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Breaking up with your favorite foods

Heartburn and indigestion are not the hallmarks of a good relationship.

They say that breaking up is hard to do, and that takes on new meaning when you've had a love affair with certain foods. But sometimes our bodies can no longer tolerate our favorites, forcing us to say goodbye to everything from onions, beans, and jalapeños to yogurt and marinara sauce. "Anyone over 30 knows that our body doesn't always work the way it once did, and that gets worse as we get older. The upper and lower digestive tract seem most susceptible to the changes of aging," says Dr. Kyle Staller, a gastroenterologist with Harvard-affiliated Massachusetts General Hospital.



When foods like peppers no longer agree with you, it's time to move on.

Suspicious sweethearts

The naturally occurring sugars known as FODMAPs (fermentable oligosaccharides, disaccharides, monosaccharides, and polyols) can become harder to digest in older age. These include sugars found in dairy products, wheat, rye, onions, garlic, legumes (chickpeas, lentils, beans), honey, pistachios, cashews, asparagus, and artichokes, among other foods. Some fruits (including mangos, pears, and peaches) contain FODMAPs, as do drinks with fructose or certain artificial sweeteners. Dr. Staller says we don't always know what makes a person develop sensitivity to particular FODMAPs. We do know that eating FODMAPs can result in cramping, diarrhea, bloating, and gas.

Missing from the relationship

Some people have difficulty digesting dairy products because their bodies don't produce

enough lactase—the enzyme necessary to break down lactose, a naturally occurring sugar in dairy foods. A small number of people are born lactose intolerant; in most other cases, lactase production declines over time, so that people lose their ability to digest lactose as they get older. "For reasons we don't fully understand, the genes that control the ability to make lactase can be switched off as we age," Dr. Staller says.

Burned by love

Peppers, tomato sauces, and many other foods (such as citrus, chocolate, peppermint, and fatty and fried foods) can worsen heartburn caused by gastroesophageal reflux disease (GERD). This occurs when stomach acid backs up into the esophagus, the tube connecting the mouth and stomach, usually because the ringlike muscles that prevent backflow stop working properly. GERD can cause a burning feeling in the chest, a sour taste in the mouth, difficulty swallowing, a sore throat, or coughing.

You deserve better

Rather than suffer the consequences of an unhappy digestive tract, stop fighting and move on. There are plenty of fish in the sea—or in this case, options for new foods to love.

Replacing dairy products is easiest. You can find lactose-free milk, yogurt, cheese, and other dairy products that have had the offending sugar removed. You can also try plant-based "milk" products, such as

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FIVE THINGS TO DO THIS MONTH

1 If you're scheduled for surgery, ask about a delirium

evaluation. Underlying conditions can increase the risk for mental complications. (page 3)

2 Start playing pickleball. The game is fun and provides a great muscle workout. (page 4)

3 Don't ignore bladder pain and burning. These symptoms often signal a condition that needs immediate attention. (page 5)

4 Add nuts to your diet. New research links them to better weight control. (page 8)

5 Try meditating. It's associated with pain reduction and many other health benefits. (page 8)



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ASK THE DOCTOR

by ANTHONY L. KOMAROFF, M.D., *Editor in Chief*

What has the most impact on longevity?

Q *My family tends to be long-lived. I hear longevity is due to our DNA, and I also hear it's due to lifestyle. Which is it, and how do they make us live longer?*

A Both DNA and lifestyle can affect longevity, and they both do so in the same way: by altering our body chemistry. DNA controls the production of each of the natural chemicals in our body. It controls both the shape (and, hence, the effectiveness) of each chemical, and also controls how much of that chemical is made. So, it's not surprising that DNA could affect longevity. In the past 20 years, astonishing progress has been made in understanding the body chemistry that controls the aging process. And that knowledge has allowed scientists to extend the life of various animals through simple genetic manipulations.

Most of us want to live as long as we can, but we want to do so free of diseases. Living longer is one thing; prolonging decrepitude is another. A recent study from Harvard Medical School suggests that genes associated with longer life may also protect against age-related diseases. The scientists created a virus that carried three "longevity genes" into mice—a technique called gene therapy. They found that these longevity genes also protected the mice from (1) becoming obese, even when fed a high-fat diet; (2) developing the mouse equivalents of type 2 diabetes and heart failure; and (3) suffering a particular kind of kidney failure. Things that work in mice don't always work in people. But this study suggests it may someday be possible to use gene therapy not only to prolong life, but also to prevent some age-related diseases.



Exercise appears to affect our body chemistry and longevity.

As for lifestyle, we have a pretty good understanding of what a healthy diet is, and how a healthy diet changes our body chemistry in a beneficial way. We also understand quite well how certain unhealthy lifestyle habits—for example, smoking or alcohol abuse—adversely affect our body chemistry. In contrast, we are only beginning to understand how exercise affects body chemistry. One way of learning about our chemistry is to study it in animals, even very simple animals. One recent study focused on a worm. Over the past 40 years, many lessons learned from this little worm have proved true in humans. The recent study found that when worms exercise regularly (but not too much) early in life, their metabolism improves, their muscles and guts function better throughout life, they live longer, and they are protected against the worm version of Alzheimer's disease. Now, scientists will try to unravel what changes in the worm's body chemistry may cause these benefits.

So, both DNA and lifestyle affect longevity, and as we learn more about how they do that, we may someday increase our healthy life span. ♥



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Tips to minimize the risks of anesthesia

Careful planning may help you avoid side effects.

It's always concerning when the doctor says you need a procedure that requires anesthesia. On top of worries about the procedure itself, you may wonder how you'll react to anesthesia, especially now that you're older. The answer is complicated.

Aging changes everyone's basic physiology. Anesthesia introduces some risk, but less so than the risk from underlying health conditions, the surgical procedure itself, and the care you receive after surgery," says Dr. Angela Bader, an anesthesiologist and founding director of the Weiner Center for Preoperative Evaluation at Harvard-affiliated Brigham and Women's Hospital.

Types of anesthesia

There are four main types of anesthesia.

Local anesthesia. This numbs a small area of the body (like a finger or part of your scalp) and blocks pain at its source. A "local" is given by injection and used for minor surgeries and procedures, such as skin cancer removal.

Regional anesthesia. This numbs an entire section of the body, such as an arm or leg or everything below the chest. It's given by injection or a small tube (catheter) to a cluster of nerves; the anesthetic stops pain signals from reaching the brain. You may be awake or sedated during the procedure. Regional anesthesia is often used for abdominal surgery or cesarean section for childbirth.

Monitored anesthesia or intravenous (IV) sedation. This induces a relaxed and pain-free state. Medications are given directly into a vein to make you drowsy. This is commonly used for colonoscopies.

General anesthesia. This temporarily blocks the ability of the brain to feel

pain and causes you to lose consciousness. You receive a combination of drugs by IV or by inhaling them through a mask, and then an anesthesiologist continually checks your bodily functions throughout surgery.

Risks of anesthesia

The use of anesthesia is generally considered very safe. Local anesthesia is safest, although you might have pain or itching at the injection site.

There are more risks when you have any other type of anesthesia. "This is because you become more sensitive to anesthesia as you get older, and it's harder for the body to break down the medication," Dr. Bader explains.

Side effects of regional, monitored, or general anesthesia can include grogginess, headache, or nausea. Dr. Bader says these side effects may last for a few hours or up to a day in an older person.

Regional, monitored, and general anesthesia used in older adults can also be associated with disorientation (delirium) and possibly impaired thinking that may last for days or months, or may even be permanent. "This is not caused by the anesthesia. Instead, the anesthesia reveals an underlying problem with thinking that is in its early stages. Or it could be caused by something that developed during or after a procedure, such as a stroke or heart attack. We don't yet know the exact mechanism that causes delirium. It's a very active area of research," Dr. Bader says.

People at high risk for delirium after anesthesia include those with memory and thinking problems before the procedure, and those who previously had



Anesthesia use in older adults is associated with both short-term and long-term side effects.

problems recovering from anesthesia or lung problems or infections after surgery.

Coping with risks

It is best to plan for anesthesia risks well in advance of a procedure.

If you've experienced nausea after surgery in the past, tell your anesthesiologist. "Some medicines can be given by the anesthesiologist, but there is nothing that will reliably prevent it," Dr. Bader notes.

And ask your doctor if you should be evaluated for delirium risk before your procedure. This evaluation includes simple tests that reflect brain function (things like clock drawing or remembering words).

If you're at high risk for delirium after anesthesia, you can take the following steps:

1. Ask if a small procedure can be performed with a local anesthetic or numbing cream instead of other types of anesthesia.

2. Request delirium prevention approaches in advance, such as special attention to medications and special nursing care after surgery, where a nurse continually helps to orient you and get you up and moving.

3. Have a family member or friend monitor your recovery and watch for changes in thinking skills (and report them if they occur). "The person should be in your room right after surgery, continually talking to you and staying with you. Social interaction makes a huge difference," Dr. Bader says.

4. Finally, ask if the risks of anesthesia may outweigh the benefits of a procedure. "The best thing you can do," says Dr. Bader, "is have an honest discussion with your doctor about your goals and values and what the surgery can accomplish." ♥



Pickleball pleasures and pitfalls

The game requires agility and quick thinking. But it can leave you in a pickle if you overdo it or fall.

One of the fastest growing and popular sports among older adults is easy to play and lots of fun. But pickleball, with its funny name, comes with some serious risks. “It has a quick pace and a lot of stops, starts, and changes in direction that can lead to leg injuries and falls,” says Clare Safran-Norton, clinical supervisor of rehabilitation services at Harvard-affiliated Brigham and Women’s Hospital.

What is it?

Pickleball is a hybrid racquet sport that combines aspects of tennis, table tennis, and badminton. The game is played indoors or outdoors on a small court (20 feet by 44 feet, about the size of a badminton court) resembling the top of a giant Ping-Pong table. The net dividing the court is a few inches shorter than the net on a tennis court.

You play pickleball in singles (one against one) or doubles (two against two) with large, lightweight paddles that are a little bigger than Ping-Pong paddles.

The pickleball itself is similar to a Wiffle ball, full of holes. It travels slower and bounces lower than a tennis ball, making it easier to hit.

Benefits of the game

Pickleball has many benefits. It’s less taxing than tennis—you don’t have to hit the ball as hard or run as far to reach it, which is easier on the knees. Overhead serves are not allowed in pickleball, which is good for tight shoulders. The fast pace of the game (like table tennis) requires a lot of eye-hand coordination, which keeps thinking skills sharp, and lateral (side-to-side) motion, which boosts balance and strength. The sport engages your leg, core, arm, and shoulder muscles, and it’s a weight-bearing activity, which is

good for your bones. Also: because the pickleball court is small, you’re in close proximity to the other players, making the game very social.

“Social networking and the number and quality of social connections are emerging as huge determiners of health and longevity. Particularly for older people who might tend to be isolated, this is a great way to get out into the community and enjoy the camaraderie of a fun sport,” says Dr. Aaron Baggish, director of the Cardiovascular Performance Program at Harvard-affiliated Massachusetts General Hospital.

Pickleball risks

Pickleball has some drawbacks. One is that it’s not an aerobic workout. “Playing pickleball won’t provide the same cardiovascular benefits as 30 minutes of jogging,” Dr. Baggish says. “The game is best as a complement to your exercise regimen, not a replacement for aerobic activity.” Another drawback: like any sport, pickleball has injury risks, including the following.

Ankle injuries. A quick change of direction or lateral motion could cause an ankle strain (an overstretched Achilles tendon) or an ankle sprain (a tear of the anterior talofibular ligament on the front and outside of the ankle).

Knee injuries. Lateral motion can also lead to a knee sprain—a tear in the medial collateral ligament, which supports the inner side of the knee.

Leg muscle injuries. Taking big strides with tight hamstrings (in the back of the thighs) could cause strains or tears in those muscles.

Elbow injuries. Twisting your wrist repeatedly as you prepare to hit the ball with your paddle can cause tiny tears in a tendon in your forearm. The inflammation, tenderness, and pain in the elbow (where the tendon attaches)



Many community centers and YMCAs now have pickleball courts, leagues, and tournaments.

are characteristic of lateral epicondylitis, informally known as tennis elbow.

Shoulder strains. Reaching up for an overhead shot may lead to a tear in the rotator cuff (the group of tendons and muscles that helps you raise and rotate your arm).

Falls and fractures. Taking quick steps backward to hit the ball may cause you to lose your balance. “When we fall, we put our hands out for protection. It’s a natural reaction. But you can break your wrist,” Safran-Norton says.

What you should do

With your doctor’s okay (especially necessary if you have heart, endurance, or balance problems), prepare for pickleball by wearing the right clothing (shorts, not loose pants that can make you trip), shoes (court sneakers, not running shoes), and goggles to protect your eyes from fast-flying balls.

Before playing, warm up your muscles with five minutes of brisk walking around the pickleball court. This gets blood flowing to your muscles and makes them more amenable to the demands you’re about to place on them.

During the game, don’t risk falls. “Don’t scoot backward to get to the ball if your partner is closer and can get the shot,” Safran-Norton advises.

After the game, stretch your muscles. “Focus on your hamstrings, calf muscles, shoulders, and wrists. Hold the stretches for at least 30 seconds,” Safran-Norton advises. Stretching will keep your muscles long and flexible, which will help prevent injuries the next time you’re on the pickleball court for fun and friendly competition. ♥



What's causing bladder pain or burning?

Infections aren't the only conditions that can cause discomfort.

Certain urinary symptoms are quite common, particularly in women: painful burning with urination, an urgent need to urinate like you can't hold it (urinary urgency), and urinating frequently (urinary frequency).

These symptoms can be caused by any of the following conditions.

Urinary tract infection (UTI). This is the most common cause of a painful burning sensation when urinating, urinary urgency, and urinary frequency. You can develop a UTI in the urethra or bladder (the lower urinary tract) or in the kidneys (the upper tract). Additional symptoms from a kidney infection include back pain, fever, chills, and nausea—but not always. “A surprising number of older women don't have these other symptoms, even though they have upper UTIs,” says *Harvard Health Letter* editor in chief Dr. Anthony Komaroff.

Genitourinary syndrome of menopause (GSM). This is caused by thinning and drying of tissues in the bladder, urethra, and vagina resulting from low levels of estrogen. “I estimate that GSM affects up to 70% of postmenopausal women,” says Dr. Jeannine Miranne, a urogynecologist at Harvard-affiliated Brigham and Women's Hospital.

Vaginitis. This infection of the vagina causes itching, pain, discharge, and odor. When a stream of urine hits the irritated walls of the vagina it can cause pain with urination, but typically not urinary urgency or frequency.

Sexually transmitted infections (STIs). These conditions—such as chlamydia or gonorrhea—can involve the urinary tract as well as the uterus and ovaries. Along with urinary symptoms, there can be pelvic pain, fever, and vaginal discharge.

Urethritis. This infection of the urethra can occur in men and women with a bladder infection or an STI.

Interstitial cystitis/bladder pain syndrome. This is a chronic condition that also can cause painful urination, urgency, and frequency. But there is no bacterial infection. “The hallmark symptom is pain related to bladder filling that improves with bladder emptying. You may also have a nagging sensation to urinate many times per hour or the constant sensation of being aware of the bladder,” Dr. Miranne says. “It's thought to be caused by a problem with the protective lining that coats the bladder wall.”

Diagnosis

See your primary care doctor or (for women) your gynecologist when you have bladder pain or burning. Your doctor will likely check a sample of urine to look for white blood cells (indicating infection), red blood cells (infection or other conditions), and bacteria. If this preliminary test shows any of these signs, a urine culture is often sent to the lab to determine whether it is a bacterial infection and which type of bacteria is causing it.

If you have symptoms but no infection, your doctor will consider other possible causes, such as GSM or interstitial cystitis/bladder pain syndrome. You may need to see another type of specialist, such as a urogynecologist.

If there are trace amounts of blood in the urine (which can be seen only under a microscope) you may need a CT scan, an ultrasound, or a procedure to look inside the bladder (cystoscopy) to rule out cancer or kidney stones.



Understanding the urinary system

The urinary system starts with the kidneys, located on either side of the lower spine. Each kidney removes toxins and excess minerals and fluid from the blood. The resulting urine is sent through long tubes called ureters to the bladder, and is eventually excreted through another tube, the urethra.

Treatment

Treatment for infection is usually a course of antibiotics. If you experience recurrent UTIs (more than two in six months) after menopause, use of vaginal estrogen (cream, tablets, or a vaginal ring called Estring) can help prevent future infection.

But Dr. Miranne warns against taking antibiotics repeatedly, especially if it is unclear whether you have recurrent infections, since it can lead to antibiotic resistance.

Antibiotics won't help interstitial cystitis/bladder pain syndrome, since this condition occurs in the absence of infection.

Strategies that may ease symptoms: working with a physical therapist who can help with bladder retraining; avoiding irritants such as coffee, tea, soda, and artificially sweetened beverages; and managing fluid intake.

“For people who experience bothersome urinary urgency and frequency I usually recommend aiming for no more than 64 ounces of total fluid daily,” Dr. Miranne says. “It's good advice for avoiding UTIs as well. That's enough to flush out the bladder to prevent infection but not too much to make urinary urgency and frequency symptoms worse.” ♥



Quick-start guide to mental health professionals

Learn about the different kinds of experts and how they can help you.

Where should you turn when you suspect that you have a mental health condition: a psychiatrist, a psychologist, or some other type of mental health professional? It's tough to figure out what kind of clinician can best help you sort out your problems and provide the care you need.

Often a primary care visit is a good start. Your physician can assess your symptoms and refer you to a mental health professional for evaluation and appropriate treatment.

Mental illnesses

In the United States, at least one in five adults has a mental health disorder. "Mood and anxiety disorders are surprisingly common, as are stress disorders and personality disorders. A

smaller but significant number of people have a major, disabling mental illness like schizophrenia," says Dr. Michael Craig Miller, assistant professor of psychiatry at Harvard Medical School.

These conditions are just as real as physical disorders and should not be chalked up to older age. "Getting older presents challenges, but any increase in mental distress should not be considered normal," Dr. Miller says.

Who can help

Mental health professionals have a range of training and expertise. You may be referred to any of the following.

A psychiatrist. Psychiatrists can provide medical and psychiatric

evaluations, treat psychiatric disorders, provide psychotherapy, and prescribe and monitor medications. *Training:* An M.D. or D.O. (Doctor of Osteopathy) degree, plus at least four years of special training in psychiatry.

A psychologist. Psychologists do psychological evaluations and testing. They provide psychotherapy to treat mental disorders. They cannot prescribe medication. *Training:* A doctorate (Ph.D., Psy.D., or Ed.D) in clinical, educational, counseling, or research psychology.

A psychiatric/mental health nurse practitioner (PMHNP). PMHNPs can evaluate and diagnose mental health disorders, provide psychotherapy, and prescribe medicine (in some states under a psychiatrist's supervision). *Training:* A master of science in nursing (M.S.N.) or doctor of nursing (D.N.P.) degree, with added mental health education.

Psychiatric/mental health nurse. Depending on the education level and the state, psychiatric or mental health nurses may be able to assess mental illnesses, provide psychotherapy, or prescribe medication. *Training:* An associate's degree (R.N.), bachelor's degree (B.S.N.), master's degree (M.S.N. or A.P.R.N.), or doctoral degree (D.N.Sc., Ph.D.).

Clinical social worker. Depending on their level of education, social workers can assess and treat mental illness and provide psychotherapy. They cannot prescribe medication.



Finding the right mental health expert depends on the type of condition you have.

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Help for changes in memory and thinking skills

You might assume that a mental health professional is the first expert to consult if you are having trouble with your memory or mental skills. But if such problems are interfering with your day-to-day functioning, a physician should evaluate you to check for neurological illnesses such as mild cognitive impairment, Parkinson's disease, Alzheimer's disease, or vascular dementia.

Your primary care physician can perform the initial assessment.

He or she may then refer you for an examination by a neurologist or for a scan of your brain. Or you might need to see a neuropsychologist, who can conduct extensive testing to identify specific areas of difficulty.

Once the problems have been defined, you may be given treatment to either reverse or prevent further progression of the underlying illness. You may also be referred to a clinician who specializes in helping people manage problems. For example, if decision making has become difficult, the clinician may look for practical, achievable ways to make decisions simpler, such as reducing the amount of clothing in your closet or paring down pots and pans in your kitchen.

You may also benefit by seeing a team of experts who can suggest activities and lifestyle changes to improve brain fitness. Treatment usually integrates physical exercise, nutrition, sleep, meditation, and cognitive training. Cognitive training routines make use of games, sometimes on a computer, to help you improve mental skills, response times, and attention.

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Training: A master's degree (M.A., M.S., M.S.W., or M.S.S.W.) or doctoral degree (D.S.W. or Ph.D.).

Licensed professional counselor.

Licensed professional counselors, who come from a variety of backgrounds, are licensed by individual states. They can assess mental health conditions and provide individual, family, or group therapy. They cannot prescribe medication. **Training:** A master's degree (M.A. or M.S.) in psychology, counseling, or another mental health–related field and typically two years of supervised postgraduate experience.

Other specialists. Members of the clergy (ministers, priests, rabbis, or imams) or peer counselors (people who've experienced mental health issues) can provide support and advice. They cannot prescribe medication.

Training: Certification varies by state for peer counselors. Some states require clergy members to be licensed in order to provide counseling.

Who's right for you?

The mental health professional you need depends on your condition, your preferences, and the availability of clinicians in your area. If your doctor suspects that you'll benefit from medication, you may be referred to a psychiatrist or a PMHNP. If your problems are milder or you're coping with life stress or situational issues, any kind of professional who provides therapy may be able to help. Sometimes a number of mental health professionals will work together to get you feeling better, such as a psychiatrist for medication and another professional for psychotherapy.

What you can expect

Any evaluation will involve you describing the problems and stresses in your life, the important people in your support system, and your feelings about your situation. Mental health professionals who can prescribe medicine will ask about your medical history and any other medications you're currently taking.

Psychotherapy involves talking about yourself, including some of your intimate thoughts and feelings. Your therapist will ask questions to guide you and will likely offer tips or tools to help you cope. He or she will keep all the information strictly confidential.

For more information, check out the Harvard Special Health Report *Understanding Depression* (www.health.harvard.edu/UD). ♥

Food breakup ... from p. 1

almond, cashew, oat, rice, and hemp milks; yogurts; and even ice cream. Soy and lactose-free milks are good sources of calcium and protein.

“But you will have to make sure grain and nut milk products are fortified,” advises registered dietitian Kathy McManus, the director of the Department of Nutrition at Harvard-affiliated Brigham and Women's Hospital. “And watch out for added sugars. Many of these milks are flavored, and some of them have almost as much sugar as soda. Go for the unsweetened kind.”



Make sure grain and nut milk products are fortified.

suggests. “But introduce foods slowly, to see how they're tolerated, and back off if symptoms return.”

Where have you “bean” all my life?

Beans and other legumes are a major source of plant-based protein for many people. If those FODMAPs don't agree with you, consider protein-rich firm tofu (made from soybeans, with FODMAPs removed). If it's the bean texture you'll miss, try rice (ideally brown, not white), quinoa, polenta, and gluten-free breads or pastas, which are all FODMAP-free.

In fact, there are replacement possibilities for all FODMAP foods. Instead of blackberries, try blueberries; ditch onions for fennel bulbs or the greens of scallions; swap out pistachios or cashews for almonds or peanuts; and pass up peaches in favor of papayas. For more information, check out the Harvard Medical School Guide *Managing Irritable Bowel Syndrome* (www.health.harvard.edu/IB).

Reuniting with an old flame

Can't stay away from your favorite foods? Take heart. “You might not get symptoms if you eat smaller amounts,” Dr. Staller says.

Other tips:

- ▶ “You can reduce the heat in fiery dishes by adding a dollop of dairy—such as sour cream—or increasing the amount of other ingredients, such as vegetables, to dilute the heat,” McManus suggests.
- ▶ Tamp down the heat in peppers before cooking by rinsing them, removing the seeds and ribs, roasting them, and removing the skin.
- ▶ Rinse canned beans before cooking them to reduce the amount of gas-producing sugars.
- ▶ Use an enzyme supplement with lactase to help you digest dairy; or use Beano, a natural enzyme product that helps sensitive guts digest oligosaccharides.

And remember: healthy, long-term relationships—including with food—take work. With a little effort, you can enjoy many more years of symptom-free food bliss. ♥



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Eating nuts: A strategy for weight control?

Nuts are rich in healthy fat and calories, so you may not think of them as tools for weight control. But nuts may actually help in the battle of the bulge, suggests a Harvard study published online Sept. 23, 2019, by *BMJ Nutrition, Prevention, and Health*. Researchers analyzed questionnaire responses on dietary habits, physical activity, and weight changes from about 145,000 middle-aged and older men and women. People who went from never eating nuts to eating a daily average of at least half a serving (about half a handful) were 16% less likely to become obese

over a four-year period compared with people who didn't eat nuts at all. Substituting a half serving of nuts per day for red meat, processed meat, French fries, desserts, or potato chips was also associated with less weight gain. "Nuts have protein and fiber which help us feel full longer and offset cravings for junk food. Although nuts are high in calories, up to 20% of calories from nut consumption will be excreted from our body," says Dr. Xiaoran Liu, one of the study authors and a research associate with the Harvard T.H. Chan School of Public Health.



Genetic test kits don't have all the answers

It's tempting to try a direct-to-consumer (DTC) genetic test kit that predicts your risk for developing certain diseases, like Alzheimer's or Parkinson's. The kit is shipped to your home, where you collect cells (typically with a cheek swab or a saliva collection tube) and then send them to a lab for DNA analysis. But a report from British researchers, published in *The BMJ* on Oct. 16, 2019, warns that the tests commonly produce misleading predictions of high or low genetic risk for disease. In other words, a positive result for a particular gene doesn't necessarily mean you'll develop a related health problem, and a negative result doesn't

automatically mean you'll dodge a particular condition. Study authors say that interpreting genetic data is complex and depends on the context of your individual and family medical history. If you want to try a DTC test, bring the results to your physician for more insight. If your doctor determines that further investigation is warranted, he or she can refer you for genetic testing that's more comprehensive than DTC tests, performed by an accredited laboratory. Those test results may be combined with genetic counseling to help you understand what to expect and what the information might mean for your health or the health of your family members.



Can mind-body therapies help reduce reliance on opioids?

A large study published online Nov. 4, 2019, by *JAMA Internal Medicine* offers hope for people who want to reduce their reliance on opioids. The powerful prescription painkillers, such as oxycodone (OxyContin) and hydrocodone (Vicodin), are typically used to treat severe pain after surgery, pain with terminal illness, and chronic pain. But use of these drugs comes with the risk of dependence, addiction, overdose, and death. So researchers set out to determine if mind-body therapies (such as meditation or hypnosis) could

help ease pain. Scientists reviewed 60 randomized trials with more than 6,400 people taking opioids for reasons such as surgery, burns, cancer, or chronic pain. Researchers noted moderate to large improvements in pain among people who added meditation, hypnosis, cognitive behavioral therapy (CBT), or therapeutic suggestion to their pain control regimens. Meditation, hypnosis, and CBT were so effective that people were able to slightly reduce the amount of opioids they were taking. Two other therapies—relaxation therapy and guided imagery—did not have a significant impact on pain. The great news: you have nothing to lose by adding one of these mind-body therapies to your regimen, and it may even help. ♥



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What's coming up:

- ▶ The best time of day to take your medication
- ▶ 3 strategies to revamp your exercise routine
- ▶ Tips to buy gently-used home medical equipment
- ▶ Is it safe to drive with common physical problems?

