

Diet and Exercise: The Real Fountains of Youth

Yet society has to do more to encourage healthy lifestyles for older people, experts say

You can take every pill and rue your parents for passing on their genes, but if you want to live long and well there are two things you must do -- eat right and exercise.

And while there are no guarantees in life, adopting these healthy pursuits can enhance your chances of vitality as you reach your 60s, 70s, 80s -- and beyond, experts say.

But a new report by the nonprofit Center for the Advancement of Health says that's not always easy for older people in a society that has built its streets for drivers, not walkers, and put convenience -- think fast foods -- for the young over possibilities for the old.

With 35 million Americans aged 65 and older -- a number expected to double during the next 25 years -- seniors and government must both make healthy choices, said Nancy Whitelaw, director of the National Council on the Aging's Center for Healthy Aging, which funded the report.

When it comes to nutrition and activity, "people know the message," she said. "The challenge is to make it operational in our daily lives."

People who get regular exercise, eat healthfully and avoid tobacco have a lower risk of chronic diseases that lead to premature death, such as heart disease, high blood pressure, diabetes and certain cancers. They also have reduced rates of disability, better mental health and cognitive function, and lower health costs.

Conversely, individuals who are physically inactive are almost twice as likely to develop heart disease as active people, according to the report. Inactivity is also linked to the development of diabetes and colon cancer, and can result in loss of muscle strength and mass, which can lead to frailty and lethal falls.

Yet, approximately one-third of persons age 65 or older have not engaged in any leisure-time physical activity within the

past month, including the majority of those over the age of 75, according to the study.

Just 30 minutes of activity five days a week can make the difference, said Whitelaw.

The idea is to get your heart rate up for at least 20 minutes, and participate in activities that build balance, strength and flexibility. Recommended exercises include walking, swimming and bicycling. Doctors also endorse strength training two days per week.

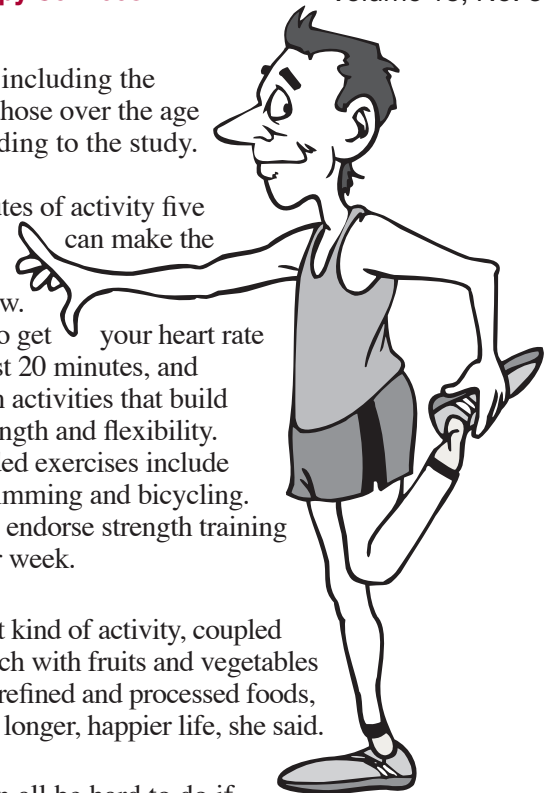
But, the right kind of activity, coupled with a diet rich with fruits and vegetables and light on refined and processed foods, can lead to a longer, happier life, she said.

"But this can all be hard to do if the only grocery store in your area is a convenience store at a gas station" that doesn't sell fresh vegetables, Whitelaw said.

Only about one-quarter of U.S. adults eat the recommended five or more servings of fruits and vegetables each day, according to the report. And, studies show that older people consume inadequate amounts of key nutrients such as calcium, vitamin D, magnesium and phosphorus, which play a key role in maintaining muscle and bone health.

So reach for an apple instead of the chips, Whitelaw said. And if you can't do 30 minutes of exercise at a time, try it in 10-minute spurts. You can also stretch when you're washing the dishes, take the stairs rather than the elevator, and walk across the parking lot rather than fight for the spot closest to the door. Better still, walk to your destination if it's less than a mile away.

These are things we all know, she said. "We just got out of the habit."



White Chocolate-Apricot Muffins

For 12 servings



Ingredients:

- 1-3/4 cups all-purpose flour
- 1/2 cup sugar
- 1 tablespoon minced crystallized ginger
- 1-1/2 teaspoons baking powder
- 1/2 teaspoon salt
- 2 ounces premium white baking chocolate, finely chopped
- 3/4 cup 1% low-fat milk
- 3 tablespoons butter or stick margarine, melted
- 1 large egg, lightly beaten
- Cooking spray
- 1/2 cup apricot preserves
- 1 tablespoon sugar

Instructions:

Combining the chopped chocolate with the dry ingredients disperses it evenly and creates chocolate pockets throughout the muffins. These are also good without the crystallized ginger, if you'd rather omit it.

1. Preheat oven to 400 degrees.
2. Lightly spoon flour into dry measuring cups; level with a knife. Combine flour and next 5 ingredients (flour through chocolate) in a medium bowl; stir well with a whisk. Make a well in center of mixture. Combine milk, butter, and egg; stir well with a whisk. Add to flour mixture, stirring just until moist.
3. Spoon about 1 tablespoon batter into each of 12 muffin cups coated with cooking spray. Spoon 2 teaspoons preserves into center of each muffin cup (do not spread over batter); top with remaining batter. Sprinkle evenly with 1 tablespoon sugar.
4. Bake at 400 degrees for 22 minutes or until muffins spring back when touched lightly in center. Remove from pan. Cool completely on wire rack.

Yield: 1 dozen (serving size: 1 muffin).

CALORIES 199 (24% from fat); FAT 5.3g (sat 2.9g, mono 1.6g, poly0.4g); PROTEIN 3.3g; CARB 35.3g; FIBER 0.7g; CHOL 27mg; IRON 1.2mg; SODIUM 212mg; CALC 72mg

SLEEP DISORDERS

What Increases Your Risk

Certain factors make it more or less likely that you will have obstructive sleep apnea (OSA). Some of these you cannot change, while others you can.

Factors you cannot change

Factors that you cannot change and that may make it more likely you will have sleep apnea include:

- **Ageing.** Sleep apnea is most common in people age 30 and older.
- **Male gender.** Sleep apnea is more common in men. Some studies have indicated that about 2 to 3 times more men than women have sleep apnea, while sleep laboratories report that 5 or 6 times more men than women have the disease.
- **Family history.** If other members of your family have sleep apnea, you are more likely to get the disease than someone who does not have a family history of the disease.
- **Ethnicity.** African Americans, Hispanics, and Pacific Islanders have a greater risk of sleep apnea than white people. African Americans get sleep apnea at a younger age than whites.
- **Deformities of the spine.** Deformities of the spine, such as scoliosis, may interfere with breathing and contribute to sleep apnea.
- **Conditions that may cause head and face (craniofacial) abnormalities.** Conditions such as Marfan's syndrome and Down syndrome may result in craniofacial abnormalities and increase the risk for sleep apnea.
- **Menopause.** Recent studies indicate that sleep apnea occurs more often in women who have been through menopause than in women who have not. After menopause, women get sleep apnea at a rate similar to men. Experts do not know why or how menopause increases the risk of sleep apnea.

Factors you may be able to change

Factors that you may be able to change that will reduce your chances of having sleep apnea include:

- **Obesity.** About 70% of people who have sleep apnea are obese. Obesity is the factor most likely to lead to sleep apnea.
- **Neck circumference.** People who are overweight may have extra tissue around their neck, adding to their risk for sleep apnea. The



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risk increases for a man whose neck measures more than 17 inches around and for a woman whose neck measures more than 16 inches around.

- **Enlarged tissues of the nose, mouth, or throat.** Enlarged tissues in the nose, mouth, or throat can cause narrowing or blockage of the airway while you sleep, making sleep apnea more likely. Surgery can sometimes correct the blockage and improve sleep apnea.
- **Bone deformities.** Bone deformities of the nose, mouth, or throat can interfere with breathing, causing sleep apnea. Some people who have sleep apnea have a small, receding jaw. Surgery can sometimes correct these deformities and improve sleep apnea.
- **Use of alcohol or medicine.** Drinking alcohol or taking certain medicines, especially sleeping pills or sedatives, before going to sleep can increase the risk for sleep apnea.
- **Sleeping on your back and using pillows.** Sleeping on your back and using one or more pillows may make sleep apnea symptoms worse.
- **Smoking.** Smoking can increase your risk for sleep apnea because the nicotine that is in tobacco relaxes the muscles that keep the airways open.
- **Poor sleep habits.** Going to bed at different times or in different places may increase your risk for sleep apnea.
- **Disorders of the hormone (endocrine) system.** Disorders of the endocrine system (such as hypothyroidism and acromegaly) may increase your risk for sleep apnea.

Healthwise

Flu Shot Best Defense For Seniors

New research shows that prevention -- with a flu shot -- may be key to keeping costs down for treating the flu in older adults.

This is the first study that looks at which method gives the most bang for the buck when it comes to treating seniors with the flu. It points out that treating seniors with available anti-flu drugs is cost-effective, but giving the flu shot -- to stop the virus before it starts -- does even more good. The findings are published in the September 2 issue of *Annals of Internal Medicine*.

The flu shot decreases both the chances of contracting flu and the severity of the virus -- thus decreasing hospitalizations and deaths from the flu.

In this study, researchers compared seniors who got

flu shots with those who didn't.

For high-risk patients over 65 who hadn't received the flu shot, using a newer, anti-flu drug called Tamiflu without first testing for flu was the most cost-effective treatment. For vaccinated or low-risk patients, rapid testing followed by treatment with Tamiflu for patients who tested positive for the flu virus was most cost-effective.

Researchers say, however, that older, less expensive, anti-flu drugs, which only fight influenza A (and not B) are good alternatives if a patient can't afford more expensive, newer drugs. Costs for new drugs can range from \$48 to \$60 for five days of treatment, the study shows.

Prevention Best Option

Researchers found that -- as in younger people -- anti-flu drugs are cost-effective for treating older flu patients but say prevention is still the best option.

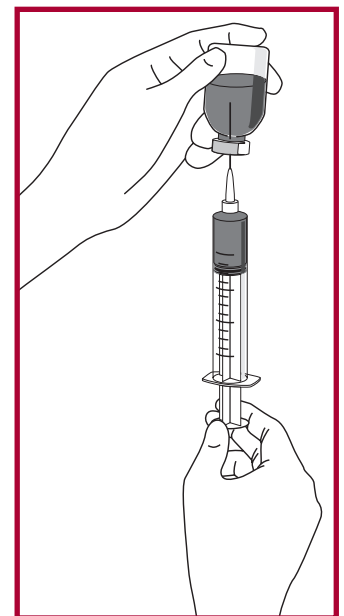
"The best advice for older adults is to get a flu shot every year because vaccination decreases the probability of getting the flu and reduces the severity of the illness," says Michael Rothberg, MD, MPH, internist at Baystate Medical Center, Springfield, Mass.

Typically, health professionals recommend an annual flu shot for people most vulnerable to illness, including:

- Adults over 65
- Children younger than 4
- People with lung or heart diseases or heart failure
- People with medical conditions that weaken their immune system

Most of the people who die from the flu are older than 65, the study reports.

"Doctors are often hesitant to prescribe anti-flu drugs because they're expensive and won't work if the patient has a virus other than influenza," Roth says. "But for people over age 65, influenza is so dangerous that treatment with antiviral drugs is very cost-effective, even when the doctor isn't sure of the diagnosis," he says.



WebMD

COPD

1. What is COPD?

Chronic obstructive pulmonary disease, or COPD, is a lung disease in which the airways of the lungs become damaged, making it harder to breathe. With COPD, airways become blocked, making it harder to get air in and out. COPD is the 4th leading cause of death in the U.S. and the world.

2. Can COPD cause someone to die?

COPD is a disease that slowly worsens over time, especially if you continue to smoke. If you have COPD, you are more likely to have lung infections, which can be fatal. If the lungs are severely damaged, the heart may be affected.

A person with COPD dies when the lungs and heart are unable to function and get oxygen to the body's organs and tissues, or when a complication, such as a severe infection, occurs. Treatment for COPD may help prevent complications, prolong life, and improve a person's quality of life.

3. Who is at greatest risk for COPD?

Cigarette smoking is the most common cause of COPD. Most people with COPD are smokers or have been smokers in the past. Breathing in other fumes and dusts over long periods of time can also lead to COPD. Pipe, cigar, and other types of tobacco smoking can cause COPD, especially if the smoke is inhaled. Exposure to secondhand smoke can play a role in causing COPD. COPD occurs most often in people 40 years or older.

4. What are the symptoms of COPD?

The most common symptoms of COPD are a cough that does not go away and coughing up a lot of sputum. These symptoms may occur years before lung damage has reduced the flow of air in and out of the lungs. Other symptoms of COPD include shortness of breath, especially with exercise; wheezing or whistling sound when you breathe; and tightness in the chest.

5. How is COPD diagnosed?

To confirm a COPD diagnosis, a doctor will use a

breathing test called spirometry. The test is easy and painless. It shows how well the lungs are working. The spirometer measures how much air the lungs can hold and how fast air is blown out of the lungs. Other tests, such as bronchodilator reversibility testing, a chest X-ray, and arterial blood gas test, may be ordered.

6. What are the treatments for COPD?

Treatment for COPD can be different for each person and is based on whether symptoms are mild, moderate or severe. Treatments include medication, pulmonary or lung rehabilitation, oxygen treatment, and surgery. There are also treatments to manage complications or a sudden onset of symptoms.

7. If I am diagnosed with COPD, will I be able to go walking around the mall and go to my exercise class?

If you have not been exercising regularly, you should get the advice of your doctor before starting. The symptoms of COPD are different for each person. People with mild COPD may not have much difficulty walking or exercising. As the symptoms of COPD get worse over time, a person may have more difficulty with walking and exercising. You should talk to your doctor about exercising and whether you would benefit from a pulmonary or lung rehabilitation program.

8. My doctor is sending me for pulmonary rehabilitation. What type of people will I be working with and what do they do?

The pulmonary rehabilitation team is a group of health care professionals who work together with the patient. Each team member brings her or his expertise to the team to develop the appropriate rehabilitation program and also monitors the chronic lung patient.

Each team may have a different makeup and combination of staff depending on what is needed and who is available. Teams can include a doctor, a nurse, a respiratory therapist, a physical therapist, an occupational therapist, an exercise therapist, a sociologist, a social worker, and a dietitian.

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Any Tobacco Use Raises Heart Attack Risk

That includes smoking, chewing and secondhand exposures, study finds

All types of tobacco use or exposure -- smoking, chewing, or secondhand smoke -- boost a person's risk for heart attack, Canadian researchers say.

Researchers at McMaster University in Ontario analyzed data from more than 27,000 people in 52 countries and factored in other lifestyle traits -- such as diet and age -- that could affect heart attack risk. They found that any form of tobacco use or exposure was harmful.

Publishing in the Aug. 19 issue of *The Lancet*, they found that moderate and heavy smokers had a three-fold increased risk of a heart attack and light smokers (8-10 cigarettes a day) had a two-fold risk.

The risk decreased with time after a person stopped smoking, the study said. Among light smokers, there was no excess risk 3 to 5 years after they quit smoking. Moderate and heavy smokers still had an excess risk of about 22 percent even 20 years after they kicked the habit.

The researchers also concluded that exposure to secondhand smoke increased the risk of heart attack in both former smokers and nonsmokers. People with the highest levels of secondhand smoke exposure (22 hours or more per week) have about a 45 percent increased risk of heart attack, the study said.

Chewing tobacco doubled the risk of heart attack, the researchers found.

Great American Smoke Out[®] is November 16th