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Go Out and Play

Five ways to enjoy the health benefits of being active outdoors.

Fresh air, sunshine, and a change of scenery are just a few of the reasons that being active outdoors does the mind, body, and spirit good. Some people, such as sports medicine physician Brad Thomas, MD, think of the outdoors as their personal gym and activity center.

“All I do is exercise outside,” says Dr. Thomas, orthopaedic surgeon and faculty member at the UCLA department of orthopaedics. “It brings me a sense of energy and the sunshine helps increase vitamin D, which helps prevent osteoporosis and stress fractures. It has also increasingly come into focus as good for muscle and tendon health.”

Five Inspiring Outdoor Activities

The great outdoors offers plenty of opportunities to move your body in the glory of nature. Here are five inspiring ideas to get you going.

- 1 Cycling/biking.** Whether zooming down a hill on a high-end road bike or lightly peddling around on a beach cruiser, make it a habit to wear a helmet. In fact, most cycling clubs require it. Cycling clubs vary from casual riders to those who like to kick it up a notch. “I have people in their 70s and 80s on road bikes riding up and down hills at 30 miles per hour.” Age is truly just a number for some people. Muscles adapt and appreciate new challenges at any age.
- 2 Swimming.** Whether in open water or in an outdoor pool, swimming is an extremely popular activity for seniors, with good reason: The buoyancy of the water is gentle on the joints. For older athletes and newbies, that makes it possible to get a good hard aerobic workout, while avoiding the pounding impact of running. Warming up the shoulder joints is especially impor-



Cycling is good for the heart and builds powerful legs.

tant before you get started. “Rotator cuff injuries are more common in my patients over 50 years of age,” Dr. Thomas says. “As we get older, we do less movements above shoulder height, so it’s important to stretch your arms up over your head and behind your back prior to activities like swimming, rowing and paddle sports.” If you love to work out with others, consider joining U.S. Masters Swimming (usms.org). This nationwide organization features adult group training swims and competitions for various age groups, including those well into their golden years.

3 Hiking. Whether you’re a city dweller or already in the countryside, hiking in nature is generally accessible in urban, state, and national parks. Dr. Thomas recommends hiking boots to help stabilize ankles, which running shoes or outdoor sandals don’t offer. Depending on the location, there may be rocks, logs, inclines and declines to negotiate. Walking sticks or hiking poles can be especially helpful in those situations. Precise foot placement builds agility as you navigate around natural obstacles. And it increases your awareness of being present in the moment, which is

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UCLA Division of Geriatrics

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Researchers Explore Effects of Timing Medications to Circadian Clock

Most people relate the term circadian clock to the biological process that triggers sleep and wake times. While that's true, circadian rhythms also influence the body's immune system and metabolism. Certain diseases can also have a kind of circadian timing. For example, more strokes tend to occur in the morning, while asthma is often worse at night. Chronotherapy is the scientific term used to describe medication administration to maximize effectiveness and minimize side effects according to circadian rhythms. In a recent report published in *Pharmaceutics*, Australian researchers performed a database analysis of the 30 most commonly prescribed medications that included the impact of timing in the research. Fifty-six percent of the studies showed that the therapeutic effect of a medicine varied with the time it was taken. While optimal administration times are included with some package inserts, it doesn't always make it to a patient's prescription bottle, according to the researchers. More research is needed and is underway to identify the best times to take certain medications. For example, current research at Washington State University College of Pharmacy suggests there may be benefits to timing chemotherapy in cancer patients to the time of day the body is most awake. Coordinating chemotherapy treatments with the time of day could help the patient's metabolism fight against drug toxicity and side effects. However, further study will be needed to pinpoint exactly how circadian dosing works before it can be tested in patient treatment plans.

Small Study Shows Reversal of Memory Loss in Patients with Alzheimer's

People with the genetic variation APOE4 are at increased risk for developing Alzheimer's (AD) disease. In a recent study, nine of 10 patients sampled for this trial had this genetic variable. Five had two copies of APOE4, which gives them 10-12 times the risk of developing AD. The study, which comes jointly from the Buck Institute for Research on Aging and the UCLA Easton Laboratories for Neurodegenerative Disease Research, shows that memory loss in patients can be reversed and improvement sustained using a complex, 36-point therapeutic personalized program that involves comprehensive changes in diet, brain stimulation, exercise, optimization of sleep, specific pharmaceuticals and vitamins, and multiple additional steps that affect brain chemistry. In one case, an MRI showed hippocampal volume at only the 17th percentile for a 66-year-old man. After 10 months on the protocol, a follow-up MRI showed an increase of his hippocampal volume to the 75th percentile, with an associated absolute increase in volume of nearly 12 percent. "The magnitude of improvement in these 10 patients is unprecedented, providing additional objective evidence that this programmatic approach to cognitive decline is highly effective," says study author Dale Bredeesen, MD. "Even though we see the far-reaching implications of this success, we also realize that this is a very small study that needs to be replicated in larger numbers at various sites." Plans for larger studies are underway. The study was published in the journal *Aging*.

Deeper Bonds with Dogs Associated with Better Health

Dog walking is associated with lower body mass index, fewer doctor visits, more frequent exercise, and an increase in social benefits for seniors. According to recent research from the University of Missouri (MU), people with higher degrees of pet bonding were more likely to walk their dogs and to spend more time walking their dogs compared with those who reported weaker bonds. Researchers' conclusions were based on an analysis of 2012 data from the Health and Retirement study, sponsored by the National Institute on Aging and the Social Security Administration. "This study provides evidence for the association between dog walking and physical health using a large, nationally representative sample," says Rebecca Johnson, PhD, MU College of Veterinary Medicine. Researchers suggested that retirement communities also could be encouraged to incorporate more pet-friendly policies, such as including dog walking trails and dog exercise areas so that their residents could have access to the health benefits. The study, published in *The Gerontologist*, included data about human-animal interactions, physical activity, frequency of doctor visits and health outcomes of the participants. ■

Increasing Accuracy in Prostate Cancer Diagnosis

MRI plus ultrasound enables better biopsy mapping and targeting.

Nearly all of the one million prostate biopsies performed annually in the U.S. are triggered by elevations in prostate-specific antigen (PSA) levels. PSA is a protein produced by the prostate gland that may indicate the presence of cancer. Most prostate biopsies are negative for cancer. However, many men with negative biopsies but elevated PSA levels may still have a malignant tumor. These tumors can easily be missed or misdiagnosed by the conventional ultrasound-guided biopsy method. Leonard S. Marks, MD, professor of urology and director of UCLA's active surveillance program, refers to this method as a "blind" prostate biopsy and says it has some serious limitations.

"Ultrasound shows the prostate, but it often fails to reveal prostate cancers," explains Dr. Marks. "Therefore, a systematic biopsy approach was used, and if any cancer was detected, then definitive therapy, such as surgery or radiation, was usually recommended. However, many tumors detected by this blind method were clinically insignificant, meaning they weren't of potential importance, but they were treated anyway. On the other hand, many serious cancers were missed by the blind method."

The Limits of Ultrasound

Ultrasound biopsy guides the tissue sampling process by revealing the outside of the gland. It does not reveal whether or not that tissue is cancerous. The process, which can be painful, involves removing numerous tissue samples from multiple sites of the prostate to more definitively reveal the potential presence of a malignancy. But, according to Dr. Marks, the difference between benign and malignant tissue is very subtle. Thus, until recently, imaging modali-



Fusion biopsy identifies clinically significant tumors.

ties have generally failed to reveal the presence of a small malignancy within the larger benign tissue.

The Fusion Biopsy: MRI Plus Ultrasound

A few years ago, research by a team of UCLA physicians and engineers demonstrated that prostate cancer could be diagnosed far more easily and accurately using a new image-guided, targeted biopsy procedure. Known as fusion biopsy, this method combines MRI (magnetic resonance imaging) with real-time ultrasound in a device known as the Artemis. The advanced imaging comes from a sophisticated MRI, which confirms the density of the tissue (higher density is a cancer indicator), and also measures chemical concentrations and blood flow in tissue.

The study involved 171 men who were either undergoing active surveillance to monitor slow-growing prostate cancers or who, despite prior negative biopsies, had persistently elevated PSA levels. The biopsies using the new technique were done in about 20 minutes in an outpatient clinic setting under local anesthesia. Prostate cancer was found in 53 percent of men studied. Of those tumors found using the fusion biopsy technique, 38 percent had a potentially aggressive tumor. Once prostate cancer spreads, it's much more difficult to treat, and survival decreases.

WHAT YOU SHOULD KNOW

- **Compared** to conventional biopsy, fusion biopsy has several advantages:
- **Reveals** the site of lesions to better guide biopsy sampling and diagnosis.
- **More accurately** determines who should participate in active surveillance.
- **When negative**, provides a degree of reassurance not possible with conventional biopsy.

Challenging Active Surveillance Status

In a recent study published in the *Journal of Urology*, Dr. Marks and his team identified 113 men enrolled in the UCLA active surveillance program who met the criteria for having low-risk cancers based on conventional biopsies. Study volunteers underwent an MRI to visualize the prostate and any lesions. That information was then fed into the Artemis device, which fused the MRI pictures with real-time, three-dimensional ultrasound, allowing the urologist to visualize and target lesions during the biopsy.

Of the 113 volunteers enrolled in the study, 41 men (36 percent) were found to have more aggressive cancer than initially suspected, meaning they were not good candidates for active surveillance. The findings should result in a re-evaluation of the criteria for active surveillance, according to Dr. Marks.

"We are hesitant now to enroll men in active surveillance until they undergo targeted biopsy," he says. "Fusion biopsy will tell us with much greater accuracy than conventional biopsy whether or not they have aggressive disease."

With its improved diagnostic accuracy, the MRI-ultrasound fusion method can better evaluate which men are most suitable for active surveillance. And those with negative biopsies have greater reassurance of their results. The procedure is covered by Medicare. ■

Concussions and Traumatic Brain Injuries

Sometimes, silent injuries have potentially serious consequences.

Though considered a mild traumatic brain injury (MTBI), a concussion can be a serious injury, especially as people get older. The majority of traumatic brain injuries (TBIs) tend to be of the milder form. The Centers of Disease Control and Prevention estimates that for people 65 years of age and older, TBI leads to more than 80,000 emergency department visits every year. Falls are the leading cause of TBI in older adults, and compared to younger people, older adults are twice as likely to be hospitalized due to TBI.

Falls and crashes are certainly dramatic and traumatic. But what about that little slip and fall that didn't appear to cause any immediate damage? Nothing is broken. There was no loss of consciousness. Sure, you might be embarrassed but you basically brush it off and go about your day.

"Most people don't want to believe something bad has happened," says neurologist Paul M. Vespa, MD, David Geffen School of Medicine at UCLA. "Then they start experiencing symptoms, go to the doctor and report they hit their head three days ago."

While the delay in symptoms is possible for anyone at any age, head injuries affect older adults differently than younger people. Sometimes the symptoms, which include increased sleepiness, headaches, short-term memory loss, and confusion, can be dismissed as just a part of getting older or having an off day. But consequences of a concussion can be very serious and should not to be ignored.

"Older adults tend to develop more problems with infection, blood

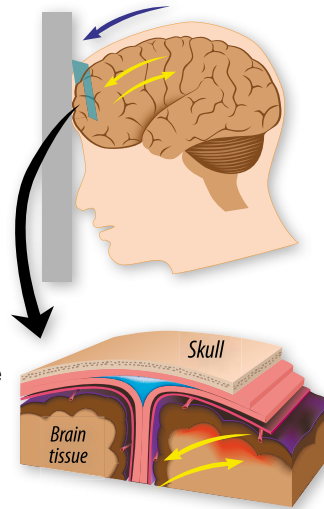
pressure and glucose control," explains Dr. Vespa. "They are also more prone to subdural hemorrhages because the brain has shrunk and the empty space can fill with blood."

Many seniors also take blood-thinning medications, which increase the risk for internal bleeding.

Studies in Recovery

A recent study published in the journal *Radiology* underscored that older patients may have more difficulty recovering from a concussion. Specifically, researchers used functional MRI (fMRI) to evaluate the effect of age on working memory and functional activation in the brain after concussion. They compared two groups with concussions: young adults (21-30 years old) and older adults (51-68 years old). They scanned them twice. The first time was within one month of injury and the second fMRI was six weeks later.

The analysis showed that the younger patients had a significant reduction in post-concussion symptom scores. There was no significant change observed in the older patients. According to the study authors, the findings provide evidence for age differences in neural plasticity—the brain's ability to form new connections to compensate for injury, adapt to changing environments or learn something new. Furthermore, they surmised that the results suggest that MTBI



Jolts to the body, including falls, can damage delicate brain tissue.

WHAT YOU SHOULD KNOW

- Falls are the leading cause of concussion and TBI in older adults.
- Symptoms may be delayed for several days.
- Recovery can take three months or more.
- See your doctor any time you fall and hit your head or experience a jolt that causes whiplash.

might cause a more profound and lasting effect in older patients.

Treatment and Recovery

Current treatments include medications to stabilize the pressure in the brain to stop bleeding and protect against seizures. In addition, physical therapy and cognitive therapy are especially important for older adults. How long it takes to recover depends, of course, on each person's situation—degree of health at the time of injury and also the severity of the injury.

"In general, it can take at least three months to recover from a mild traumatic brain injury," says Dr. Vespa.

Strategies for Prevention

Because falls are the number one cause of concussions and TBIs in older adults, it stands to reason that preventing them is the best course of action. That means working on balance and overall physical fitness, using devices such as canes or walking sticks when needed, and wearing a helmet when riding a bike—no matter how slowly you pedal. Likewise, if you have pets, be aware of them. "It's not uncommon for people to trip over a cat or dog," emphasizes Dr. Vespa.

These extra precautions can help keep you safer. If you do fall, go see your doctor. Your brain is made of soft, delicate tissue that floats in a hard skull. Even a seemingly mild bump on the noggin can be enough to damage brain tissue. ■

Who Cares for Your Heart?

Insights on the most common cardiac specialists.



Primarily care physicians can help you with basic heart-health needs such as managing high blood pressure medications, providing recommendations about heart-smart foods and suggesting appropriate exercise options. But when your heart requires more attention than your primary care physician can provide, you may be referred to a heart specialist.

“Patients with symptoms such as shortness of breath, palpitations or complaints of irregular heartbeat are typically referred to a cardiologist,” says Sheila Sahni, MD, an interventional cardiology fellow at the UCLA David Geffen School of Medicine. “You might also be referred if you have a family history of premature heart disease.”

What follows are among the main types of specialists in cardiovascular medicine, what they do and why you may need their expertise.

General Clinical Cardiologist

This doctor is involved with the long-term care of patients with cardiovascular diseases. As such, a general clinical cardiologist will diagnose conditions, medically manage a broad range of heart disorders, and typically care for patients admitted in the coronary care unit at hospitals. The types of tests interpreted by these specialists include: electrocardiograms, exercise stress tests and echocardiograms.

Preventive Cardiologist

While all cardiologists have training in the basics of heart health, these specialists focus on the latest risk factors, research, and interventions to prevent heart disease. They are often resources to other physicians to help translate the growing body of preventive knowledge into clinical practice. Patients with family history of heart disease, stroke at a young age or uncontrolled cholesterol may all be candidates for a preventive cardiologist.

Interventional Cardiologist

These specialists perform invasive procedures for structural heart conditions, which include treatments for coronary artery disease (CAD), valve disease and other conditions. If you have a blockage and need a stent or angioplasty, you will likely be referred to an interventional cardiologist.

Electrophysiologist

As the name implies, this cardiac specialist focuses on the electrical or rhythmic disorders of the heart. These specialists are skilled at implanting pacemakers and defibrillators: The former helps speed up an abnormally low heartbeat, and the latter sends a shock to the heart muscle to reset an erratic or too fast rhythm. The most common rhythm disorder is atrial fibrillation (AFib). An electrophysiologist can help determine the causes of AFib and treat it with lifestyle modifications, medications and implantable interventions as needed.

Heart Failure Cardiologist

These specialists see patients who have heart failure and those who have had heart transplants. In the early stages of heart failure, some patients may continue to see internists, but as the disease advances, patients do better when referred to specialists. According to a recent study from the Karolinska Institutet in Sweden, heart failure affects more than 10 percent of the elderly worldwide, and is associated with high risk for early death and reduced quality of life. Their findings suggest that many patients would benefit from seeing heart failure specialists earlier in the disease process for evaluation and the sophisticated treatments they offer.

Understanding Your Doctor

There’s also a lot of jargon in cardiac care, like all of medicine. If you don’t understand what the physician tells you, say so. Likewise, you can validate what the physician says by repeating what you think you heard.

Most primary care physicians know when to refer patients, this doesn’t mean you can’t advocate on your behalf especially if you feel you’re not getting the care you need. You can simply ask for a referral, or seek out a specialist on your own. ■

MY MEDICAL RECORDS

Preparing for Your Appointment

Due to the need for detailed health history intake forms, initial appointments with new physicians can be especially stressful. A prepared packet of information can ease the stress.

The following are some basics to take with you:

- Heart health family history that includes siblings, parents, aunts, uncles and grandparents.
- Documentation of your recent and past symptoms as well as a list of surgeries and major illnesses
- Recent lab or test results, e.g., EKGs, echocardiograms or cardiac stress test results.
- Record of all medications and/or take your prescription bottles.
- Names of your current physicians.
- List of questions about your heart concerns.

Place all this information into a folder along with a pad of paper and pen to take notes during your appointment. Some patients take a friend or family member to help them better communicate.

Get Your Shingles Shot

This one-time vaccine may help you avoid excruciating pain.



At first, it may feel like a slight itch or tingling sensation. No big deal. But a few days later, a rash of blisters filled with fluid appear and cover the front and back of your body, like you rolled in a patch of poison ivy. But you didn't. You got shingles, also known as the virus herpes zoster, an often excruciatingly painful condition where even the mildest touch can make the most stoic person wince.

The blisters typically form on the body but can also affect the face. They usually last about 10 days, form a crust, then fall off. For some people, the process can take more than five weeks to complete. And although the rash improves, the pain can last longer.

Twenty percent of those who get shingles develop a condition known as post-herpetic neuralgia (PHN), a nerve pain without the rash that can persist for years. The older you are when you get shingles, the more likely you are to develop PHN. The pain is so severe that it can cause insomnia, weight loss, and depression.

The vaccine doesn't guarantee you won't get shingles but it does cut your risk in half. And if you do get it, the vaccine reduces the severity and possibility of long-term complications.

"It really is important to get it if there are no contraindications because the incidence of the disease increases with age," says dermatologist Lorraine Young, MD, dermatology, Ronald Reagan UCLA Medical Center. "The vaccine significantly decreases the incidence and burden of the illness as well as the development of post-herpetic neuralgia."

The shot is only needed once. There are only a few reasons not to get this shot.

According to Dr. Young, contraindications include if someone is immunosuppressed, pregnant, or has active, untreated tuberculosis.

A Lingering Vestige of Childhood

Shingles develops in people who have had chickenpox. It is a reactivation of that virus, which remains dormant in the body after the initial disease has passed. Those who are most susceptible are age 60 and older, are under stress or ill, and have a weakened immune system because of age, disease, or medications. Family history also might make a person more susceptible to shingles.

Shingles is not contagious, but the virus that causes it can be spread by direct contact from a person who has the condition to another person who has not had chickenpox. That person will get chickenpox, but not shingles.

Who Is Most Susceptible

Of the one million cases of shingles reported annually, more than half occur in people over the age of 60. Shingles affects women nearly 40 percent more often than men. As age goes up so too does the possibility of PHN. Half the people over age 60 who get

WHAT YOU SHOULD KNOW

- **Get the shot** sooner rather than later. The older you get, the less effective the vaccine.
- **After the age of 70**, the vaccine is about 40 percent less effective.
- **The CDC recommends** people over age 50 get the shot.

While it doesn't always prevent the shingles, it reduces the severity and may prevent PHN.

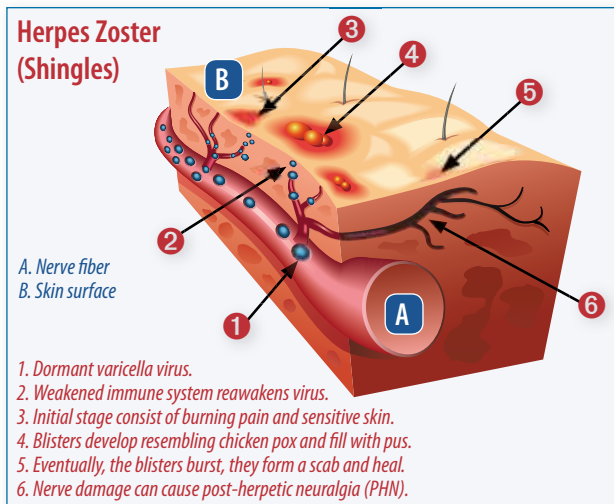
shingles also develop PHN. And 75 percent of people over 70 will get this painful condition that can last anywhere from months to years. A shingles shot can reduce the risk of PHN by 65 percent.

Treatment Options

If you feel pain, tingling, and itching on one side of your face or body and have had chickenpox, you might be feeling the onset of shingles. See your doctor right away. The condition can be treated with antiviral medications. They are most effective when taken within 72 hours of initial symptoms. If you wait too long, antivirals are no longer an option but there are some medications that can help with the pain. Topical medications such as a lidocaine patch can help, as can some pain relieving drugs.

A Vaccine That Is Commonly Avoided

The Centers for Disease Control and Prevention recommends the one-time shingles shot (Zostavax vaccine) for people over the age of 50. Despite the proven effects of this vaccine, a study of 700,000 Medicare patients showed that less than four percent of them got the vaccine. Cost is often cited as a reason why people don't get vaccinated. The fee can be \$150 or more. Medicare will cover some of the cost for those who have a Medicare Part D prescription plan. Most private insurers may cover the cost for those over 60 years of age. ■



GO OUT AND PLAY—cont. from page 1

wonderfully refreshing for the mind and spirit.

4 Geocaching. Love games? Consider this outdoor GPS-guided treasure hunt. Sign up online at Geocaching.com and you'll get maps to area treasures. Some caches require only a simple hike to find, while others require maneuvering around more challenging terrain. Through the website you can also connect with others online who have found treasures and noted their success. You'll need GPS on your cell phone, a sense of adventure, and a little treasure to leave behind for others.

5 Standup paddle boarding. A relative new-comer to the water-sports world, standup paddle boarding, or SUP, provides you with the opportunity to master balance and build core strength. The wide, non-

skid surface of the board makes balancing a bit easier than, say, a narrow surf board. While similar to kayaking, the bonus is you are standing up. Not only does this help counter-balance the effects of sitting, but you can see down into the water to view the fish and other critters below the surface. "Some of my patients here in Southern California race paddleboards from Catalina to the coast," says Dr. Thomas. "It's a fun way to get out there with a big group of people."

Get Your Body Ready

Make the great outdoors your playground and renew your sense of adventure. Try one or all of these



Standup paddle boarding builds core strength and balance.

ideas to see which one excites you most. Whatever you choose, have fun and do a little prep before you get moving. "I'm always a big fan of staying limber," says Dr. Thomas. "Warm up with a simple walk for five minutes to get your blood flowing then do a few stretches." Likewise, your body will appreciate a quick series of cool down stretches after the activity. ■

PREVENTION



Advanced Care Planning: It's in the Details

Three key facts to know.

If you have a living will, standard will, and do-not-resuscitate order (if desired), you might feel you have all your affairs in order. But if you suddenly become incapacitated or if dementia sets in, these documents may not provide enough protection for you or your loved ones. A "durable" power of attorney for healthcare enables the person you assign to make important medical decisions for you the you are unable to do for yourself.

1 What's in a Name

A durable power of attorney for healthcare is also known as an advanced healthcare directive in many states. Depending on where you live, the person you appoint may be called your "agent," "attorney-in-

fact," "health care proxy," "health care surrogate," or something similar. Regardless of which legal term is used in your state, assign a trustworthy person who shares your medical treatment philosophy and values. Your agent might be a family member, a friend, your lawyer, or someone with whom you worship. It's a good idea to also name an alternate agent. Discuss your preferences with these people and ensure they are comfortable making medical decisions in your behalf.

2 Start with State Forms

Many states have their own template forms and it's best to start with those. An attorney can amend the specifics as needed. Your doctor can also help you with the medical

details for your documents. Your local Area Agency on Aging can help you locate the right forms. You can find your area agency phone number by calling the Eldercare Locator toll-free at 1-800-677-1116 or going online at www.eldercare.gov.

3 Communicate Your Wishes

Give copies of your forms to your healthcare agent and alternate agent. In addition, provide your doctor with a copy to keep with your medical records. Because you might change your directives in the future, it's a good idea to keep track of who receives a copy. You might want to update documents if you have a serious diagnosis, get divorced or married, or if something happens to one of your named agents. Any changes made should also be communicated to your doctor and family members.

It's impossible to predict all the variables that can occur regarding your health. Minimize confusion and help ensure that your medical directives are honored by having the right documents in place. ■



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

Q There are so many diets out there. Which do you recommend for heart health?

A It can be confusing with so many products and different diets touting heart-healthy benefits. For many years now, an expert panel has recommended the DASH diet (Dietary Approaches to Stop Hypertension) as the best overall eating plan. I recommend the DASH diet to my patients and also let them know about the following strategies that can expand their heart-healthy food options. About a year ago, the DASH diet and the Mediterranean diet merged to become the MIND diet—which also got high marks by nutrition experts. Both these approaches emphasize eating an abundance of colorful fruits and vegetables, whole grains, low-fat dairy products and cutting

back on red meat consumption. Instead, the recommendation is for fish and poultry. While nuts are also recommended, be aware that they contain a lot of calories. A few nuts go a long way. About a quarter cup, or a small handful, can contain about 200 calories. Limiting salt consumption is also wise for those with heart issues. A recent Centers for Disease Control and Prevention report stated that most adults consume too much salt. The new dietary guidelines suggest a limit of 2,300 milligrams per day, which is about a teaspoon. Avoiding processed foods reduces the amount of sodium, which helps control blood pressure in those who have hypertension. Also, know that canned beans can have a lot of sodium, rinsing them is helpful but switching to the sodium-free variety is even better. ■

Dear *Healthy Years* reader,

When we started this publication more than a dozen years ago we were fortunate that Dr. Bruce Ferrell agreed to serve as our editor-in-chief. Dr. Ferrell, who will retire his post with *Healthy Years* effective this issue, has enjoyed a remarkable career at UCLA as a professor of clinical medicine. He was also director of adult palliative care at the UCLA Santa Monica Medical Center, having earned his medical degree in 1979 at Oklahoma State University. Dr. Ferrell went on to win the Arthur Cherkin award for the UCLA Geriatric Medicine Fellowship Program, earned Best Physicians in America in the years 2003, 2009 and 2010 and the Award for Outstanding Dedication, Innovation and Sustained Excellence at the David Geffen School of Medicine in 2005. Dr. Ferrell's lifelong pursuit of patient-centric healthcare became our guiding light at *Healthy Years*, empowering readers to take an active role in their health management by giving them solid, expert-sourced information they could rely on.

We are equally fortunate that Dr. Jonathan Wanagat has agreed to take over for Dr. Ferrell as *Healthy Years'* new editor-in-chief. Like Dr. Ferrell, Dr. Wanagat's professional career has been devoted to making things easier for people in their advanced years. His research interests include falls and frailty, and the genetics of muscle aging. In addition to his medical degree, Dr. Wanagat holds a PhD in cellular and molecular biology. His long list of awards includes recognition from the American Aging Association, a Brookdale Leadership in Aging Fellowship, and research support from the National Institute on Aging.

We learned a lot from Dr. Ferrell and we'll miss him. But we're looking forward to working with Dr. Wanagat to advance the health and vitality of *Healthy Years'* readers.

Timothy Cole
Editorial Director
Belvoir Media Group

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EDITORIAL CORRESPONDENCE

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

HealthyYears@belvoirpubs.com

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personal medical advice, which
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