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What's the best time of day to take your medication?

Timing may improve potency and help you cope with side effects.

We all want our medicines to be as effective as possible, and that requires effort on our part. It may be necessary to avoid taking pills with certain foods or drinks, and to check that medications won't interfere with each other.

And in some cases, it may be important to take a drug at a particular time of day. This approach, known as chronotherapy, is gaining attention as research suggests a relationship between when we take medications and how well they work.

Best at bedtime

Some drugs appear to work best if you take them at bedtime. That's the case with certain statins, which inhibit the body's production of cholesterol. "Some statins, such as fluvastatin [Lescol], lovastatin [Mevacor], and simvastatin [Zocor], don't last long in the body. Take these at night, when the liver produces the most cholesterol. Other statins last longer in the body, even if taken early in the day, so the timing of those drugs is less important," says Joshua Gagne, a pharmacist and epidemiologist with Harvard-affiliated Brigham and Women's Hospital.

Blood pressure medicine may be another example. One reason: "Taking blood pressure medications at night may lead to peak drug levels the next morning, when heart attack risk is usually higher," says Dr. Deepak Bhatt, a cardiologist and editor in chief of the *Harvard Heart Letter*.



Some medications are best taken in the morning to improve a drug's absorption.

If you take diuretics to treat high blood pressure, however, you may want to rethink taking a nighttime dose. Diuretics increase the need to urinate, which may interrupt sleep. See if taking a thiazide diuretic at bedtime interrupts your sleep.

If not, it's fine to take it at night, and that may help lower your blood pressure. For more information about the right time to take blood pressure medications, check out this month's question-and-answer (page 2) by *Health Letter* editor in chief Anthony L. Komaroff.

Another reason to take a medication at night is if it makes you sleepy, like the antidepressant trazodone (Desyrel). "Some antidepressants are sedating, which is helpful for people who have trouble getting to sleep. In fact, trazodone is more often used as a sleep medication than as an antidepressant these days," says Dr. Michael Craig Miller, assistant professor of psychiatry at Harvard Medical School.

Better in the morning

Sometimes it's better to take certain medicines in the morning. One reason is to help with absorption of a drug; it's best if you take it before breakfast. "Food, beverages, and other medications can interfere with the body's absorption of certain drugs, which

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ASK THE DOCTOR

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

Should I take blood pressure medications at night?

Q I've taken blood pressure medicines every morning for many years, and they keep my pressure under control. Recently, my doctor recommended taking them at bedtime, instead. Does that make sense?

A It actually does make sense—based on recent research. For many years, there have been at least three theoretical reasons for taking blood pressure medicines before bedtime. First, a body system that strongly affects blood pressure, called the renin-angiotensin system, has its peak activity during sleep. Second, circadian rhythms cause differences in the body chemistry at night compared with daytime. Third, most heart attacks occur in the morning, before medicines taken in the morning have a chance to “kick in.”

Several past studies suggested that blood pressure pills might be more potent when taken at night, but the studies were small and therefore unconvincing; most doctors still recommended that blood pressure pills be taken in the morning.

To try to settle the question, a Spanish medical research team conducted a study of over 19,000 people with hypertension (high blood pressure). The people in the study were told, at random, to take their blood pressure pills either at bedtime or in the morning. Because the bedtime-dose group and the morning-dose group were



Ask your doctor when you should take blood pressure medications.

chosen at random, they were very similar in many important respects: age, gender, body weight, blood pressure level, blood cholesterol level, and the presence of other serious illnesses besides hypertension. That's important, because in a study like this you want the two groups to be very similar except for the one thing you are testing: in this case, the time of day that the pills are taken.

The study, published online Oct. 22, 2019, by the *European Heart Journal*, followed people for an average of 6.3 years. Indeed, blood pressure was lower in the bedtime-dose group. More important, so was the risk of several serious consequences that result from poorly controlled blood pressure: heart attack, stroke, surgery or stents to open blocked arteries in the heart, or death from heart disease or stroke. And the risk of these diseases was not just a little lower; the bedtime-dose group had about half the rate of these serious consequences. In addition, the ones who took the medicines at bedtime seemed to have no adverse effects from taking the pills at night. For example, they didn't have a higher rate of getting dizzy and falling when getting up at night to go to the bathroom.

This one study, even though it is very large, may not be enough to change practice. But the huge reduction in the rate of serious illness has convinced me: my doctor and I agreed I should start taking my blood pressure medicines at bedtime. ♥



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Boredom busters to revamp your exercise routine

Try these simple tips to spice up your workout and keep moving.

Exercise is crucial to good health, but sometimes it's hard to find the motivation to maintain an exercise regimen. Finding the time is one problem. Another is boredom. "Most activity becomes tedious psychologically, even though you know it will benefit you physically," says Michael Bento, a personal trainer at Harvard-affiliated Massachusetts General Hospital.

The solution is finding ways to bust that boredom and stay engaged—or at least distracted.

Add challenging moves

Breathe new life into a tired workout by adding compound exercises, which combine two exercises into one fluid movement. For example, you may do a lunge that ends with you raising dumbbells overhead. "It's more interesting and it's more effective at working your muscles. The lunge by itself targets the lower body and core. But when you push dumbbells overhead, you get upper-arm and shoulder muscle benefits as well," Bento points out.

Another idea for a compound exercise: push dumbbells overhead (or out to the sides) at the end of a sideways lunge or as you come up from a squat. What size dumbbells should you use? "Err on the side of caution and start with a 3- or 5-pound weight. If it's easy to push the weight overhead 12 times, move up to a slightly heavier weight," Bento advises. He suggests trying weights in a store or gym to see which feels right.

If you prefer not to use dumbbells, use a resistance band. For example, you could do a lunge and a "push" while you hold the band. Wrap the center of a resistance band around a pole or doorknob behind you and hold one end of the resistance band in each hand. Lunge away from the pole or doorknob, and

push the ends of the resistance band in front of you.

If you'd rather not use weights or resistance bands, there are other compound exercises you can try, like doing push-ups against a countertop and tapping alternating shoulders with one hand in between each repetition.

Try doing each exercise eight to 10 times in a row. A caveat: Compound exercises can help your balance, since they're more complex tasks that challenge your stability. But you'll need good balance to do any compound exercise.

Incorporate other interests

Sometimes all it takes to make exercise interesting is incorporating an element or activity you already love. For example, if you enjoy listening to music, play a few tunes during your workout. Bento blasts '80s rock music when he works out. "The energy of it keeps me moving," he says.

You may like listening to an interesting podcast while you exercise. Not surprisingly, we recommend Harvard Health Publishing's *Living Better, Living Longer*, which you can download for free on any podcast app or by visiting <https://www.health.harvard.edu/listen>.

Other ways to make exercise more interesting include going on a hike and taking breaks to snap photos of pretty scenes in nature; walking with a friend and catching up along the way; or watching a movie or favorite show while walking on a treadmill or riding an indoor exercise bike.

The secret of adding another activity is distraction. "It takes your mind off exercising," Bento says. "Some research suggests the distraction enables you to exercise with greater intensity or longer duration."



Working out with a friend may be all it takes to rekindle your interest in an exercise routine.

Try a new exercise

If adjusting your exercise routine doesn't increase your interest, consider trying a brand-new exercise. Examples include ballroom dance, shadow boxing, step aerobics, or tai chi. "You won't have any history with that particular exercise, and it will keep you engaged and looking forward to working out," Bento says.

He recommends taking an exercise class for the added benefit of social interaction. "There's something to be said about the shared experience of exercising together. I see people forming groups of friends when they come to the same classes over and over. It's a great way to engage with people," Bento says.

Remember, though, that many people need to take precautions before starting a new routine. If you have heart or lung disease or arthritis, consult with your doctor first. And talk to the instructor in advance. "Get there early, explain that you're new, and ask if there's anything you should be concerned about," Bento advises.

Then, try to have fun. If you enjoy what you're doing, you'll be more likely to sustain a regimen and exercise for years to come. ♥



The best breads in the grocery store

Look for whole-grain breads with the fewest ingredients possible.

It takes just four ingredients to create bread: flour, yeast, water, and salt. After a little kneading and some time in the oven, they transform into a hearty dietary staple that can add texture to your breakfast or structure to your sandwich. But the type of flour, plus additional ingredients, can make or break bread's nutritional value.

What makes bread healthy?

Healthy bread starts with flour that comes from whole grains, such as whole wheat, oats, brown rice, rye, or barley. Whole grains are seeds. Each is made up of an outer shell (bran), a tiny embryo (germ) that can turn into a plant, and a starchy food supply (endosperm) for the embryo. Together, these three parts of the whole grain are typically loaded with B vitamins, minerals, antioxidants, and fiber.

Eating whole grains is linked to better health. “There are good data to show that eating whole grains is associated with lower weight and reduced rates of heart disease and early death,” says registered dietitian Kathy McManus, director of the Department of Nutrition at Harvard-affiliated Brigham and Women's Hospital. She also points out that eating fiber may help lower cholesterol, control blood sugar, and improve digestion.

Iffy ingredients

Many ingredients can reduce the nutritional value of bread.

The main culprit is flour from refined grains, such as white flour. These grains have been processed to remove the bran and germ for finer, smoother flour that lasts longer on the shelf. But the body digests refined grains quickly, which can cause your blood sugar to spike. Frequent blood sugar spikes increase the risk for developing diabetes.



To find the healthiest breads, make sure whole grains are first on the ingredients list.

In addition to refined grains, many breads contain added sugars such as brown sugar, cane sugar, high-fructose corn syrup, honey, or molasses. Examples are raisin breads, sweet breads, or “honey wheat” breads. These breads may contain some healthy ingredients, but they also can add up to 6 grams of sugar and 25 grams of carbohydrate per slice.

Other ingredients deemed safe for consumption by the FDA may make you feel uncomfortable once you know they're in bread—like caramel coloring and preservatives to help bread rise higher, retain moisture, or last longer. Two additives—potassium bromate and azodicarbonamide—are associated with cancer in studies of lab animals, but the chemicals are still allowed and used in many bread products in the United States.

In search of healthy bread

You'll have to do some investigating to find bread that's on the healthier side.

Step 1: Don't pay attention to the marketing promises on the front of the package. “It could say ‘12 grains,’ or ‘multigrain,’ or ‘made with whole grains.’ That doesn't mean it's a whole-grain product. It could still contain refined grains,” McManus warns.

Step 2: Read the ingredients list. “If the words ‘whole grain’ aren't first on

the ingredients list, then it's not whole-grain,” McManus says.

Step 3: Avoid breads with lots of ingredients, especially breads with

- ▶ unbleached enriched wheat flour (refined grains that are fortified)
- ▶ anything that ends with “ose” (indicating sugar molecules such as dextrose, fructose, glucose, lactose, maltose, and sucrose)
- ▶ ingredients you may not recognize, such as monoglycerides and diglycerides (emulsifiers that help ingredients combine together) or butylated hydroxyanisole (BHA—a preservative associated with cancer in lab animals).

Slice guidelines

After reading the ingredients list, look at the Nutrition Facts label. The best breads in the grocery store have a particular nutrition profile per serving. For bread, one serving is one slice, which is about 1 ounce (28 grams). “Per slice, you want no more than 80 calories, less than 100 milligrams of sodium, at least 3 grams of fiber, less than 3 grams of sugar (and zero added sugar), and 15 grams of carbohydrates,” McManus recommends. “Don't get any breads containing saturated fat.”

Some examples of breads that fill the bill or come close: Ezekiel 4:9 Flax Sprouted Whole Grain Bread and Alvarado Street Bakery Sprouted 100% Whole Wheat Bread.

How many slices can you have? That depends on what else you eat. “The goal is four servings of whole grains per day. You could achieve that with two slices of whole-grain toast at breakfast and a nice whole-grain sandwich at lunch. Or you could have a couple of slices of bread at lunch and half a cup of cooked whole grains—like quinoa, farro, oats, or bulgur—at breakfast and dinner,” McManus says. “The important thing is to find whole grains you enjoy that work for you and your family. The right bread is often an easy way to get the whole grains you need.” ♥



Bargain or beware? Tips to buy gently used medical equipment

Do a thorough assessment to make sure equipment is safe.

Your doctor or an occupational therapist may recommend that you use some kind of medical equipment, such as a walker, electric scooter, cane, lift chair, or shower chair. Such equipment can help you maintain your independence or continue living at home. But what if your insurance won't pay for an item or if you need a spare? For many people, the solution is gently used equipment.

Bargain hunting

You'll find used medical equipment in consignment shops and thrift stores, and through online classified ad sites (such as Craigslist). The deals are substantial: you may find a used electric wheelchair (that retails for \$2,500 new) for a few hundred dollars, or a used power lift chair (\$500 new) for just \$75.

The prices are even better at many nonprofit groups, religious organizations, and local governments. They "lend" both used and sometimes new home medical equipment for a few months or for as long as you need it—even years—at little or no charge (maybe a small fee of \$10 to \$50). Some groups require that you meet certain eligibility requirements. Examples of groups lending home medical equipment include the Good News Project (www.goodnewswi.com) in Wausau, Wis.; the Reequipment program (<https://dmerequipment.org>) at locations throughout Massachusetts; Seniors First in Orlando, Fla. (www.seniorsfirstinc.org); and (for its residents) the Town of Florence, Ariz. (www.florenceaz.gov).

A benefit to getting equipment through lending programs: technicians typically refurbish and sanitize pieces before they're loaned. In thrift shops, however, equipment is sold "as is" and may have hidden problems.



Before buying a used wheelchair, make sure it's a good fit for the person who needs it.

What's wrong with it?

There are several points to consider when getting used home medical equipment, even if it's been refurbished.

Fit. Many types of equipment—such as wheelchairs—need to be custom-fit to your height or body width. Second-hand equipment may not fit you well.

Repairs. "Insurance usually covers all maintenance costs for wheelchairs, but not if they're secondhand. Repairs or replacement parts can be very expensive, into the hundreds of dollars," says Debbie Bright, a physical therapist with Harvard-affiliated Spaulding Rehabilitation Outpatient Center. She helps people determine the kind of home medical equipment that suits their needs.

Batteries or motors. Lift chairs, electric wheelchairs, and scooters all have motors. It can be hard to tell if a motor is working if you're not a technician. Wheelchairs and scooters also use batteries. "You won't know how much battery is left unless you have someone test it," Bright says, "A typical person goes through a new set of wheelchair batteries each year."

Cleanliness. If the equipment hasn't been sanitized, you won't know if it's harboring dangerous germs. "People in

electric wheelchairs are often incontinent, so the cushion on a wheelchair may not be clean, but you might not be able to tell by looking at it," Bright points out.

What to look for

Before buying or accepting used equipment, do a thorough assessment of the item or hire a technician who can do it for you (just like hiring a mechanic to check out a used car). Here are questions to ask about various items.

A wheelchair or scooter. Does the motor sound good or have a troublesome grinding sound? How old is the battery? Does it come with a charger? Does the seat tilt or recline properly? Does the joystick or throttle work well? Are the tires worn? Are the wheels tracking in a straight line? Are the armrests and seating cushions torn or have they been replaced? Do you fit into it well? "Sit in it to make sure your hips don't rub against the arms, and see that you have good support through your thighs," Bright advises.

A walker. Is it adjustable? Does it fold properly? Are the grips worn or in good condition? If it's a rollator with four wheels, do they swivel properly? Do the brakes work well?

A cane. Does it adjust to the height you need? If it is wooden, is it cracked? Is the grip in good condition?

A lift chair. Does it rise and lower properly? How does the motor sound? If the chair has fabric upholstery, can it be steam-cleaned?

A shower chair. Has it been cleaned? Is it mold-free? Does the seat have scratches that could hurt bare skin? Does it have rubber feet to keep it in place?

Steer clear of equipment when the answers are mostly in the wrong category. "Don't settle. Keep looking until you find the piece that's right for you. Otherwise, it could pose a health hazard," Bright says. "But don't give up the hunt. You really can find used equipment in fantastic shape." ♥



Common physical problems that threaten your driving skills

Addressing arthritis, hearing loss, and cataracts will help preserve your independence.

Older age brings lots of physical changes, like stiffer joints and difficulty seeing or hearing. Those developments may not cause disability, but they may have an effect—even a subtle one—on your driving. That’s why it’s smart to be proactive once you notice physical changes, to find out how each condition can jeopardize your driving skills, your safety, and the safety of others on the road.

Common ailments

There are many physical changes that can affect your driving skills. The following are among the most common.

Arthritis. The wearing away of cushioning (cartilage) around the bones in your neck, shoulders, hands, hips, and knees can lead to pain, stiffness, and driving challenges. “Hand pain may make it hard to grip a steering wheel. Hip and knee pain can make it tough to get in and out of a car, especially if the car sits low or high. Knee pain may make it painful to push a gas pedal. And neck pain may reduce your ability to turn your head when you’re backing up or changing lanes,” says Dr. Robert Shmerling, clinical chief



Even slight changes in vision or hearing can jeopardize your safety behind the wheel.

of rheumatology at Harvard-affiliated Beth Israel Deaconess Medical Center.

Hearing loss. Losing your ability to hear can make it harder to detect hazards, such as an ambulance approaching an intersection.

“Even though most people think of hearing loss as involving both ears, hearing loss of one ear is also a problem. It makes it difficult to understand where sounds are coming from in space. So although one might hear an ambulance approaching, it might take more time to look around and figure out where it’s coming from, which could be dangerous,” says Dr. David

Jung, an ear specialist with Harvard-affiliated Massachusetts Eye and Ear.

Cataracts. A cataract is a clouding of the normally clear lens of the eye. The condition strikes half of all Americans ages 75 or older. “A cataract impairs your ability to identify targets and distances, and determine braking times. Cataracts also affect how much contrast you can see, especially at night, which could mean that you won’t notice a dark object on the road,” says Dr. Roberto Pineda, a cataract surgeon at Massachusetts Eye and Ear.

Neuropathy. Neuropathy is a numbness, tingling, or burning that commonly occurs in the extremities, especially the feet and calves. “Neuropathy in the feet can make driving hazardous if you can’t feel the pedals,” says Ann Hollis, an occupational therapist who conducts clinical driving evaluations at Harvard-affiliated Beth Israel Deaconess Medical Center.

Is your driving impaired?

Just because a condition can potentially affect driving ability, that doesn’t mean it’s already impairing your skills. But it’s tricky to detect whether you’ve crossed the threshold.

For example: “In most cases, hearing loss occurs slowly over time. So it’s difficult to identify a point at which the hearing loss makes it unsafe to drive,” Dr. Jung says. The big tip-off: “If you notice increasing difficulty hearing in everyday situations. At that point, it makes sense to see an ear, nose, and throat specialist and an audiologist to have your hearing assessed,” Dr. Jung advises.

Indeed, if any physical changes interfere with your day, they could be driving hazards. Some red flags: “You may notice that you have a harder time holding objects, walking well, getting up from chair, or reaching above your shoulders,” Dr. Shmerling says.



Driving and cognition

The mental sharpness of our younger days tends to soften as we get older. That can translate into a slowed reaction time when we’re driving, and may require that we maintain more distance than usual from the cars ahead of us, avoid driving during the busiest times of day, and use other routes to avoid high-traffic intersections.

Drivers with more serious cognition changes, such as mild cognitive impairment, are at risk of becoming confused and getting lost. A mental health screening and driving assessment will help determine if it’s still safe to get behind the wheel or if it’s time to use an alternative means of transportation.

Driving assessments

The best way to find out if your condition is impairing your road skills is to seek a driving assessment. Such programs may be offered through local hospitals, sheriff's offices, and other agencies, including the AARP (www.aarp.org) and the American Automobile Association (www.seniordriving.aaa.com).

Hospital-affiliated driving assessment programs often use a team of experts—for instance, including a social worker, an occupational therapist (OT), and a neuropsychologist. “Our evaluation includes a careful medical and social history and an assessment of vision, cognition, and physical abilities—such as strength, range of motion, and coordination,” Hollis explains.

She notes that clinical testing isn't enough, however. “Office assessments and tests can give us information about what difficulties someone may have, but the only reliable measure of driving

safety is road testing,” Hollis says. She recommends seeking a program with a road evaluation. This is usually conducted by a driving instructor and an OT who can provide feedback based on your driving performance.

Making adjustments

Driving assessment experts don't aim to take away your keys; they offer advice and support to help you improve your driving skills. In some cases, that may be a matter of addressing an underlying condition, such as getting hearing aids if you have hearing loss, starting a strength training regimen to improve muscle strength and reduce arthritis pain, or getting surgery to remove cataracts that are clouding your vision.

Improving your skills may also require modifications to your car to make up for physical deficiencies. An example would be hand controls on the



A driving assessment can help you identify and cope with weaknesses in your driving ability.

steering wheel if neuropathy is interfering with your ability to push the pedals.

In other cases, you may just need to brush up on the driving skills that seem a little rusty. A refresher course can be especially useful if your car has high-tech new gadgets you're not entirely sure how to use, or if you're not up-to-date on the latest driving laws.

The ultimate goal (depending on your health) is to keep you in the driver's seat, so that you can stay safe, mobile, and independent for as long as possible. ♥

Medication ... from p. 1

reduce their effectiveness,” Gagne notes. An example is the class of drugs called bisphosphonates—such as alendronate (Fosamax), ibandronate (Boniva), and risedronate (Actonel)—which are used to help prevent bone fractures in people with osteoporosis. “Take them first thing in

the morning with a large glass of plain water, at least 30 minutes before eating or drinking anything or before taking any other medications,” Gagne advises.

Another reason to consider a morning dose is to avoid sleep difficulties at night.

“The antidepressants called selective serotonin reuptake inhibitors, or SSRIs, are taken in the morning, because they can interfere with sleep, especially as



When the doctor prescribes a new pill, ask if when you take it will affect its potency.

you begin taking them,” Miller says.

What you should do

When your doctor prescribes a new medication, ask about the best time of day to take it for maximum effect. The proper timing for taking a pill can depend on many factors. An example: proton-pump inhibitors (PPIs) such

as omeprazole (Prilosec, Zegerid), which block the production of stomach acid to reduce heartburn.

“PPIs really need to be taken on an empty stomach, 20 to 30 minutes before a meal, usually in the morning. But if you have mostly evening or nighttime symptoms, ask your doctor about taking omeprazole 20 to 30 minutes before dinner on an empty stomach, since none of the PPIs truly

lasts 24 hours,” says Dr. Kyle Staller, a gastroenterologist at Harvard-affiliated Massachusetts General Hospital.

If the timing of one medication doesn't work for you, there's probably another you can take at a different time of day. Consider migraine prevention drugs: “Tricyclics such as amitriptyline [Elavil] are generally recommended at bedtime because they tend to increase the amount of deep sleep. Topiramate [Topamax] can be taken in morning and evening hours,” says Dr. Sait Ashina, a neurologist who specializes in headache treatment at Harvard-affiliated Beth Israel Deaconess Medical Center.

Feeling overwhelmed? Get your doctor's or pharmacist's advice, and use a pillbox to stay organized. “Hopefully we can time it so the drug will be most effective,” Gagne says. “Ultimately, what's most important is finding a time that ensures you'll take your medications every day.” ♥



Heavily processed foods tied to diabetes

As we've reported before, eating or drinking heavily processed foods—like sugary drinks, chicken nuggets, frozen dinners, or sweetened cereals—is associated with an increased risk for weight gain, heart disease, and even early death. Now a large observational study published online Dec. 16, 2019, by *JAMA Internal Medicine* links the consumption of such “ultraprocessed” food to an increased risk for developing diabetes. Researchers evaluated the questionnaire responses of more than 100,000 diabetes-free people (average age about 43) over six years. People who ate the most ultraprocessed foods (about 22% of their diet) had a higher risk for developing

diabetes compared with people who ate the least amount of ultraprocessed foods (about 11% of their diet). The risk for developing diabetes went up 15% for a 10-percentage-point increase in the amount of ultraprocessed food in the diet. The connection held up even after scientists accounted for known risk factors for diabetes, such as weight and physical activity. The takeaway: Skip processed foods in favor of whole foods, including lots of vegetables, fruits, legumes, and whole grains.



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A thousand rideshare options for older adults

Catching a ride to the doctor or grocery store has never been easier, thanks to rideshare services like Uber or Lyft. You simply download an app to your smartphone and enter your credit card information. Then you can just tap a button whenever you need a ride. But if you're not comfortable with the concept, take heart: the United States now has about a thousand rideshare services that cater to older adults, according to a CDC-funded study conducted by NORC, a nonprofit research organization based at the University of Chicago. The results were released Dec. 5, 2019. Researchers found more

than 900 individual nonprofit rideshare services and three for-profit rideshare companies (with a total of 888 locations) available for older adults in the United States. The rides weren't just for doctor or grocery store visits. Many rides were for other errands, work, or fun (an important point, since older adults are at risk for isolation). Also appealing: about two-thirds of the rides were free, and about a third of the services provided help in and out of the vehicle. Want to give it a try? Contact your local Area Agency on Aging (<https://www.health.harvard.edu/aaa>) to find groups that offer rides for older adults.



Consumer alert: CBD products not necessarily safe

The FDA is urging consumers to use caution with products infused with cannabidiol (CBD), the cannabis-derived extract that's touted as a cure-all. CBD is widely available in creams, tinctures, oils, patches, gummy bears, capsules, and more. But some products are being sold illegally, with claims that CBD can treat health conditions. In November, the FDA cracked down on 15 companies that were making such claims, or that were illegally adding CBD to food or selling it as a dietary supplement. “We remain concerned that some people wrongly think that the

myriad of CBD products on the market, many of which are illegal, have been evaluated by the FDA and determined to be safe, or that trying CBD ‘can't hurt.’ Aside from one prescription drug approved to treat two pediatric epilepsy disorders, these products have not been approved by the FDA, and we want to be clear that a number of questions remain regarding CBD's safety,” says FDA Principal Deputy Commissioner Amy Abernethy. Even legal CBD products have potential health risks such as liver injury, drug interactions, sedation, diarrhea, decreased appetite, and mood changes. Talk to your doctor before trying any new supplement, especially if it contains CBD. ♥



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What's coming up:

- ▶ The big effects of a little bit of weight loss
- ▶ Is intermittent fasting safe for older adults?
- ▶ The top reasons you have a headache
- ▶ Try these stretches before you get out of bed

