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### DID YOU KNOW ...

Planning meals can help you eat more healthfully. Check out the My Plate guide on page 5.

## Do You Have Difficulty Swallowing?

*These are the common causes and what can be done about them*

**D**ysphagia is the medical term for difficulty with swallowing. When this vital function becomes problematic, it's important to let your physician know, even if it's minor and occurs sporadically. And don't ignore difficulty swallowing just because it is not painful.

"Dysphagia is never normal," says gastroenterologist Craig Gluckman, MD, UCLA Vatche and Tamar Manoukian Division of Digestive Diseases. "Any case, regardless of age, should be evaluated, as dysphagia is one of the alarm symptoms for cancer. It should not be ignored."

Swallowing is a complex process, and there are many muscles, nerves, and structural abnormalities that can cause problems. For example, trouble swallowing might occur from a neurological issue, such as a stroke, Parkinson's disease or amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease. The problem could be structural, meaning something is irritating the throat or esophagus, such as a tumor, radiation injury, or an infection. Acid reflux due to GERD (gastroesophageal reflux disease) can inflame the lining of the esophagus. Over time, GERD can cause tissue scarring that narrows the esophagus (called a stricture), leading to difficulty swallowing solids. Motility disorders refer to the malfunctioning of the muscles that push food/liquid down the esophagus. Achalasia is a condition in which the lower esophageal sphincter (a valve-like muscle at the bottom of the esophagus) does not relax to allow swallowed solids and liquids into the stomach. As a result, they get trapped within the esophagus. There are also medications and mouth issues that could negatively affect swallowing.

"I always look in the mouth to make sure there are no dental issues that could be causing problems with chewing, which is the start of swallowing," explains Dr. Gluckman. "Many medications, including those available over the counter, can cause dry mouth and



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*Trouble swallowing has many causes and multiple options for improving function.*

make swallowing difficult. Opioid pain medicines can cause motility issues in the esophagus. That's why we need to know exactly which medications a patient is taking."

Like many medical issues, dysphagia takes some detective work and dedicated diagnostic tests to search for the cause. Knowing what a physician looks for can prepare you for some of the tests you may need.

### The Swallowing Process

There are three main phases of the swallowing process. The first, called the oral phase, is when the tongue and jaw collect food or liquid and ready it for swallowing. Chewing breaks down solid food into packets called a bolus. Saliva softens and moistens food to make it easier to swallow. The tongue pushes the food bolus or liquid to the back of the mouth, which triggers the swallowing response. The second phase is called the pharyngeal phase. The larynx (voice box) closes tightly and breathing pauses momentarily to prevent food or liquid from entering the trachea (windpipe) and lungs. The third, or esophageal phase, occurs when the food bolus or liquid enters the esophagus, the tube

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your subscription, check your  
account status, or contact a  
customer service representative.**The Great Egg Debate, Solved. Maybe.**

The controversy about whether eggs are good or bad for your heart health may be solved, for now. Science is an ever-evolving discipline as new studies and methods reveal the latest insights. Such is the case with eggs. A team of researchers from the Population Health Research Institute (PHRI) of McMaster University and Hamilton Health Sciences in Ontario, Canada, analyzed data from three large, long-term multinational studies, and their results suggest there is no harm from consuming eggs. Although eggs are an inexpensive source of essential nutrients, some guidelines have recommended limiting consumption to fewer than three eggs a week due to concerns they increase the risk of cardiovascular disease. Previous studies on egg consumption and diseases have been contradictory. “This is because most of these studies were relatively small or moderate in size and did not include individuals from a large number of countries,” says Salim Yusuf, principal investigator of the study and director of PHRI. To reach this latest conclusion about eggs, researchers analyzed three international studies conducted by the PHRI. Egg consumption of 146,011 individuals was recorded from these three studies, which involved populations from 50 countries spanning six continents at different income levels, so the results are widely applicable, according to the study authors. Because the majority of individuals in the study consumed one or fewer eggs per day, it would be safe to consume this level, says Mahshid Dehghan, first author and a PHRI investigator. “Moderate egg intake, which is about one egg per day for most people, does not increase the risk of cardiovascular disease or mortality even if people have a history of cardiovascular disease or diabetes,” she says. “No association was found between egg intake and blood cholesterol, its components or other risk factors. These results are robust and widely applicable to both healthy individuals and those with vascular disease.” The study appeared in *The American Journal of Clinical Nutrition*.

**Antibiotics Studied for Frontotemporal Dementia**

Researchers at the University of Kentucky’s College of Medicine have found that a class of antibiotics called aminoglycosides showed potential as a possible treatment for frontotemporal dementia. Results of their proof-of-concept study, which was a collaborative effort between UK’s Department of Molecular and Cellular Biochemistry and the University of California San Francisco’s Department of Pathology, were recently published in the journal *Human Molecular Genetics*. Frontotemporal dementia is the most common type of early-onset dementia. It typically begins between ages 40 and 65 and affects the frontal and temporal lobes of the brain, which leads to behavioral changes, difficulty speaking and writing, and memory deterioration. A subgroup of patients with frontotemporal dementia have a specific genetic mutation that prevents brain cells from making a protein called progranulin. Although progranulin is not widely understood, its absence is linked to the disease. The researchers discovered that after aminoglycoside antibiotics were added to neuronal cells with this mutation, the cells started making the full-length progranulin protein by skipping the mutation. This discovery was made in the lab, and the next step in the process will be to test the theory on mice.

**Experiencing Meaning in Life Has Health Benefits**

Many people think about meaning and purpose in life from a philosophical perspective, but meaning in life is associated with better health, wellness and perhaps longevity, according to the authors of a recent study published in the *Journal of Clinical Psychiatry*. More specifically, they found the *presence* of meaning in life is associated with better physical and mental well-being, while the *search* for meaning in life may be associated with worse mental well-being and cognitive functioning. “When you find more meaning in life, you become more contented, whereas if you don’t have purpose in life and are searching for it unsuccessfully, you will feel much more stressed out,” says senior author Dilip V. Jeste, MD, senior associate dean for the Center of Healthy Aging at UC San Diego School of Medicine. The three-year study examined data from 1,042 adults, ages 21 to 100-plus. The presence and search for meaning in life were assessed with interviews, including asking participants to rate items such as, “I am seeking a purpose or mission for my life” and “I have discovered a satisfying life purpose.” According to the authors, meaning in life is a clinically relevant and potentially modifiable factor, which can be targeted to enhance the well-being and functioning of patients. ■

# Physical Fitness in Your 60s and Beyond

*How to get fit, stay fit, and remain as mobile as possible throughout life.*

**A** flabby and sedentary Millennial is not much better off than a Baby Boomer who rarely exercises. No matter what age, deconditioning makes people prone to body aches, lack of energy, and less than optimal brain power. But, the opposite is also true: The health-enhancing benefits of physical conditioning are as rewarding at age 70 as they are at age 20. The mind is sharper, the body moves more gracefully and painlessly, and emotions are better balanced when a person devotes time and attention to physical fitness.

The general recommendations also don't change that much through the decades, but the particulars can help keep you motivated and safer while working out.

"Older people respond to exercise just like younger folks," says exercise physiologist Ernie Sacco, Manager of Cardiac and Pulmonary Rehab, UCLA Medical Center. "But they don't necessarily have to push themselves as hard as 20-year-olds often do."

## The Truth About Muscles

Age-related muscle loss, called sarcopenia, is a natural part of the aging process and begins in the third decade of life. After age 30, people can lose from 3 to 5 percent of muscle mass per decade. If nothing is done to counterbalance this consequence of aging, it's easy to understand how it can lead to frailty, obesity, and loss of mobility. The good news is muscle can rebuild at any age. A series of landmark studies published in the 1990s highlighted the profound role progressive resistance training can have on increasing muscle mass, muscle size, and functional capacity in older adults. In particular, *JAMA* published a study about individuals ages 90 to 99 who were able to increase their muscle strength, on

average a whopping 174 percent in their mid-thigh muscles, with just eight weeks of high-intensity progressive resistance training.



*Maintaining fitness throughout life is an excellent way to keep enjoying favorite activities.*

Strength training at least twice per week is essential. Whether you use resistance bands, barbells or body weight doesn't matter. What does matter is exhausting a muscle through repetition or load because muscle builds when it's pushed out of its comfort zone. If you're doing bicep curls for example, you know you've done enough when you can barely lift the weight one more time. Of course, this presupposes that your form is correct (i.e. not jerking the weight, keeping your wrist straight). If you don't know how to do resistance exercises correctly, go to a beginners' group class or hire a personal trainer skilled at working with older adults. A few sessions can teach you how to exercise to maximize results and avoid injury.

## For the Heart and Brain

Cardiovascular exercise, as the name implies, is movement for the heart and circulatory system. Also known as aerobics, it's another essential component of weekly physical activity. Studies have shown that it provides a host of benefits, including weight loss/maintenance, a boost in heart health, and reduction of anxiety

and depression. Aerobic exercise increases blood flow throughout the body, including the brain. In experiments that included physical activity, brain scans, and working memory tests, researchers at the University of Iowa found that participants experienced the same cognitive benefits and improved memory from a single exercise session as they did from regular exercise. The implication is aerobics may provide immediate cognitive benefits.

Like resistance training, there are many aerobic options: swimming, walking, dancing, and cycling all apply. To gain benefits, do any activity for about 30 minutes most days of the week at an intensity level that is moderate, meaning you are able to talk but not sing while doing it. And yes, walking can do the job, so long as it is brisk and gets your heart rate up. Some people enjoy using a heart rate monitor. Some monitors are integrated with step counters, such as Fitbits and Apple Watches, which track steps and heart rate along with other metrics.

## Flexibility and Balance

A well-rounded exercise program includes stretching and balance. Sacco advises stretching every time before exercise and suggests that additional benefits can be gained through yoga, Pilates and tai chi, which all have a stretch and balance component. For those with joint issues, working out in a pool is also an excellent choice. For more motivation, check out the National Institute on Aging website ([go4life.nia.nih.gov](http://go4life.nia.nih.gov)) where you will find numerous helpful videos and tracking tools. ■

## WHAT YOU SHOULD KNOW

- **Maintaining** fitness requires dedication and perseverance.
- **Regardless** of age, muscles build through progressive resistance.
- **Enjoy** moving your body daily.

# Energy, Fatigue, and Food

*Choose the right foods and eat them at the right times to feel your best.*

**D**o you really need a hearty breakfast? Is it OK to snack throughout the day? If you're interested in discovering the best ways to maintain energy throughout the day, this is what you need to know: There are many methods that can work.

"It depends on the person," says Dana Hunnes, PhD, Senior Dietitian at UCLA Medical Center and Adjunct Assistant Professor at UCLA Fielding School of Public Health. "If you are someone who doesn't like to sit down for three big meals, you might be better off snacking and keeping your body fueled around the clock. If you prefer to feel satiated and full, then you might be better off not snacking and just eating main meals or only snacking if your body is telling you that it is hungry or missing something. It's also OK to feel some hunger, as long as it is not debilitating."

There are people who aren't hungry first thing in the morning and tend to skip breakfast or eat just a little something. That's fine, according to Hunnes. But the one absolute she recommends for everyone is to avoid eating a large meal before bedtime, as the digestive process can interfere with sleep.

Food timing is a matter of really listening to your body and fueling it with foods that will satiate and not bog you down. If you like to snack a lot, ask yourself if you are really hungry or just using food as a way to stave off boredom or to fill an



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*Search for fresh, seasonal produce at your local farmer's market.*

emotional void. To find out, set a timer for 15 minutes and wait before you take that first bite. If you are still honestly hungry after that alarm rings, go ahead and enjoy a healthy snack. For energy and mental clarity, the ideal choices are a combination of carbohydrates and proteins. Think minimally processed and whole foods. That could be a banana with nut butter, tangy apple slices with cheddar cheese and whole-grain toast, or hummus with marinated olives and pita bread. Take the time to arrange these items on a plate and enjoy the flavors, textures and colors. There is no need to rush.

## Your Ideal Eating Pattern

Nutrition experts call what you eat "your dietary pattern." Though specific foods vary per individual, everyone should strive for a proportion-appropriate eating plan that provides the nutrients needed to fight off disease, be active, and maintain a healthy weight. But what does that look like for you, specifically? The United States Department of Agriculture (USDA) created MyPlate, a visual guide for a healthy dietary pattern. In short, the recommendation is to cover half of your plate with fruits and vegetables and leave about a quarter of the plate for protein and a quarter for grains. Within that structure, there is a world of delicious options.

**Go for Color.** A colorful plate is nutritious, delicious, and beautiful. For inspiration, visit your local farmer's market to get the season's freshest choices. In May look for gorgeous apricots, asparagus, beets, blueberries, cabbages, snap peas, strawberries, and fresh herbs.

Think about interesting ways to combine these flavors: apricots with basil, strawberries and snap peas. Frozen fruits and vegetables are as nutritious as fresh, so if you buy too much, freeze some for later. Because herbs tend to wilt quickly, plan to use them within a few days of purchase. Some, such as dill and tarragon, can be dried for later use.

**Look for Lean Protein.** Choices in protein abound: poultry, seafood, eggs, beans, dairy, soy products, nuts and seeds all qualify. A study released in October 2019 catalyzed a nationwide controversy when it stated that there was "low" evidence

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that red and processed meats were harmful to health. Many top nutritional experts vehemently disagreed and were quick to point out flaws in the study design. The bottom-line recommendation is to limit red and processed meat consumption to no more than three servings per week. Thinking of processed meats as a condiment might be helpful. For example, sprinkle bacon crumbles on a baked potato rather than eating several bacon slices, or serve thinly shaved prosciutto over melon slices.

### Enjoy Whole-Grain Goodness.

Breads and crackers might be the first items that pop into mind when you think of grains. But why not just enjoy them as actual whole grains? It's easy to boil barley, whole wheat or quinoa, similarly as you would rice. They can be a base for stir-fry and added to soups, but grains also can become sweet and satiating treats. For example, portion out a quarter-cup of cooked barley and drizzle with a little honey or maple syrup, or add raisins or chopped dates. Each grain has its own unique flavor and nutrition profile, but all have fiber, several B vitamins and important minerals like magnesium and immune-boosting selenium. And quinoa is one of the rare plant sources of protein that contains all the essential amino acids. Teff, a whole grain most often associated with Ethiopia, is also quite high in protein.

### Plan to Eat Right

Whether you're a three-meal-a-day person or more of grazer throughout the day, experts agree that making a plan leads to better choices. Create a list of healthy snacks and fill your fridge and cupboards only with those food items. Fruits and veggies tend to be under-consumed, so make them the star of your snacks and meals.

Of course, gaining energy from foods isn't just about what you eat; it's about what you don't consume. In general, avoid ultra-

processed foods and go for whole foods. Ultra-processed foods are prepared foods that come in boxes and bags and usually have a long list of unpronounceable ingredients. The theory is that the body simply doesn't recognize these as real foods, which is why it's possible to eat an entire bag of cookies but not an entire bunch of bananas.

"Whole foods provide energy because they have many vitamins

and minerals in them that give your body the nutrients it craves for energy," explains Hunnes. "On the other hand, foods that are very draining are processed foods that are high in fat, sugar, salt, and low in naturally-occurring vitamins and minerals. These are draining because you feel like all you want to do is fall asleep after eating them since they don't provide your body with much of what it is craving." ■



United States Department of Agriculture



## Meal planning made easy

Planning healthy meals ahead of time can help you stick to a healthy eating style. If you're new to meal planning, start small and work up to more.



**Map out your meals**

Outline meals you plan to eat for the week and use it as a guide. Be sure to list beverages and snacks too!



**Find Balance**

If you have veggies, dairy, and protein at one meal, include fruit and grains in the next to cover all 5 food groups.



**Vary protein foods**

Choose a variety of protein foods throughout the week. If you have chicken one day, try seafood, beans, lean meat, or eggs other days.



**Make a grocery list**

Start by listing ingredients for meals you plan to make. Cross off items you already have on hand.



**Love your leftovers**

Prepare enough of a dish to eat multiple times during the week. Making leftovers part of your plan can save money and time.



**List more tips**

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Based on the Dietary Guidelines for Americans  
Go to Choose **MyPlate** .gov for more information.

MPMW Tipsheet No. 2  
Center for Nutrition Policy and Promotion  
USDA is an equal opportunity, provider, employer, and lender.

# Peripheral Artery Disease Compromises Blood Flow

*This condition suggests the likelihood of clogged arteries in more than one area.*

**P**eripheral artery disease, PAD, is a circulatory disease usually caused by plaque-clogged arteries (atherosclerosis). Peripheral arteries transport vital nutrients and oxygen-rich blood to the outer regions of the body, such as the legs, feet, arms, and head. The affected area depends upon where the blockages are. Often, PAD jeopardizes the health of the lower legs. But, it's also a marker for systemic disease, meaning that if there are blockages affecting the limbs there are very likely obstructions in other arteries. The American Heart Association estimates that people with PAD have a fivefold greater risk of heart attack and stroke, compared to those without the disease.

"The prevalence of PAD increases with age," adds cardiologist Boris Arbit, MD, Ronald Reagan UCLA Medical Center. "For this reason, older patients with a history of coronary artery disease, stroke, tobacco use, and diabetes may warrant closer evaluation."

## Symptoms and Risk Factors

Claudication means cramping and pain in the legs and buttocks brought on by lack of blood flow. It often occurs during physical activity and it's a sign of PAD. However, this symptom only occurs in about 10 percent of people who have PAD. Other symptoms include numbness, coldness or loss of hair in the lower legs or feet, changes in color or texture of the skin on legs and feet, or changes in toenail growth and texture. In the most extreme cases, PAD can lead to gangrene (tissue death) and limb amputation.

PAD can remain asymptomatic for quite some time because many people don't experience symptoms

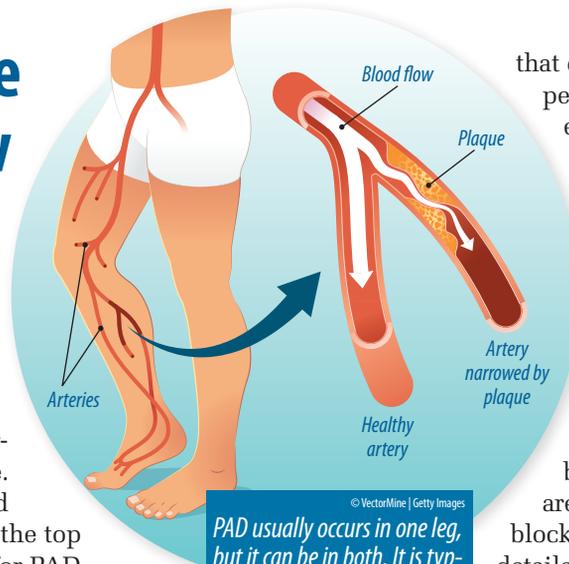
until blood vessels are blocked by about 70 percent or more. Smoking and diabetes are the top risk factors for PAD. Quitting smoking slows the progress of PAD. Smokers and those who have diabetes are at highest risk for PAD complications, such as gangrene in the leg from decreased blood flow.

Conditions that can damage blood vessel walls and lead to plaque buildup are also risk factors for PAD. These include obesity, high blood pressure, high cholesterol, and high amounts of sugar in the blood due to uncontrolled diabetes. Family history of the disease is also considered a risk factor.

## Diagnosis and Treatment

PAD is easily diagnosed and can be managed with lifestyle changes and medications. A simple in-office test called an ankle-brachial index (ABI) can help determine whether or not you have PAD. The ABI compares blood pressure in your ankle to the blood pressure in your arm. The test takes about 15 minutes to measure both arms and both ankles. For people considered at risk, this test should be done yearly to see whether PAD is developing or worsening.

Because movement demands more blood flow, physicians may want to compare ABI results before and after a treadmill test. Walking on a treadmill can reveal how severe symptoms are, the level of intensity that brings them on, and how long it takes to occur. According to Dr. Arbit, an ABI



*PAD usually occurs in one leg, but it can be in both. It is typically caused by clogged arteries (atherosclerosis), which results when fatty deposits called plaques accumulate in the blood vessels.*

that decreases by 20 percent following exercise is indicative of arterial obstruction.

While an ABI can reveal how well blood is flowing in the limbs, it can't precisely show which blood vessels are narrowed or blocked. A more detailed analysis can be provided through tests such as a Doppler ultrasound, a magnetic resonance angiogram, and an intravascular

ultrasound, which is an invasive procedure that involves threading a tiny sound probe through an artery.

If you are diagnosed with PAD, lifestyle changes are usually the first course of action. Smoking cessation is crucial, as is a healthy diet and adequate exercise. A supervised exercise program is often recommended as it has been shown to reduce PAD symptoms. Medications may include those needed to control blood pressure and glucose levels. Aspirin, statins, anti-platelet drugs and/or other medications also may be prescribed.

For more severe blockage, invasive therapies may be needed. An angioplasty involves threading a wire through a blood vessel to the blockage point and inflating a balloon to squeeze the plaque against the artery wall, creating a larger opening for blood to flow. Newer drug-coated balloons may be used to minimize the regrowth of plaque. Stents may also be recommended. If the plaque is too hard, atherectomy is a procedure that uses a high-speed burr to shave down and remove plaque particles.

Experts are quick to point out that invasive interventions do not prevent progression of the disease. That is achieved by medications and lifestyle changes. ■

## Swallowing —cont. from page 1

that delivers substances to the stomach. The muscles in the esophagus contract in a wave-like motion (peristalsis) to push substances down.

From the tongue and muscles in the throat to muscle movements in the esophagus, there are many points at which there can be problems that affect swallowing. To help narrow down what might be causing the problem and where it is, these are some of the questions physicians commonly ask:

- Does food get stuck many seconds after swallowing (in contrast to right away)?
- Does the problem occur with liquids, solids, or both?
- Is the problem intermittent?
- Is it progressing rapidly?
- Are there other symptoms, such as weight loss, heartburn, or chest pain?

### Types of Dysphagia

There are two main types of dysphagia. Esophageal dysphagia is when it feels like there is something stuck in the chest. This often occurs because the esophagus is narrowed or inflamed. It's usually caused by a structural problem, such as the previously mentioned stricture from GERD, or the motility disorder called achalasia. Eosinophilic esophagitis is an inflammatory condition that can cause the esophagus to be irritated and narrowed. Scleroderma is a connective tissue disease in which scar-like tissue forms in the internal organs, including the esophagus. Like the rest of the body, the esophagus can experience changes and failures with aging. Presbyesophagus is the medical term for the age-related change in the structure of the esophagus (it appears wavier instead of straight). That structural change can result in abnormal muscle movements and food going down slowly or getting stuck.

Oropharyngeal dysphagia makes it difficult to maneuver food from the mouth down the back of the throat.

### Pilot study:

#### PEPPERMINT OIL MAY RELIEVE DYSPHAGIA DUE TO MOTILITY DISORDERS

A small study of 38 participants found that 63 percent of people with a motility swallowing disorder felt better after taking peppermint oil before meals. Research has shown that peppermint oil has muscle-relaxing properties. The concentrated peppermint oil was given as dissolvable peppermint tablets, which are commercially available. No adverse side effects were reported. Study authors believe the treatment helped soothe muscles in the lower esophagus, making swallowing easier. The study did not find that a specific dosage of the oil was best, but suggests it may be a viable first line of treatment.

—*Digestive Diseases and Sciences*, Feb.15, 2019

It usually has a neurological or muscular cause but can also be a consequence of head and neck cancer or a condition called Zenkers diverticulum (referring to pouches that develop in the upper esophagus). Neurological conditions can weaken and damage the throat muscles, thus impairing the ability to swallow.

### Diagnosis and Treatment

Experts who specialize in swallowing disorders include gastroenterologists, otolaryngologists, and speech-language pathologists. Diagnostic imaging tests help experts locate where the problem is occurring. Given the complexity of swallowing, several tests may be needed.

A barium swallow test can reveal changes in the shape of the esophagus. Barium is a chalky white substance that is visible on x-rays and is swallowed during the exam. With a barium swallow, the flow of barium is viewed in real time on a video monitor as the liquid travels from the mouth to the stomach. An upper endoscopy involves threading a thin flexible tube with a light and camera at the end down the esophagus and into the stomach. Anesthesia may be required. The advantage of this test is if a narrowing of the esophagus is found, it may be possible to treat it during the endoscopy by gently stretching the esophagus using an inflated balloon passed through the endoscope. According to Dr. Gluckman, the relief is almost immediate. Another test, called a high-resolution

esophageal manometry, assesses how well the valve between the esophagus and stomach is functioning, and also detects motility disorders. The test requires a tube to be inserted through a nostril and is extended down through the throat and into the esophagus. Though it can be a bit uncomfortable, the nostril is anesthetized and Dr. Gluckman says most patients can tolerate it well enough.

Dysphagia treatment depends on the cause. Acid-blocking medications and lifestyle modifications (avoidance of certain foods, and sleeping in a slightly elevated position, for example) can prevent the development of strictures from GERD. Dry mouth caused by medications can be treated with products that moisten the mouth, or possibly an alternative medication may be available. If muscles are weak, a speech and swallowing specialist can help people strengthen weakened swallowing muscles and improve coordination. Some people may benefit from preparing foods in particular ways, adding thickeners to liquids for example, or avoiding hot or cold foods.

Difficulty swallowing can lead to malnutrition and dehydration. Swallowing disorders may also lead to pneumonia from bits of food or liquid being misdirected into the lungs. With proper diagnosis and treatment, symptom relief and improved swallowing function are possible. Some swallowing problems may be treated by a primary care physician, while others may require a specialist. ■



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## Q What causes morning headaches?

**A** There are many reasons why this could be occurring. Exploring what you did during the day or evening can provide clues and possible solutions. For example, dehydration can cause mild and even more severe headaches. Because some may lose the ability to sense thirst, they don't drink enough and thus hasten dehydration. In the morning if your headache is accompanied by extreme thirst, dry sticky mouth or tongue, low blood pressure, increased heart rate, dizziness, fatigue, and/or dark colored urine, your head pain may be due to dehydration. Your body needs a balance of fluid and electrolytes, which can be lost through excessive sweating, lots of exercise, or simply not drinking enough water during the day. But once rehydrated, the headache usually fades. Tension and stress can also cause morning headaches. A dull aching pressure in your head, and neck and shoulder pain are symptoms indicative of stress-induced and muscle-related headaches. Try a nightly winding down ritual that includes stress-reduction techniques such as gentle stretches, soothing herbal teas, deep intentional breathing, or a warm shower to help calm body and mind. People who grind or clench their teeth at night (called bruxism) are susceptible to morning headaches. Jaw and face pain also are symptoms. If you're unsure if you do this, consult with your dentist. Most cases of bruxism can be easily treated with a night guard, which helps lighten tension and cushions the muscles in the jaw. Your dentist can help you find the right night guard. What you eat and drink can also affect how you feel in the morning. Of course, too much alcohol leads to morning hangovers. Keep in mind, the body metabolizes alcohol differently with age, so one or two drinks, especially on an empty stomach, can result in morning headaches. Low blood sugar (hypoglycemia) is another culprit and may be accompanied by feeling damp, sweaty, hungry, nauseated or shaky upon waking. If you wake up super hungry with a headache, a piece of fruit can quickly raise blood sugar levels.

## Q Why is it so hard to find a geriatric doctor?

**A** Simply put, it's a matter of supply and demand. There are not nearly enough geriatricians to meet the current demand of our aging population. Without some changes, that pattern will continue. A federal health workforce study reports that by 2025, the deficiency will be greater than it is now due to the growing percentage of older adults. And that considers the prevailing scientific findings that say only about 30 percent of older adults have the more complicated medical issues that necessitate seeing a geriatrician. To new medical students geriatrics may not be as attractive as other specialties that appear more prestigious and certainly offer more pay. The salary of geriatricians is typically half of what many other specialists earn, such as radiologists, cardiologists, and anesthesiologists. That makes repaying hefty medical school loans a much more daunting task. On the plus side, a 2009 survey showed that geriatricians may have high career satisfaction. Indeed, many cite the joy in hearing patient's life stories, working with patients to meet their health-care goals, joining a team of caregivers (e.g., social workers, pharmacists, physical therapists, etc.) and preventing and treating complex health conditions. Genetics do play a role in aging, but lifestyle likely plays an even bigger one. Healthy, vibrant older adults are people who choose to eat a nutritious diet, get plenty of exercise, have a meaningful social life, and remain purposeful, whether they are continuing to work, volunteer, or otherwise satisfy their spirits. This is not to say that people who need the expertise of a geriatrician have just let themselves go (though some have). There are seniors who are frail and vulnerable due to illnesses as well as psychosocial situations. Many have several chronic illnesses and take multiple medications. These are the people who need specialized care most. Given the likely future shortage, experts are calling for geriatric care to become mainstream by incorporating geriatric principles to guide all care. ■

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