

2 News Briefs

- **Parkinson's may be two diseases.**
- **Food and drink** that may protect against Alzheimer's.
- **A mask versus a face shield:** Researchers uncover which is best.

3 Heart

Researchers are discovering that COVID-19 may impact the heart and lead to ongoing problems.

4 Mind & Memory

Depression in older adults requires special expertise and careful consideration to diagnose and treat properly.

6 Exercise

From burning calories to improving flexibility to helping with balance, swimming just might be the perfect exercise.

8 Ask Dr. Wanagat

- What's the difference between a DO and an MD?
- Is it true that there are more heart attacks in winter?
- How can I reduce intense hunger after workouts?

Life Plans for Aging Solo

Aging in place is possible for many people with proper forethought and planning.

There's nothing like Valentine's Day to make people ponder the pleasures and perils of romantic partners. Intimate companionship can be very healthy and valuable, but whether by choice or other circumstances, many people find themselves solo in their older years. In addition, some people never had children, while others may not have them nearby or in their lives.

If you're on your own, where and how to live are solely your decisions to make. This can be both liberating and overwhelming. Regardless, you certainly don't have to go it all alone.

"Maintaining your independence is easier when you have a wide network of friends and family, and this has become even more apparent during the pandemic," says board-certified geriatrician Maija Sanna, MD, UCLA Medical Center. "Loved ones can help bring you groceries and other essential items, as well as provide social stimulation that is important for our mental health."

Maintaining Social Networks

It's been said that friends are the family we choose. And for many people, friends turn out to be quite reliable in times of need. The same can be true of neighbors. Having good friends and neighbors also means being a good friend and neighbor. It may seem simple, but just saying hello and having a brief chat can help foster relationships. If you are able, think about occasionally trading services with a friend or neighbor. One could do the grocery shopping, and the other could cook dinner, for example. Further build your network by volunteering and attending classes of interest online and off. Those types of activities are ideal for finding people of like mind.

To gather insights about how other people are aging alone, consider checking out Elder Orphans, a moderated private Facebook group with nearly 10,000 members. For



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Alone does not have to mean lonely. Enjoy the freedom to celebrate life on your own terms.

admittance to the group, all members must state that they are over 55 and live alone with little to no assistance.

Healthy Aging Your Way

Keeping yourself as healthy as possible includes the obvious dedication to exercise and healthy eating. But it also means seeing your primary care doctor at least annually.

"Your doctor is your partner in good health and will make sure you have age-appropriate screenings and vaccines to stay healthy," says Dr. Sanna.

Senior health programs are offered at most major medical centers nationwide. For example, the UCLA 50 Plus program is an especially robust program for people ages 50 and older. The free membership includes fitness and social events, free health talk seminars, free flu shots, insurance information and consultation, as well as resources and referrals to physicians and other services, such as tips for emergency preparedness. To order your information-filled membership packet, go to UCLAhealth.org/50plus or call 800-516-5323.

Home Sweet Home

Research shows most people would prefer to stay in their homes, even if they have

Continued on page 7

EDITOR-IN-CHIEF

Jonathan Wanagat, MD, PhD
UCLA Division of Geriatrics

EXECUTIVE EDITOR

JoAnn Milivojevic

GROUP DIRECTOR

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UCLA Dept. of Rehabilitation

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Parkinson's May Be Two Diseases

Researchers from the Department of Clinical Medicine of Aarhus University Hospital in Denmark used advanced imaging techniques to examine people with Parkinson's disease and some who have a high risk of developing the disease, such as those with REM (rapid eye movement) sleep behavior syndrome. They found that some people had damage to the brain's dopamine system before damage in the intestines occurred. In other people, scans revealed damage to the nervous systems of the intestines and heart before the damage in the brain's dopamine system was visible. The researchers refer to the two types of Parkinson's disease as body-first and brain-first. They suggest that in body-first it may be particularly interesting to study the composition of bacteria in the intestines known as the microbiota because it's well established that Parkinson's patients have a different microbiome in the intestines than in people without the disease. Researchers suggest that it may be possible to alter the microbiome to treat those with body-first Parkinson's disease. But the brain-first variant is probably relatively symptom-free until the movement disorder symptoms appear and a person is diagnosed with Parkinson's. By then more than half of the dopamine system has been lost. That late in the disease cycle makes it much more difficult to treat, according to the researchers. The study appeared in the August 2020 edition of the journal *Brain*.

Berries, Apples, and Tea May Protect Against Alzheimer's

Older adults who consumed small amounts of flavonoid-rich foods, such as berries, apples, and tea, were two to four times more likely to develop Alzheimer's disease and related dementias over 20 years compared with people whose intake was higher, according to a study led by scientists at the Jean Mayer USDA Human Nutrition Research Center on Aging at Tufts University. The epidemiological study of 2,800 people ages 50 and older examined the long-term relationship between eating foods containing flavonoids and risk of Alzheimer's disease and related dementias. While many studies have looked at associations between nutrition and dementias over short periods of time, the study published last May in the *American Journal of Clinical Nutrition* looked at exposure over 20 years. Flavonoids are natural substances found in plants, including fruits and vegetables such as pears, apples, berries, onions, plant-based beverages like tea and wine, and dark chocolate. Flavonoids are associated with various health benefits, including reduced inflammation. According to the researchers, long-term insights into diet and a person's cognition provide valuable information, as currently there are no effective drugs available for the treatment of Alzheimer's disease. Preventing disease through a healthy diet is therefore especially relevant to Alzheimer's disease.

A Mask vs. Face Shield as PPE

Which is the better choice for personal protection equipment (PPE)? A study led by UCLA Fielding School of Public Health Professor Yifang Zhu has determined that even a simple cloth mask provides significant protection against COVID-19 transmission, reducing the spread of respiratory droplets by as much as 77%. "We found that a simple cough could send particles more than 6 feet away, without face coverings," says Zhu, associate dean for academic programs at the UCLA Fielding School of Public Health. "At about a foot away from the coughing source, a face shield by itself provided the least protection (i.e., 4%). In contrast, a cloth mask reduced cough particles by 77%, and the combination of face shield and cloth mask improved the particle reduction to 89%." Zhu's team set up a test space in a lab and measured the particle number concentration (PNC) and particle size distribution under seven different conditions: (1) no face covering; (2) face shield only; (3) cloth mask; (4) face shield+cloth mask; (5) surgical mask; (6) face shield+surgical mask; (7) N95 respirator or equivalent (i.e., KN95 mask). The study appeared in the Nov. 2020 electronic edition of the peer-reviewed journal *Aerosol Science and Technology*. The research suggests that relatively simple measures like masking, combined with physical distancing, hand hygiene, and specific steps taken with regards to being indoors or outside, can make a significant difference in slowing the spread of COVID-19, which has resulted in more than 1.5 million deaths worldwide as of mid December, according to the World Health Organization. ■

Heart Damage from COVID-19

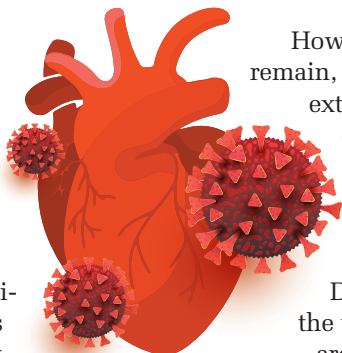
Researchers are finding that the virus is causing some lingering problems.

After more than a year with the COVID-19 disease swirling around the globe, researchers have learned a lot about what this novel virus does in the body and how it does it. Though COVID-19 was initially defined primarily as a respiratory illness resulting in lung impairment, within months it became clear that the heart could also be affected in various ways. The American Heart Association (AHA) reported that studies suggest many COVID-19 survivors experience some type of heart damage. That includes people who did not have underlying heart disease and were not sick enough to be hospitalized.

“Magnetic resonance imaging studies showing involvement of the heart muscle two months after infection in minimally symptomatic patients is quite concerning,” says cardiologist Boris Arbit, MD, UCLA Medical Center. “We know that regular respiratory viruses can affect the heart about 1% of the time, but the rate of cardiac involvement in COVID-19 is much higher, up to 22%.”

Gregg Fonarow, MD, Chief, Division of Cardiology, UCLA Medical Center, explains that there may be individuals who get through the initial infection but are left with cardiovascular damage and complications. However, it’s possible that some of the cardiovascular damage seen following the disease could heal itself.

“We’ve seen with other viruses where there is inflammation of the heart, there are individuals for whom there is spontaneous recovery. And in some people, we can treat this effectively with medication,” says Dr. Fonarow in the AHA report.



When COVID-19 damages the lungs, it may prevent adequate oxygen from reaching the heart muscle. This can damage heart tissue and make it work harder to deliver blood to other tissues.

However, many questions remain, including to what extent will the heart be damaged, how long will it last, and who will be affected?

“We simply don’t know yet,” explains Dr. Arbit. “It seems that the vast majority of patients are able to return to regular life and prior level of physical activity. But for some, the journey is longer.”

Inflammatory Damage

The heart needs oxygen, and it is also responsible for pumping oxygen-rich blood from the lungs to tissues throughout the body. Many viruses, including COVID-19, can trigger an intense inflammatory reaction in the body, and the heart is especially vulnerable to its damaging effects. Inflammation is needed to help fight infections, but in some people it goes into severe overdrive (sometimes referred to as a cytokine storm). The resulting onslaught of pro-inflammatory chemicals can injure the heart muscle or disrupt the heart’s electrical signals. A weakened heart muscle can’t effectively pump blood and has to work harder to try to distribute blood. Disrupted electrical signals may result in an abnormal heart rhythm called an arrhythmia. Existing arrhythmias may worsen.

In some cases, the virus may also infect the heart cells. Researchers are working to understand if and how much this contributes to the heart damage in people with COVID-19. Some people seriously ill with the disease form many small blood clots throughout the body, including their heart, which can also cause damage. Researchers think inflammation may, in part, trigger the clots.

WHAT YOU SHOULD KNOW

COVID-19, the illness from the coronavirus known as SARS-CoV-2, may impact the heart in several ways:

- Severe inflammation may damage the heart muscle or disrupt the heart’s electrical signals.
- The virus may infiltrate heart cells.
- Small blood clots may form anywhere in the body.
- Pandemic stress may cause broken heart syndrome, symptoms of which mimic those of a heart attack.

Through September 2020, nearly one-fourth of those hospitalized with COVID-19 have been diagnosed with cardiovascular complications, which have been shown to contribute to roughly 40% of all COVID-19-related deaths.

Pandemic Stress and the Heart

Ongoing stress can lead to serious heart problems. In July of last year, a Cleveland Clinic study showed an increase in “broken-heart” syndrome. This highlights the very real impact of psychological and emotional stress on physical health. Broken-heart syndrome is a colloquial name for stress-induced cardiac symptoms that mimic those of a heart attack. The difference is that people with this syndrome usually don’t have blocked coronary arteries. Most recover from such episodes within days or weeks. Nonetheless, it’s important to seek emergency medical care when experiencing heart attack symptoms because it’s impossible to know in the moment if symptoms are stress-induced or related to blockages.

Managing stress is critical. Stress-reduction techniques include: meditation, relaxing music, a soothing herbal tea, regular exercise, and deep abdominal breathing. A daily practice of some kind is like making a deposit into a mental health bank. That way, when extreme stress comes your way, you’ll have resources to dip in to when more peace and calm are needed. ■

What You Might Not Know About Depression

Diagnosing and treating depression require age-appropriate sensitivity.

Depression is one of the most common conditions affecting men and women of all ages in the United States and across the globe. The disorder can disrupt virtually every aspect of life, including mood, motivation, sleep, appetite, energy, concentration, self-esteem, relationships, basic activities of living, and even the will to live.

It's become increasingly clear that diagnosis and treatment methods must be age appropriate. Fortunately, there are many options and combinations of treatments that can improve symptoms and the quality of life across a life span. Medication may be needed for short periods, or perhaps not at all. But the first step is to acknowledge that there is something wrong.

Unfortunately, people in their 60s and beyond tend to stigmatize depression more so than younger adults, making them less likely to ask for help. This is especially unfortunate given the link between depression and cognitive decline.

Mental Health Affects Overall Health

Geriatric psychologist Alan Castel, PhD, UCLA Department of Psychology, explains that many older adults may feel that health is mostly related to physical well-being and mobility and therefore may not pay attention to mental-health issues. But sharing how you feel emotionally is important to overall health and can help you get support and validation.

"When loved ones and/or a health professional ask, 'How are you doing?' it may be helpful to give an update on both your physical and mental health. Once you have articulated your feelings about your mental health, such as feeling lonely, depressed, or anxious, then other people, such as friends and family, can feel more comfortable sharing their own state of mind,

which can be beneficial," says Castel. "Seeking out a mental-health professional can also help with physical health, as it can help you engage in healthy behavior."

Depression and Contributing Factors

A depression diagnosis often starts by asking people to self-report symptoms, such as persistent sadness and loss of pleasure in activities previously enjoyed. Evaluating symptoms in older adults, however, must include many considerations. For example, there's a greater likelihood of neurological issues, such as from a stroke. A neurological exam assesses for motor and sensory skills, mental status, and changes in mood or behavior that may be affected by a stroke. A neurological evaluation may lead to a treatment plan different from a more traditional approach for clinical depression.

Similarly, an assessment of medication informs valuable next steps. More than 30 percent of adults over age 65 take five or more medications daily, and any one of them may have depression-related side effects. Sometimes adjusting a medication can be enough to reverse depressive symptoms. Underlying conditions may trigger or exacerbate depressed mood. For example, the relationship between heart disease and depression has been well-established.

A study presented at the American College of Cardiology annual meeting reported that people are twice as likely to die if they develop depression after being diagnosed with heart disease.

Last year researchers from the University of Technology in Sydney, Australia found that 24 percent of those with heart disease who had moderate symptoms of depression quit their cardiac rehabilitation program, compared with only 13 per-



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Depression is typically diagnosed by asking people to self-report symptoms, but there are other indicators that can detect the disorder as well.

cent of those with mild or no symptoms of depression. The investigators recommend that clinicians screen for depression, anxiety, and stress among those starting cardiac rehabilitation, as they may need extra support to improve their mental health and stick with an exercise program.

Sometimes, people may assume that it's normal to be unhappy when a person gets older. Given the challenges that may come with aging, such as more chronic conditions, health scares, and physical changes, it's easy to understand why this assumption may occur. However, there are many studies that contradict this position and moreover suggest that many people are actually happier and more positive compared to younger people.

The key takeaway is that unhappiness is not normal in older age. It can be assessed and addressed.

Age-Appropriate Treatments

Medications require special attention because older adults don't metabolize medications as they once did and often require lower doses. Side effects also may be experienced more intensely. And, of course, other medications must be considered into the prescribing mix.

Nonpharmacological interventions for depression work for many people, but staying the course is required for success. Sometimes it might mean taking a medication while allowing for lifestyle and other approaches to take hold. These approaches include talk therapy with

a geriatric psychologist or mental-health expert experienced with older people, participating in physical activity most days of the week for at least 30 minutes daily, and eating healthfully by including fresh fruits, vegetables, lean protein, and complex carbohydrates into daily eating plans. Mental-health professionals can help people stay on task, which is especially crucial in the early days of treatment.

Daily physical activity offers multiple health benefits. For example, exercise has been shown to improve mood and increase/maintain muscle mass, which normally declines with aging. The latest research into the power of exercise comes from McMaster University in Canada. The study included men ages 65 and older who followed a 12-week program of intense exercise that included once-weekly high-intensity interval training, known as HIIT, combined with twice-weekly strength training. Blood samples and muscle changes were analyzed throughout the study. Just three months of this kind of training triggered gene expression within the muscles that increased production of neurotransmitters associated with improved mood, including serotonin. This effect has been demonstrated in the past, but only in younger people. This gene-triggering pathway appears to remain intact in older people, even with the decline in muscle mass. So, the adage, “it works if you work it,” applies even in your golden years.

UCLA Innovations Ahead

To help improve detection and treatment of depression, UCLA has launched a major new study, sponsored by and in collaboration with Apple. The goals include obtaining objective measures of factors such as sleep, physical activity, heart rate, and daily routines to illuminate the relationship between these factors and symptoms of depression and anxiety. The research utilizes Apple technology including

WHAT YOU SHOULD KNOW:

Depression affects mind, body, and spirit. Typical symptoms include a persistent sad, anxious, or empty mood, loss of pleasure in activities once enjoyed, and feelings of hopelessness or pessimism. The following symptoms have many underlying causes, but in older adults, depression should be considered among the possible causes.

- confusion
- difficulty sleeping
- hallucinations or delusions
- loss of appetite and weight loss
- memory problems
- social isolation
- vague physical complaints

iPhone, Apple Watch and Beddit, a sleep-monitoring device. Making the connection between quantifiable data and symptoms of anxiety and depression could enable health-care providers to note warning signs and prevent the onset of depressive episodes, track the effectiveness of treatment, and identify causes of depression.

“Current approaches to treating depression rely almost entirely on the subjective recollections of depression sufferers,” says Nelson Freimer, MD, UCLA distinguished

professor of psychiatry and principal investigator on the study. “This is an important step for obtaining objective and precise measurements that guide diagnosis and treatment.”

The study came into play as the COVID-19 pandemic disrupted lives and spurred a focus on anxiety and depression, and when physical distancing requirements made scientific research challenging.

“UCLA and Apple designed this study so that all aspects of participation can be accomplished remotely,” Dr. Freimer says. “The pandemic has heightened anxiety and depression globally and has increased awareness of the importance of behavioral health to overall well-being. At the same time, physical distancing requirements have limited in-person mental health assessment and treatment, leading to expanded use and acceptance of telehealth. These changes highlight the importance of incorporating technologies like those to be tested in this study into clinical research and eventually into practice.”

The pilot phase of the study, with 150 participants recruited from UCLA Health patients, began last August. The main phases, to take place from 2021 through 2023, will involve some 3,000 participants, drawn both from UCLA Health patient population and the UCLA student body. ■

Sugar and Mood

Sugar does not improve mood, and it can make people less alert and more tired after its consumption, according to a study by the University of Warwick, Humboldt University of Berlin, and Lancaster University. Using data collected from 31 published studies involving almost 1,300 adults, the researchers investigated the effect of sugar on various aspects of mood, including anger, alertness, depression, and fatigue.

The researchers found that:

- ◆ sugar consumption has virtually no effect on mood, regardless of how much sugar is consumed or whether people engage in demanding activities after taking it.
- ◆ people who consumed sugar felt more tired and less alert than those who had not.
- ◆ the idea of a ‘sugar rush’ is a myth without any truth behind it.



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Swimming for Fun, Fitness, and Fall Prevention

There's a myriad of water workouts available, but swimming remains a simple pleasure, with many options and benefits.

With all the choices in water workouts, it's easy to overlook good old-fashioned swimming. Though it may be too cold to swim outdoors in many part of the country, heated indoor pools are widely available at many YMCAs and community centers. Swimming is a joint-friendly full-body workout, as well as a decent calorie burner. An average 155-pound person can burn between 300 and 400 calories in 30 minutes with moderate effort. The exertion is similar to running at a 11.5-minute-per-mile pace or cycling at 14 to 16 miles per hour.

If it's been awhile since you swam, physical therapist Leena Uranwala, UCLA Medical Center, recommends you start slowly in the shallow end of the pool. "This allows you to stand up, if needed," she explains. "Sometimes, even people who were strong swimmers in the past may underestimate the effort that is needed to pull through the water and may find themselves struggling to make it across the pool due to decreased cardiovascular endurance or lack of mobility in the neck, shoulders, spine or hips."

A Deeper Dive into Benefits

Australian researchers recently looked at 1,700 men ages 70 and older and compared their choice of exercise to the likelihood they'd experienced a fall over a four-year period. They found that men who swam were 33 percent less likely to fall compared with those who did land-based activities, such as golfing, calisthenics, and exercising on treadmills and stationary bikes. Swimming develops strong large and core muscles, which are necessary for good balance control and are a major protective factor against falls. The study also noted that the swimmers outperformed their



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Whether you compete against yourself or others, raising the bar on your workouts can be quite healthy and invigorating.

counterparts in a standing balance test, in which a person stands as still as possible for 30 seconds with minimal sway or change in posture.

Another much smaller study from Korean researchers found that regular swimming exercise is effective for improving the physical composition, physical strength, and blood lipids of middle-aged women. Twenty-four middle-aged women participated in the study. Those in the swim group swam for about an hour three times per week for 12 weeks. When measured against those who did not swim, the swimmers decreased body fat, increased flexibility, and improved their cardiovascular system.

Gear up for the Water

For a lot of people, music is a powerful motivator. Waterproof headphones and MP3 players have come of age. Look for headphones that offer multiple options for ear pieces. The added bonus is that the headphones act as earplugs. Protect your hair by wetting it pre-swim. Saturating hair follicles with fresh, clean water leaves less room for chlorine or saltwater to soak in. Swim caps make a great addition and can help keep water out of

your ears and hair out of your face. Fog-resistant, full UV protectant swim goggles will protect your eyes and help you see better, too.

"Over time there may be loss of motion or pain in the neck and shoulders due to degeneration (wear and tear) and some people may benefit from using a snorkel so they can keep the head and neck in a neutral position and not have to turn it repetitively to breathe," advises Uranwala. "There are some excellent full-face snorkels that may be more comfortable on the nose and mouth."

If you're looking for an extra layer of warmth and/or protection from the sun, consider wearing a "sunsuit". These can vary from full-body triathlon swimwear to those used for surfing. Waterlust.com offers a variety of beautiful sea-inspired swimwear made mostly from recycled plastic bottles, and they donate a part of their proceeds to ocean conservation groups. The pants and tops can also be used for land-based activities, such as hiking, yoga, and Pilates.

Mastering Swimming

U.S. Masters Swimming (USMS) is a nonprofit organization that includes more than 60,000 swimmers nationwide. The majority are age 65 and up. While there are competitions, most members are in it for the camaraderie, but if competing or triathlons are on your bucket list, joining this group will certainly improve your skills in the water.

Most people swim at least three times a week as a group, and where environment allows, some offer open-water swims. There are lanes dedicated to all fitness abilities, and when you start, using fins or hand paddles can help you build up your strength and skill.

Coaches plan the workouts, which last about an hour. These are very much training workouts as opposed to casual swims. They will build your cardiovascular ability as well as endurance. Because showing up can be the hardest part of making exer-

Continued on the bottom of page 7

Aging Solo —cont. from page 1

children they could live with. Many people consider an ideal home to be a retirement community, where socialization possibilities and leisure activities abound. Research for such communities should include looking at continuing care retirement communities (CCRCs), where a person can start off in independent living and transition to an assisted-living apartment, if needed. Some CCRCs also have skilled nursing and rehab facilities. Of course, all this comes at a price. Some require hefty upfront entry fees well into the six figures and beyond, while others operate as rental properties, with rents starting around \$4,000 per month. Mylifesite.net has a database of information on CCRCs that features side-by-side comparisons, and also provides detailed guides on how to interpret the fine print.

If you have a home and want to stay in your community, it's important to factor in care services you might need. At first, friends may help, but if you need longer-term care, it's worth finding out about what government programs may cover. For example, some states, such as California, have PACE (Program of All-Inclusive Care for the Elderly), a Medicare program that provides care and services to people who otherwise would need care in a nursing home. PACE permits

most people who qualify to continue living at home instead of moving to a long-term-care facility. Familiarize yourself with what's available under your plan and in your state by visiting medicare.gov. And start vetting available home-care providers from such agencies as Visiting Angels, Comfort Keepers, and Home Instead. Some services are available for short-term needs, such as after a hospital stay or following a surgical procedure. Caregivers should be employees of the agency and background checked and insured by them.

The Legal and Other Nitty Gritty

Who will care for your pet? Who is your emergency contact? Who will take you to and from appointments if you can't drive? Who gets your assets when you pass? Form pacts with friends and neighbors, and get going on legal documents. Trusts, wills, health-care proxy and power of attorney for financial purposes are all important documents to discuss with an elder care attorney in your state. Communicate your wishes to your physicians and your loved ones, and provide them with copies of legal documents. Living wills and durable power of attorney (DPOA) for health care are especially important for health-care and end-of-life purposes. A DPOA designates one person of your choosing to protect your



It's wise to consult with a state-specific elder law attorney who is knowledgeable about both estate planning and health-care documents.

rights and make health-care decisions for you in the event that you become unable to do so.

Finally, staying safe in your home while living alone has been advanced through technology. From Amazon's Alexa to Apple's Siri, you can tell the device to call a friend or 9-1-1 in an emergency. Have an emergency contact in your phone filled under ICE (in case of emergency) and place a "Vial of Life" medical form on your refrigerator (vialoflife.com). Consider getting a digital door lock. You can share the code with those who may need access, if you are unable to get to the door. There are many inexpensive security cameras that allow you to remotely monitor your home while away, and if you should so choose, you can share a camera with someone you'd like to be able to look in on you. For more information and resources, check out programsforelderly.com, which also has some very inspiring senior films. ■

Swimming —cont. from page 6

cise a routine part of your life, joining a group of dedicated swimmers can help make fitness a priority. There are USMS groups nationwide, and if you travel, you can swim with other clubs. For more information, go to the website usms.org.

Avoiding Common Injuries

In general, swimming is a low-risk activity. The vast majority of documented swimming injuries occur from overuse in competitive athletes, for example, those who swim for more than 20 hours per week. Nonetheless, it can be helpful to know



what can happen, and how to potentially avoid it.

"Overhead strokes may be difficult for people with limited shoulder range of motion or a kyphosis, which is a flexed upper back," says Uranwala. "Do drills with fewer overhead

stroke, or try kicking with fins with arms at sides while on your back."

Neck and back pain can occur when swim form is poor and there isn't sufficient core strength to support the body in the water. For example, if the lower body drags down in the water, that position can stress the lower back. Overarching the lower back also can occur when using a kickboard.

As in all sports, it's possible to get individual instruction. Consider hiring a swim coach to help you achieve the best form possible. Even if you get just one lesson, it could reduce injury risk and make your swim a lot more fun. ■



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

Q *What is the difference between a DO and an MD?*

A An MD is a doctor of medicine and an OD is doctor of osteopathic medicine. The vast majority of physicians are MDs, with DOs comprising about 25 percent of the physician workforce. Students in both programs receive similar training. However, osteopathic schools have a stronger focus on alternative therapies, holistic medicine, and disease prevention. As the American Osteopathic Association explains it, students receive extra training in the musculoskeletal system, which is the body's interconnected system of nerves, muscles, and bones. DOs use this knowledge to perform osteopathic manipulative treatment (OMT), a series of hands-on techniques used to help diagnose illness or injury and facilitate the body's natural tendency toward self-healing. Learning OMT requires students at osteopathic schools to complete an additional 200 hours of coursework beyond the general medical school curriculum. Many DOs serve as primary care physicians, helping to fill an important gap in the primary care doctor shortage. Like MDs, DOs also can pursue any medical specialty, including surgery. Medicare Part B covers services on the same basis for both Medicare-certified DOs and MDs.

Q *Is it true that heart attacks are more common in winter?*

A In places where the temperatures drop below freezing, studies have found that heart attacks are more common. A Swedish study tracked heart attacks and weather data over a 16-year period and found that incidences of heart attacks rose as air temperature dropped. The heart normally works harder to help keep the body warm in colder weather. When it's cold outside, the small blood vessels in your fingers and toes tighten, restricting blood flow to the extremities. This normal reaction occurs to help keep blood deeper in the body, protecting and warming vital organs. However, to overcome the resistance from those narrowed

blood vessels, your heart has to work harder. This causes blood pressure and heart rate to rise. That's not a problem if you're healthy. But people who have coronary artery disease could develop breathlessness or chest pain. So if you have heart disease or are at risk for it, it's wise to take some precautions in cold weather. Wear warm gloves, a coat, a hat, and shoes/boots. If you are going to be outside for a long time, dress in layers so you can peel off clothing if you get too warm. Also, be careful not to overdo it with outdoor activities, as the heart works harder than you may realize. For example, shoveling snow can be more strenuous than running on a treadmill. Be sure to take your time and lift snow in small piles.

Q *I like that I have been exercising more, but sometimes I feel like I am starving and I can eat everything sight. Is it possible to exercise and not eat so much?*

A The body is like a car: if it travels farther down the road, it is going to need more fuel. However, when and what you eat can make a difference. A light snack an hour or two before exercise can help fuel your activity for a more enjoyable session, and it can help avert post-workout hunger intensity. It's also possible that you are more thirsty than you are hungry. As we get older, thirst signals abate. Be sure that you are hydrating adequately to support your exercise routine. Drink water an hour or so before you exercise and more after. Depending on how long and strenuously your exercise is, you may need to sip on water during activity as well. Post-exercise hunger can trigger the hormone ghrelin, which can increase hunger. This is especially true if you exercise on an empty stomach.

In general, you don't want to allow yourself to get too hungry because that can trigger unhealthy cravings. It's best to have protein-carb combinations, as these can provide steady energy. Lean protein options include eggs, turkey, fish, and beans. Good carb options include sweet potatoes, whole grains, and fruits and veggies with skin on if possible, as the extra fiber helps you feel fuller longer. ■

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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

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