet models to a leading U.S. test lab: three in the \$150+ range and

three under \$20. More expensive helmets may provide more vents and snazzier graphics, but the protection of the cheaper helmets they tested were just as good.

Riding in a community, indoors or outdoors, can help you go farther and faster than you might on your own, and it can be a lot more fun. Whichever you choose, ride safely and enjoy the ride. ■

“
If you've had hip surgery you should double check with your surgeon before using a recumbent bike.

”
Ashley McLeish, DPT,
UCLA Medical Center

Erectile Dysfunction Is Not Inevitable

The odds of ED increase with age, but it isn't a normal part of aging. Lifestyle changes can be a solution.

In simple terms, erectile dysfunction is the difficulty in attaining or sustaining an erection sufficient for intercourse. Sometimes the penis doesn't get firm enough, or it softens too soon. It's a frustrating problem. Getting older can lead to ED because of other medical conditions that are more prevalent with aging, but simply getting older isn't the cause. Younger men experience ED, too.

"A healthy sex life is important at any age," says urologist Jesse Mills, MD, Director, The Men's Clinic at UCLA. "One of the most gratifying aspects of my career is to restore erections in older couples and allow them to recapture that essential part of their relationship. I encourage every man who is not able to achieve erections to see a healthcare provider."

Causes of ED

It was once believed that ED was mostly due to performance anxiety, lack of attraction, or stress. While these certainly can play a role, the problem usually results from physical conditions that restrict blood flow, interrupt nerve function, or both.

Type 2 diabetes can harm the nerves that instruct the arteries in the penis to dilate, and the condition can also damage blood vessels, hence restricting blood flow. Likewise, high blood pressure and high cholesterol also negatively affect circulation. Compounding the problem are the many medications that treat these conditions whose side effects can cause ED.

So, while the odds can be stacked



A satisfying sex life is possible at any age.

against you as you get older, there are many options to help remedy the problem.

Lifestyle Solutions to ED

In his YouTube video on men's health (<http://bit.ly/2oodKGZ>) Dr. Mills offers three steps to help you achieve better overall health and possibly resolve ED, too.

"If a man with ED starts a solid nutrition, exercise and sleep program, he may start seeing improvements even within a week, but certainly, after three months of dedication, he should see a big payoff," says Dr. Mills.

Choose Your Food Wisely.

Evidence suggest that most men with ED are obese or overweight. That's because being overweight can lead to conditions that negatively affect blood flow (high blood pressure, type 2 diabetes, cardiovascular disease). If you consume more calories than you burn that extra energy gets stored

as fat. Excess body fat increases estrogen and decreases testosterone. The best way to lose weight is to eat a healthy diet that consists mostly of vegetables, fruit, and low-fat protein. Exercise most certainly has a role to play in attaining and sustaining an erection, but it's due to its positive impact on blood flow. Most people underestimate how much they eat and overestimate how many calories they burn.

Break a Sweat. The recommended daily 30 minutes of exercise is a decent starting point. But it's not how long you move, it's how intensely you exercise that can improve an erection. High-intensity interval-training (known as HIIT) is an exercise protocol that combines

bursts of all-out effort with short periods of recovery between. It's considered a highly effective and efficient way to work out. It also burns more fat compared to moderate forms of exercise.

Get Your Nightly Rest.

Morning erections tell the story of why sleep is important. If they're no longer happening, it could be that you're not getting enough deep sleep. A good erection needs a testosterone surge, which results from a deep REM sleep. Seven to eight

hours are best.

The basic sleep hygiene rules are go to sleep at the same time each night, keep the room cool and dark, and avoid watching TV or using computerized devices while in bed.

It can be embarrassing to talk about ED, but your doctor can discern the root problem. While popping a pill may seem an easy solution, Dr. Mills says it isn't the sole route back. "Sexual restoration doesn't stop with taking pills," he says "Combining healthy lifestyles with more advanced erectile restoration options helps couples of advanced age regain and maintain a satisfying sex life." ■

“It's never too late. A study showed that sedentary men over age 65 who started an exercise program were able to improve their erectile function.”

Jesse Mills, MD,
Director, Men's Clinic at UCLA

Heart Attack—cont. from page 1

heart attacks develop over many years. After a heart attack, scar tissue replaces healthy heart tissue, making the muscle less flexible and less able to pump blood efficiently.

Having one heart attack puts you at higher risk for having another. This makes it especially important to follow your doctor's instructions and to make lifestyle changes, such as eating healthfully and moving more.

Managing Blood Pressure Is Essential

The excessive stress on artery walls from high blood pressure (hypertension) can damage arteries, making them vulnerable to cholesterol and plaque formation. Managing high blood pressure typically includes taking medications and at-home monitoring.

Developed jointly by the American Heart Association (AHA) and the American College of Cardiology (ACC), new guidelines now define hypertension as a systolic blood pressure of 130 millimeters of mercury (mm Hg) or higher, rather than 140 mm Hg or higher. Perhaps even more importantly, the guidelines emphasize lifestyle changes—heart-healthy diets, weight loss, and exercise—as a key first step for many Americans trying to achieve lower blood pressure. Researchers at the National Institutes of Health (NIH) had a strong interest in the new guidelines, and for good reason: For decades the NIH has funded numerous studies aimed at finding ways to prevent heart disease. But a landmark NIH study called SPRINT (Systolic Blood Pressure Intervention Trial), released in 2015, provided critical insights into how a lower blood pressure target could reduce heart disease risk.

SPRINT found that a blood pressure target of less than 120 mm Hg could save lives, particularly among older, high-risk individuals with high blood pressure. The new guidelines underscore the importance of keeping one's blood pressure below

the previous target of less than 140 mm Hg.

If you have high blood pressure, be sure to carefully and consistently monitor your blood pressure daily.

Blood Pressure Monitoring Know-How

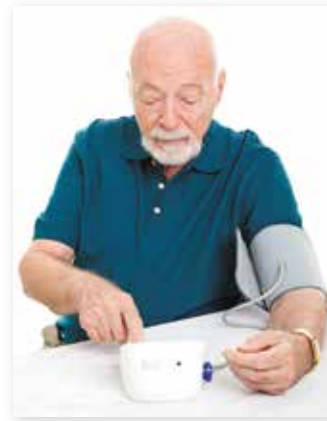
At-home blood pressure machines aren't always accurate. To ensure the accuracy of your device, take it to your doctor's office to be sure you're using it correctly and compare the readings to your doctor's machine. You can also consult with your pharmacist and compare readings to an in-store blood pressure station. To monitor at home, follow these steps recommended by AHA.

- ➔ **Be still.** Don't smoke, drink caffeinated beverages or exercise within 30 minutes before measuring your blood pressure. Ensure at least five minutes of quiet rest before measurements.
- ➔ **Sit correctly.** Sit with your back straight and supported (on a dining chair, rather than a sofa). Your feet should be flat on the floor and your legs should not be crossed. Your arm should be supported on a flat surface (such as a table) with the upper arm at heart level. Make sure the middle of the cuff is placed directly above the bend of the elbow. Check your monitor's instructions for an illustration or have your healthcare provider show you how.
- ➔ **Measure at the same time every day.** It's important to take the readings at the same time each day, such as morning and evening. It is best to take the readings daily, however, ideally beginning two weeks after a change in treatment and during the week before your next appointment.
- ➔ **Take multiple readings and record the results.** Each time you mea-

sure, take two or three readings one minute apart and record the results on a notepad or online tracker. If your monitor has built-in memory to store your readings, take it with you to your appointments. Some monitors may also allow you to upload your readings to a secure website after you register your profile.

Silent Heart Attacks

So-called silent heart attacks occur for the same reasons as other heart attacks—slowed or blocked blood flow—but as the name implies, a person may not have any symptoms, or minimal symptoms. Cardiologists often discover these when patients complain of fatigue and other issues related to heart disease. The signs of a heart attack can be seen on an MRI or EKG. Some studies suggest that silent heart attacks are more common in women. These attacks may be mistaken for anxiety attacks, which occur more frequently in women. Regardless of gender, because some people person may not know they had a heart attack, they probably didn't seek any kind of treatment. That can make the impact of a silent heart attack greater compared to someone who had more obvious symptoms and thus sought medical attention. ■



A device with an automatically inflating arm cuff and large digital readout for easy reading is ideal for most people.

WHAT YOU SHOULD KNOW

- **Heart** symptoms vary by gender.
- **Older** adults more frequently experience shortness of breath, nausea/vomiting, and back or jaw pain.
- **Healthy** lifestyle choices reduce heart attack risk.
- **One** heart attack increases the risk for a second one.



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Q I'm in my 60s and have been a two-day-a-pack smoker for years. Is it too late to quit?

A No matter how old you are you can gain the benefits of a smoke-free life. Quitting lowers your risk of cancer, heart attack, stroke and lung disease. It can also make you less susceptible to infections: Smokers are more likely than non-smokers to get the flu, pneumonia or other infections that can interfere with breathing. It's helpful to think about why you want to quit. Are you doing it for yourself? Your loved ones? Why? Are you embarrassed by the habit? Tired of spending money on cigarettes? Equally important is having a firm stop date and plan. Know that the first few weeks are often the hardest. Because the urge to smoke will arise, prepare for what you will do when that happens. Some people take up exercise and/or do things with their hands, such as puzzles, knitting, or woodworking. You may feel grumpy, tired, or have a headache, but these symptoms fade over time. Get support on your journey through the free resources available at 60plus.smokefree.gov. For example, you can talk with trained specialists at the National Cancer Institute's Smoking Quitline at 877-448-7848 between 9 a.m. and 9 p.m. Eastern Time; and sign up for SmokefreeTXT, a mobile text messaging service that provides encouragement, advice, and tips. Statistics show that after just 24 hours of not smoking, your risk of a heart attack starts to decline. In as little as two days, you may notice a heightened sense of smell and taste as the nerve endings responsible for these senses begin to heal. Finally, know also you don't have to go cold turkey. Nicotine is an addictive drug, and you may need to try several different strategies to quit long term. Talk with your doctor about medications that can help.

Q I've been trying to lose weight, and my friend recommended I go gluten-free. Does that really work?

A Some people think that forgoing gluten leads to weight loss, but that's not necessar-

ily true. What's more likely happening is that people are cutting back on calories by passing on the bread basket at restaurants, not mindlessly nibbling on crackers while watching TV, or forgoing large bowls of pasta. People who do have a gluten sensitivity, however, might find themselves losing weight when they don't eat it. When a person who is gluten sensitive removes it from their diet it reduces inflammation and fluid retention.

The best strategy for losing weight is to avoid highly processed and fatty foods. Instead eat fiber-rich fruits and vegetables, whole grains, and low-fat protein-rich foods, as these will help keep your blood sugar balanced. If you get too hungry, you're more likely to overeat and reach for quick-fix, high-calorie foods. Keep healthy foods within easy reach. For example, chop up veggies, hard boil some eggs, and pre-portion nuts in small containers.

Q I'm embarrassed to admit this but I have head lice. I think I got them from my granddaughter who is just 8 years old. What is the best way to get rid of them?

A The good news is that head lice don't carry any diseases. It's a common problem among school children. It isn't a sign of poor hygiene, and you won't have to fumigate your home. You should, however, tell your granddaughter's parents about this situation, in case they don't already know. There are several over-the-counter shampoos that will destroy head lice. You'll need to comb out the lice using a fine-toothed comb—many products come with a “nit comb” (metal is best). The shampoos only kill the live lice, not the eggs, so you'll need to reapply the treatment to get rid of newly hatched lice. Usually, two treatments solve the problem. If it doesn't, you may need a prescription shampoo. Head lice can be spread through contact with items the infested person's head touched, such as hairbrushes, towels, pillows or blankets. If your granddaughter used any of these items in your home, wash them in hot water. ■

IN COMING ISSUES

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