

2 News Briefs

- The cognitive benefits of exercise.
- How a healthy diet may slow age-related decline.
- New evidence on aspirin to prevent heart attack/stroke.

3 Exercise

Walking can be an excellent way to get fit and stay fit. But you need a solid plan.

4 Heart

When a smart device reports irregular heartbeats, don't draw conclusions, do this instead.

5 Recipe of the Month

Easy Breakfast Cobbler. Wake up to the scent of cinnamon and apples.

6 Hearing

Do you hear phantom buzzing sounds? Discover how tinnitus can be managed without medications.

8 Ask Dr. Wanagat

- What's the difference between assisted living and memory care?
- Are personalized supplements worth the investment?

Let's Talk About Sex

A satisfying love life is ageless. Here's how to get what you need and please your partner, too.

What's essential for sexual satisfaction with partners doesn't change all that much through the years. Communication remains paramount. But given that body parts may not work quite like they used to, creativity and a sense of humor enhance fun in the bedroom and wherever else the mood strikes.

"Sex doesn't get any less important as we age," says urologist Jesse Mills, director of the Men's Clinic at UCLA. "Couples that remain sexual tend to live longer and be closer. One of the more gratifying aspects of my practice is to restore sexual intimacy in older couples so they can enjoy all aspects of their partnership."

Benefits of a Healthy Sex Life

From a boost in mood and self-esteem to deepening the bond between you and your partner, sex has a long list of health benefits from physical to emotional and psychological to social. Kissing, touching, sex talk, and of course intercourse activate a variety of neurotransmitters in the brain and body that make you feel satisfied and happy. And there's so more, such as:

Better blood pressure. Several studies have shown that sexual intercourse lowers blood pressure. One study suggests that sex a couple of times a week can work as well as antihypertensive medications. But don't stop taking meds without talking with your doctor first. Uncontrolled blood pressure can be dangerous.

Higher libido. People who have enjoyable sex tend to have more of it and hence higher sexual desire.

Defense against incontinence. Many women are familiar with Kegel exercises used to strengthen the pelvic floor muscles, which guards against incontinence. Sexual



© Westend61 | Getty Images

Talk about sex outside the bedroom and you may have better sex in it, according to Dr. Jesse Mills.

intercourse is nature's workout for pelvic floor muscles. Orgasm also causes contractions and makes the muscles stronger.

Lower stress. Physical intimacy triggers the release of oxytocin and other feel-good chemicals that stimulate the brain's pleasure and reward system. This, in turn, boosts happiness and soothes stress and anxiety.

Finally, it's probably no surprise to learn that people who had sex partners during the COVID-19 pandemic tended to fare better psychologically. An Italian study published in the January 2021 issue of the *Journal of Sexual Medicine* evaluated the impact of lockdowns and social distancing on relational and sexual health by conducting a web-based survey of 6,821 people with and without partnered sexual activity. People who had partnered sex during lockdowns reported lower psychological distress and better relational health. Furthermore, the authors wrote that sexual activity was protective against the quarantine-related wave of depression, anxiety, and relational issues. They suggest that sexual health be considered a fundamental and unique predictor in evaluating mental health.

Libido Boosters

On the flipside, too much togetherness can diminish desire amongst long-term couples. "One concern in many committed couples is that sex becomes too routine; same time,

Continued on page 7

EDITOR-IN-CHIEF

Jonathan Wanagat, MD, PhD
UCLA Division of Geriatrics

EXECUTIVE EDITOR

JoAnn Milivojevic

GROUP DIRECTOR

Jay Roland

ADVISORY BOARD

Boris Arbit, MD

UCLA Division of Cardiology

Dana Hunnes, RD, MPH, PhD

UCLA Medical Center

Linda M Ercoli, PhD.

UCLA Institute for Neuroscience

Ellen Wilson, PT

UCLA Dept. of Rehabilitation

B *Healthy Years*
(ISSN # 1551 4617)
is published
monthly for \$39
per year by Belvoir
Media Group, LLC,
535 Connecticut
Avenue, Norwalk, CT 06854-1713.
Robert Englander, Chairman and
CEO; Timothy H. Cole, Chief
Content Officer; Philip L. Penny,
Chief Operating Officer; Greg
King, Chief Marketing Officer;
Ron Goldberg, Chief Financial
Officer; Tom Canfield, Chief
Circulation Officer. © 2022 Belvoir
Media Group, LLC. Postmaster:
Send address corrections to
Healthy Years,
PO Box 8535, Big Sandy, TX
75755-8535.

SUBSCRIPTIONS

\$39 per year (U.S.)

\$49 per year (Canada)

SUBSCRIPTION SERVICES

For customer service or
subscription information:*Healthy Years*

PO Box 8535

Big Sandy, TX 75755-8535

Call toll free 866-343-1812

ONLINE SERVICES

Visit www.healthy-years.com/cs
to change your address, renew
your subscription, check your
account status, or contact a
customer service representative.

Exercise and Cognition

Previous research has suggested that physical activity lowers your risk of dementia as you age. The benefit is thought to derive from the cardiovascular protection offered by exercise. It can help prevent high blood pressure and excessive weight gain, both of which are associated with dementia. A new study published Jan. 7, 2022, in *Alzheimer's and Dementia* suggests that exercise may have another important cognitive benefit, too. The study from the Rush University Memory and Aging project looked at 404 people who took part in a study that tracked the late-life physical activity of elderly participants who agreed to donate their brains when they died. According to the findings, when older adults stay active, their brains have more of a class of proteins that enhance the connections between brain cells. The effects ranged beyond the hippocampus, the brain's seat of memory, to encompass other brain regions associated with cognition. The data dovetail with previous findings from the same research team demonstrating that people who had more of these proteins in their brains when they died were better able to maintain their cognition late in life. The general recommendation is to participate in at least 30 minutes of moderate-intensity exercise five days per week.

Healthy Diet May Slow Aging

A study that included researchers from the National Institutes of Health, the UCLA Department of Human Genetics, and the Friedman School of Nutrition Science and Policy at Tufts University investigated the relationship between diet quality and epigenetic age acceleration. Epigenetics is the study of how your behaviors and environment can cause changes that affect the way your genes work, which can affect the aging process. Unlike genetic changes, epigenetic changes are reversible and do not change your DNA sequence, but they can change how your body reads a DNA sequence. The researchers gathered data using DNA methylation-based epigenetic age measures, which reveal biological aging markers and are associated with a healthy life span. They analyzed data from 1,995 participants (mean age, 67 years; 55% women). Researchers looked for associations between the Dietary Approaches to Stop Hypertension (DASH) diet and various epigenetic aging markers. They found that better diet quality was associated with decelerated biological aging, providing a promising avenue to explore the beneficial effects of diet on prolonged life spans. The study was published Jan. 11, 2022, in the *American Journal of Clinical Nutrition*. The DASH diet is an eating pattern promoted by the U.S.-based National Heart, Lung, and Blood Institute to prevent and control hypertension. It emphasizes fruits, vegetables, whole grains, and low-salt and low-fat dairy foods.

New Recommendations on Aspirin for Heart Disease/Stroke Prevention

Earlier this year, the U.S. Preventive Services Task Force (Task Force) published a final recommendation statement on aspirin use to prevent heart disease and stroke, also known as cardiovascular disease (CVD), stating that people ages 60 or older should not start taking aspirin to prevent a first heart attack or stroke. "Because the chance of internal bleeding increases with age, the potential harms of aspirin use cancel out the benefits in this age group," says Task Force vice chair Michael Barry, MD, professor of medicine at Harvard Medical School. The most serious potential harm is internal bleeding in the stomach, intestines, and brain. Importantly, these recommendations are not for people who already have heart disease, have had a stroke, or are already taking aspirin; these people should talk to their health-care providers about their individual circumstances. If you already take aspirin and have questions about it, talk with your doctor. The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve public health by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications. They encourage shared decision-making between health-care professionals and patients so that the decision made is best for a patient's health and in line with personal values and preferences. The Task Force's final recommendation statement and study were published online April 26, 2022, in the *Journal of the American Medical Association*. ■

Walking to Get and Stay Fit

Here's how to get the most out of a walking workout.

Walking is an inexpensive and accessible form of exercise, but to be effective, it's best to make a plan and set some goals.

"If you're just getting started, I recommend a light walk on a flat firm surface," says physical therapist Patrick Ng, UCLA Medical Center, Santa Monica. "If you are more seasoned, I recommend brisk walking for about 150 minutes per week on flat surfaces or other terrain including sand, grass, or on an incline."

Many Ways to Walk

Walking can be so much more than mindless motion. For example, walking in sand, especially without shoes, exercises more muscles in your feet and lower legs, which benefits balance and blood circulation, and the resistance increases cardiovascular effects. Given that sand walking is typically found along oceans, rivers, and lakes, the soothing effect of waterways also can help you feel mentally refreshed and less stressed.

Another way to intensify a walking workout is to use hand weights, which strengthen your heart and your arms. Foam-covered weights are

easier to hold, and they absorb sweat. Nordic walking with hiking poles can be especially useful for walking across various terrains. Poles enable you to power up hills, ease stress on the knees when going down hills, and help improve posture and balance, too. A recent study found that Nordic pole walking can be very beneficial for cardiac rehab (see side box).

If you think walking is boring, check out *52 Ways to Walk* by Annabel Streets. It offers a different way to approach a walk every week of the year. It's filled with intriguing and motivating insights such as how walking may help improve memory, stimulate your curiosity, improve your senses, and so much more.

Injury Prevention

Avoid trips and falls by paying attention to where you are. If you're walking outdoors, avoid distractions, such as long talks on cellphones and lis-



© kate_sept2004 | Getty Images

Walking for exercise can be a lifestyle choice that expands your social life. There are power walking clubs, fundraising walks, and vacations that feature treks in exotic destinations.

tening to audiobooks. Instead focus on *how you walk*. Ng says, "Proper walking body mechanics includes looking forward with your head up, straightening or lengthening your back, gently contracting your gluteal muscles, and walking with a "heel-to-toe" pattern by emphasizing the contact with the ground with every step."

Treating foot issues as soon as they occur is the best way to avoid a long-

term problem. Plantar fasciitis, a condition in which the bottom of the feet get tight, stiff, and painful, can occur from a lot of walking. Stretching the feet and rolling them over a tennis ball after a walk can help release tight tissue. Painful ingrown toenails also can be a problem. But that's usually avoidable by keeping toenails trimmed and not wearing overly tight shoes (toes should be able to wiggle inside shoes).

Proper Footwear

A proper pair of shoes is essential. A good walking shoe should be:

- breathable to allow sweat to dry
- flexible enough that you can bend the sole in your hand
- cushioned, especially in the heel, to absorb impact
- lightweight to reduce heaviness on your feet

It's best to try shoes on at the end of the day when foot size is at its maximum. A store specializing in athletic shoes can help guide you to the best pair for your needs, as can a podiatrist or sports medicine doctor.

"Exercise walking has been shown to decrease the risk of cardiovascular disease, improve cognition, and reduce osteoporosis risk," says Ng. "It also gives people an excuse to go outside and get some sunlight, which can enhance mood."

In addition, sunshine is a source of vitamin D, which helps boost your overall immunity. ■



© Alkair Berg | Getty Images

NORDIC WALKING IMPROVES FUNCTIONAL CAPACITY IN PEOPLE WITH HEART DISEASE

Researchers compared the prolonged effects of three different 12-week cardio rehabilitation programs: high-intensity interval training; moderate-to-vigorous intensity continuous training; and Nordic walking in people with coronary artery disease. They assessed functional capacity, quality of life and depression symptoms in 131 participants, who were randomized to one of the three groups, followed by a 14-week observation phase. While

all exercise programs improved depression symptoms and quality of life, the improvement in functional capacity was greatest after Nordic walking (+19%) when compared with high-intensity interval training (+13%) and moderate-to-vigorous intensity continuous training (+12%). The researchers state that this finding is especially important because lower functional capacity predicts higher risk of future cardiovascular events in people with coronary artery disease. Because Nordic walking engages core, upper and lower body muscles while reducing loading stress at the knee, it may have resulted in greater improvements in functional capacity, according to the researchers.

Canadian Journal of Cardiology, June 2021

Your Smartwatch Detected Irregular Heartbeats, Now What?

While devices might seem to diagnose, don't draw conclusions from your wearables.

Smartwatches and smart rings are wearable technological marvels jam packed with sensors and chips that may monitor everything from steps to sleep patterns to stress levels and heartbeats. These devices can help you improve your health, prompting you to walk just a few more blocks to complete your daily step target and to focus on better quality sleep.

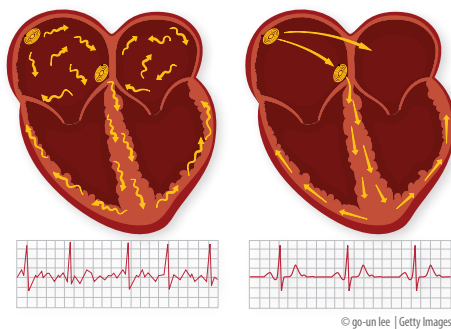
Some devices may report irregular heartbeats, even if you feel fine. This information is usually not an emergency. However, you shouldn't completely ignore the data either. An irregular heartbeat is known as an arrhythmia in medical terms. When these heart events are felt, they are often described as a fluttering or racing heart. But they can also occur without you feeling them.

"Just because the arrhythmia isn't felt doesn't mean it's any less concerning or dangerous," says cardiologist Boris Arbit, MD, UCLA Division of Cardiology. "The presence of an arrhythmia significantly elevates the risk of stroke."

Why Hearts Beat Erratically

There are a lot of reasons why your heart may beat erratically (i.e., beat too hard, too slow, too fast, or skip a beat). For example, menopausal women experience heart palpitations due to plummeting estrogen. Stress and some medications also can trigger irregular heartbeats, and of course, it's normal for the heart to beat faster during physical activity.

One of the most common types of arrhythmias is atrial fibrillation (A-fib). A-fib often occurs with no signs or symptoms. But even if you have symptoms or your digital device reports them, Dr. Arbit emphasizes



With atrial fibrillation, irregular electrical impulses cause the heart's two upper chambers to beat rapidly and erratically instead of in a normal synchronized fashion.

that diagnosing the type of rhythm, whether it's A-fib or anything else, cannot be determined by symptoms alone. It warrants a doctor's visit.

Atrial Fibrillation Increases with Age

A-fib affects about 4% of people ages 60 and older, and the incidence increased with age. One-third of people ages 85 and older with A-fib will have a stroke, a much higher percentage than those in the same age group who do not have the arrhythmia.

A-fib is more common in people with high blood pressure, coronary heart disease, heart valve disease and cardiomyopathy (a disease of the heart muscle that makes it harder for the heart to pump blood to the rest of the body).

With A-fib the heart beats faster than normal and the heart's upper and lower chambers do not work together as they should. The lower chambers do not fill completely or pump enough blood to your lungs and body. This can result in low blood pressure (less than 90/60 millimeters of mercury, mmHg). Symptoms (such as fatigue, chest pain, dizziness) may be felt intermittently, or sometimes not at all. Regardless, A-fib may cause blood to pool in

your heart, which increases your risk of forming clots. When the normal heart rhythm is restored, these clots can be ejected into the bloodstream and cause complications, including a stroke. Because A-fib often is asymptomatic, it is thought to be the cause of stroke in up to 24% of cases where the cause of stroke can't be identified.

Also, over time, uncontrolled atrial fibrillation can damage the heart, impair its function, and lead to heart failure. Some people experience paroxysmal atrial fibrillation, an irregular heartbeat that lasts for seconds to days before returning to normal. Others have persistent A-fib, which occurs continuously and requires treatment to correct the arrhythmia. (Paroxysmal A-fib can develop into persistent A-fib.)

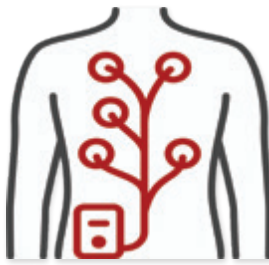
The Value of Smart Devices

Smart consumer devices can help you keep track of when and how often symptoms occur and what you feel (if anything), and help you track these symptoms and how they may change through time. These data is valuable to health-care providers who diagnose A-fib and other heart irregularities.

"The Apple watch and KardiaMobile are two of the most popular and tested devices," says Dr. Arbit. "They use complex algorithms and machine learning to detect A-fib. Their accuracy is decent. They may be useful for confirming a known diagnosis of A-fib or another arrhythmia. A key benefit is that rhythm strips are recorded and can be reviewed with a doctor. Most of the time we would still order a Holter monitor to confirm the findings."

A Holter monitor is a portable electrocardiogram that can be worn at home. Cardiologists typically prescribe these to be worn for seven to 14 days. A Holter monitor might be ordered if A-fib is suspected, and/or if a person has a history of transient ischemic strokes or heart palpitations. The device records your heart's electrical activity for long

periods of time while you do your normal activities. It can detect how fast your heart is beating, whether the rhythm of your heartbeats is steady or irregular, and the strength and timing of the electrical impulses passing through each part of your heart.



© SirVector | Getty Images
A physician-ordered Holter monitor, worn at home, can confirm A-fib.

all screening-detected A-fib merits anticoagulation.

A Jan. 25, 2022, editorial in *JAMA Open Network*, suggests that “... assessing the burden of A-fib, rather than the presence or absence, may be a better approach. Patients identified with A-fib likely would benefit from targeted management

of modifiable risk factors that contribute to A-fib, including obesity, hypertension, alcohol use, sleep apnea, smoking, and diabetes.”

Preventing A-fib

A-fib can be an intermittent and fleeting condition for some people. For others, it can be a continuous and extremely uncomfortable problem. If you are diagnosed with A-fib, your cardiologist will determine the best course of action.

Although it’s unusual for an interventional procedure to be recommended before a person has tried and failed medication, catheter ablation has emerged as a first-line treatment for A-fib. For patients who are symptomatic, ablation may offer a way to eliminate A-fib while avoiding the complications that are associated with medications.

Lifestyle recommendations to reduce A-fib risk include avoiding/

Targeted Screenings Are Best

Though A-fib screenings can be life-saving, there are some downsides to indiscriminate screenings. “Many studies have shown that the more frequently we look for A-fib with devices or in-office electrocardiograms, the more we find it,” explains Dr. Arbit “This can lead to more prescriptions for blood thinners. These dangerous medications can have very serious side effects, such as life-threatening bleeding. However, the correlation between starting these medications and reducing stroke risk is not so clear.”

Insights on Screenings

A study in the Aug. 21, 2021, issue of the *Lancet* concluded that it is unclear whether screening for A-fib and subsequent treatment with anticoagulants can prevent a stroke. In the study, researchers investigated whether such screening and use of anticoagulants can prevent a stroke in individuals at high risk by using an implantable loop recorder (ILR) to facilitate detection of asymptomatic A-fib. The average age of the study participants was 74.7 years.

Researchers found that in people with stroke risk factors, ILR screening resulted in a threefold increase in A-fib detection and anticoagulation initiation, but they found no significant reduction in the risk of stroke or systemic arterial embolism (a blood clot lodged in an artery). Major bleeding occurred in 4.3% of participants in the ILR group and 3.5% in the control group. The authors concluded that the findings imply that not all A-fib is worth screening for, and not

WHAT YOU CAN DO

If you have atrial fibrillation (A-fib), consider these questions for your physician:

- Could a thyroid problem, sleep apnea, heart-valve problem, or other cardiac disorder be responsible for my A-fib?
- What is my risk for stroke, and what are the pros and cons of the drugs and procedures available to reduce my risk?
- Is my heart rate adequately controlled?
- What is the best way to deal with my symptoms?
- Is catheter ablation an option for me, and when should I consider it?
- If you recommend catheter ablation, how many procedures for A-fib have you done, and what are your results?

limiting caffeine, managing stress with breathing techniques and exercise, limiting sodium, eating a fiber-rich diet, staying hydrated, and maintaining a healthy weight. Making your own healthy meals is a good way to better control what you’re putting in your body. Try the easy apple breakfast cobbler recipe below. Put the ingredients in your crock pot overnight and wake up to the delightful smell of cinnamon and apples. ■

RECIPE OF THE MONTH: EASY APPLE BREAKFAST COBBLER

INGREDIENTS

- 4 medium-sized apples*, cored, peeled, and sliced
- ¼ cup honey
- 1 tsp. ground cinnamon
- 1 tbsp. butter or transfat-free margarine, melted
- 2 cups low-fat granola cereal

PREPARATION

Place apples in a crock pot and stir in honey and cinnamon. Top apple mixture with granola and drizzle with butter or margarine. Cover and cook on low 7–9 hours or on high 2–3 hours. Serve warm and top with low-fat milk or vanilla yogurt if desired.

Yield: 4 servings.

Nutrition Facts: 395 Calories, 7g Fat, 83g Carbohydrate 5g Protein, 175mg Sodium, 0mg Cholesterol, 8g Fiber

Recipe courtesy of Michigan Apple Growers Association (MichiganApples.com)

- *Try...
- Cortland,
- Gala,
- Ida Red,
- Jonathan,
- Northern Spy,
- Rome,
- Braeburn,
- McIntosh, or
- Empire.



© VezzaniPhotography | Getty Images

Living with Tinnitus

Treatments for this phantom sound disorder typically do not involve any medications.

People who have tinnitus experience an ongoing high-pitched ringing, buzzing, or humming sound that is audible only to them. It can be quite disconcerting, but many people do successfully learn to live with it.

“It’s extremely common,” says Alison Grimes, AuD, Director of the UCLA Audiology Clinic. “There are many possible causes, but a combination of noise and aging are the most prevalent. Those two factors are probably interrelated because most of us have had noise exposure of some sort or another.”

Tinnitus can result from too many loud rock concerts or listening to headphones at high volumes. First responders exposed to wailing sirens, military personnel and police officers who hear gunfire and other explosives, construction and factory workers, and even some musicians also can develop tinnitus over time.

More rarely, tinnitus can be caused by medication side effects and heart or blood vessel diseases, Ménière’s disease, brain tumors, hormonal changes in women, and thyroid abnormalities.

In the Ear and to the Brain

Tinnitus is not a disease, but rather a malfunction within the auditory system, which includes the ear, the auditory nerve that connects the inner ear to the brain, and parts of the brain that process sound. While sound is filtered through the ears, we process and interpret sound in the brain. Ongoing exposure to excessively loud noise damages tiny sensory hair cells in the inner ear that help transmit sound to the brain. The exact reason why people hear phantom sounds isn’t clear, but scientists suspect that tinnitus could be the result of the brain’s neural circuits trying to adapt

to the loss of sensory hair cells by turning up the sensitivity to sound. This would explain why some people with tinnitus are overly sensitive to loud noise. It’s also been suggested that tinnitus is similar to chronic pain syndrome, where pain persists even though an injury has healed.

Treating Tinnitus

There are no clinically proven ways to cure tinnitus, but there are some ways to alleviate the burden of it. The first step is to have your hearing evaluated. According to Grimes, if you have tinnitus and hearing loss, wearing hearing aids can be a solution.

“About 50% of people who have tinnitus and hearing loss find that when they wear hearing aids, tinnitus is no longer a problem for them,” she says. “Hearing aids generate some internal noise, but more importantly, when you wear hearing aids there is just a lot more additional sound that comes into the ears and that helps mask the tinnitus.”

Though tinnitus can sometimes go away, generally, the ongoing noise will just be part of life forever. That’s where the cognitive behavioral approach, or mind over matter comes into play. Though it may sound flippant, if you don’t mind, it won’t matter. However, this behavior usually requires some time and coping strategies to adopt. Grimes suggests saying to yourself that: *“I am aware I have tinnitus. It won’t hurt me. It’s not dangerous and I am just going to go do something else.”*

Such mantras really can and do work for many people. Some sessions with a psychotherapist can help you train your brain to overcome the intrusiveness of tinnitus.

At night, and when it’s quiet, tinnitus can become more obvious, mak-



© Science Photo Library | Getty Images

Hearing aids can help ease the burden of tinnitus in people who have hearing loss.

ing sleep more difficult. An inexpensive white noise machine, or app that plays soothing rain or other nature sounds can help mask tinnitus and help you fall asleep.

Prevention and Protection

Whether you have tinnitus or not, it’s never too late to protect your hearing. Avoid loud noise when you can, and wear hearing protection when you work with power tools, mow the lawn, attend concerts or other loud events like basketball games. Inexpensive foam earplugs work well. “People carry sunglasses for when the sun’s too bright,” explains Grimes. “Why not carry earplugs and just have them at the ready?” At the very least, you can cover your ears next time a siren comes your way.

Something as simple as excessive earwax and ear and sinus infections can cause temporary tinnitus. When these conditions are cleared the phantom sounds may go away, too.

Most people are successfully able to live with the disorder. But other people may experience depression, anxiety, fatigue, and problems concentrating. If you are unduly bothered by the sound, or if it’s new, talk with your doctor to rule out medical conditions or medication side effects. You may be referred to an otolaryngologist (commonly called an ear, nose, and throat doctor, or an ENT), who will physically examine your head, neck, and ears. You also should be referred to an audiologist, who can measure your hearing, evaluate your tinnitus, and help you find the perfect pair of hearing aids, if needed. ■

Better Sex—cont. from page 1

same position, same partner, and it becomes less thrilling,” says Dr. Mills. “Changing the time of day and the kind of sex you’re having allows you to keep it exciting and keep your partner! As always, communication is the best libido booster.”

In his book *A Field Guide to Men’s Health*, Dr. Mills offers several tips for keeping physical love alive. Among them is one you probably wouldn’t guess: To have more sex, men should do more housework. A study from Cornell University found that heterosexual couples who share household chores have sex more often compared with couples in which the woman does the bulk of the housework. Egalitarian couples have sex more often because they feel a greater sense of fairness in the relationship and higher satisfaction with its quality, according to the study’s coau-



© Nastasic | Getty Images

Though it may sound mundane, scheduling time for sex can show you value physical intimacy.

thor, Sharon Sassler, PhD. “Couples who have a more equal division of labor seem to be happier, and that’s reflected in various ways, only one of which is sex,” she says.

Scheduling sex, as mundane as that might sound, can work wonders too, according to Dr. Mills. “You’ve created routines in other areas of your life, like mac and cheese Monday, taco Tuesday. Why not hump day Wednesday?” The initial hot and wild sex that sparked a relationship is bound to wane. Setting aside time for

intimacy shows that you both value the benefits that physical love brings to your relationship.

Dr. Mills says the best time to talk about sex is outside the bedroom. Talk about a new sex position or sexual fantasy during a quiet dinner for two and then revisit the idea in the bedroom.

Finally, next time you think about just doing it yourself because you don’t want to bother your mate, reconsider.

Dr. Mills warns about the desensitization that can happen when men masturbate too much. The same can hold true for women.

“Most women orgasm through clitoral stimulation,” he explains. “Women who rely on vibrators to achieve clitoral orgasm may have difficulty achieving orgasms with partners. But if they give their partner feedback on what improves their stimulation, or bring their partner in on the vibrator activity, they can have the best of both worlds.” ■



© bagira22 | Getty Images

LOVING, SATISFYING, AND SAFE SEX

Many people wonder what amount of sex is “normal.” Experts say it’s relative. For some people, it could be several times a week; for others a few times a year may be enough.

While some stigma might persist about sex and older adults, sex, like wine, can get a whole lot better with age. Pleasing yourself and your partner by stating your likes, dislikes, and curiosities can take physical pleasure into a whole new, exciting realm. For single people, there are plenty of dating apps that target the sexy silver set. With pregnancy no longer an issue, this may lead some people to throw caution to the wind and forgo the use of condoms. “Sexually transmitted infections (STIs) are surprisingly common in older adults,” says urologist Jesse Mills, director of the Men’s Clinic at UCLA and author of *A Field Guide to Men’s Health*. “In heterosexual senior couples, the risk of pregnancy isn’t there and, most likely, they’ve enjoyed intercourse for years without barrier protection, and it’s tough to retrain couples on STI prevention.”

The most common STDs (chlamydia, gonorrhea, syphilis) can all be treated and cured, which is easiest in the early stages of disease. Using condoms and being in a monogamous relationship with an STD-free partner lowers risk of catching diseases. If you’re in a new relationship, have an honest conversation

about your STD status. If it’s unknown, consider starting with a clean slate by getting tested and sharing results.

A 2020 study in the *International Journal of Environmental Research and Public Health* reported that STIs among older adults have dramatically increased in recent years, especially among widowed and divorced people. Adults ages 65 to 94 were surveyed. These are a few of the true/false questions they were asked:

Herpes must have open sores to give the infection to a sexual partner.

False. You can get genital herpes from a sex partner who does not have a visible sore or is unaware of their infection. Genital herpes is a sexually transmitted disease (STD) caused by two types of viruses—herpes simplex virus type 1 (HSV-1) and herpes simplex virus type 2 (HSV-2). Oral herpes caused by HSV-1 can spread from the mouth to the genitals through oral sex. Therefore, some cases of genital herpes are due to HSV-1.

If a person had gonorrhea, he or she is immune from getting it again.

False. Though gonorrhea (a.k.a. “the clap”) can be successfully treated with antibiotics, previous treatment does not make you immune to catching it again. It’s easily passed through unprotected vaginal, oral, or anal sex. Sharing sex toys also can pass the virus.

Human papillomavirus (HPV) can cause human immunodeficiency virus (HIV) that can result in acquired immunodeficiency syndrome (AIDS).

False. Although human papillomavirus (HPV) and human immunodeficiency virus (HIV) are both infections that can be transmitted sexually, there’s no medical link between the two conditions.



Editor-in-Chief
Jonathan Wanagat,
MD, PhD,
Assistant Professor,
Division of
Geriatrics

Q *What's the difference between memory care and assisted living?*

A Memory care and assisted living facilities provide many of the same services, but there are important distinctions. Assisted living facilities offer “levels of care.” For example, level one may include verbal reminders for bathing and dressing, whereas level two includes hands-on help with the same activities. The more services offered, the greater the monthly fee. In contrast, memory care facilities are typically all-inclusive. However, many assisted living facilities offer levels of care that are suited for residents who have dementia and those who do not. For example, music and art therapy programs can be enjoyable and relaxing for everyone. Medication management and dressing assistance are common options as well. Depending on the degree of dementia symptoms, it's possible that a person can start off in an assisted living and then transition to a memory care unit, if needed. For people with mild dementia, it can be more inspiring to be with a mixed population.

If a person wanders (typically a later-stage symptom), facilities require placement in a memory care unit. These units provide security so that a person can't just walk out and get lost. Entrances and exits are locked, doorways may be obscured, require keys or codes to enter, and doorbells typically signal entering and exiting the unit. The layout in memory care units is designed to help minimize confusion and orient residents. Memory care units also include round-the-clock care and supervision. This is useful for people who need a lot of direction throughout the day, frequently lose things, and those with combative and inappropriate behaviors. All residential care facilities have their own evaluation processes that help pinpoint whether their assisted living or memory care offering is best for a particular person. Facilities that offer transitions of care can make moving into memory care less stressful. It also enables residents to maintain continuity of care with staff and health-care providers.

Q *I took an online quiz for personalized supplements that are supposed to be specific to my health needs. Are they worth the cost?*

A The cost of personalized supplements can range from \$30 to \$100 per month, depending on how many supplements are recommended. Companies typically offer a deep discount on the first month and then make their money on ongoing subscriptions. The supplements typically include those that can be purchased for less in stores (e.g., vitamins, minerals, probiotics, omega-3s, protein powder, collagen and electrolytes). Though companies promote that their supplements will be personalized, how they make that determination varies widely and is questionable. Recommendations may be based on a few quiz questions, such as asking about whether you exercise on a regular basis, sleep well, and if you have any digestive issues. DNA tests may be recommended, but research does not show that DNA tests are reliable for creating customized dietary supplements. Some companies offer the support of a dietitian, but most do not. The better option would be to consult with a registered dietitian who can create a custom eating plan and behavior-change strategies that can help you meet your specific goals. Your physician can conduct blood tests to determine vitamin levels and recommend what may be needed.

What these companies are capitalizing on is an emerging field of science called nutrigenomics, which is still evolving. It's a fascinating field based on genetic testing to assess the interplay between genes, nutrition, and health. The field is exploring how nutrients influence the behavior of a person's genes and which dietary choices might be best given your genetic makeup. But the field is new and not quite ready for a broad mass market approach. Studies show that foods, not supplements, are the optimal way to obtain needed nutrients. Supplements have their place, but they don't replace a nutritious diet and they are not without risk. Talk with your doctor or pharmacist before taking supplements, especially if you're taking any medications. ■

IN COMING ISSUES

Optimizing cancer treatment through food.

Expanding options for cataract treatments.

Relieving incontinence with pelvic floor retraining.

SUBSCRIPTIONS

\$39 per year (U.S.)
\$49 per year (Canada)
Reprints for publication and web posting available

For subscriber and customer service information, write to: *Healthy Years*
PO Box 8535
Big Sandy, TX 75755-8535
Call toll-free: 866-343-1812

EDITORIAL CORRESPONDENCE

Executive Editor
Healthy Years
P.O. Box 5656
Norwalk, CT 06856-5656

HealthyYears@belvoirpubs.com

We regret that we cannot answer letters or e-mails personally.

REPRINTS/WEB POSTING AVAILABLE
Contact Jennifer Jimolka, Belvoir Media Group, 203-857-3144

ONLINE SERVICE

View your current subscription information online at www.healthy-years.com/cs. You may also renew your subscription, change your address, or contact customer service online. Express written permission is required to reproduce, in any manner, the contents of this issue, either in full or in part. For more information, write to Permissions, *Healthy Years*, P.O. Box 5656, Norwalk, CT 06856-5656.

DISCLAIMER

Healthy Years is intended to provide readers with accurate and timely medical news and information. It is not intended to give personal medical advice, which should be obtained directly from a physician. Acting on any information provided without first consulting a physician is solely at the reader's risk. We regret that we cannot respond to individual inquiries about personal health matters.

From time to time, we make our list of subscribers available to carefully screened institutions and organizations offering products or services we believe you may be interested in. If you would prefer that we not release your name to these organizations, just let us know. Please include the mailing label from your issue with your request, and send it to the customer service address at the left.