

# Harvard Health Letter

VOLUME 44 • NUMBER 8 | JUNE 2019

## 5 food and drink fads you can skip

*Trendy isn't necessarily healthy. Consider alternatives instead.*

It's fun to try new foods once in a while. But when a flashy food fad gets your attention, be careful. Just because a particular food or drink is showing up everywhere doesn't mean it's healthy. Here are five trends you can probably skip.

### 1 Vitamin-enhanced water

Vitamin-enhanced waters have names like Propel Vitamin Boost and Vitaminwater, and they promise lots of vitamins (like B, C, and E) and minerals (like magnesium, calcium, and potassium) in every gulp. But don't start guzzling. "There aren't enough nutrients added to these waters to make a difference in your health. I saw one product with 10 milligrams of potassium. The recommendation for daily potassium is 4,700 milligrams per day," says registered dietitian Kathy McManus, director of the Department of Nutrition at Harvard-affiliated Brigham and Women's Hospital. "You'll get more far more nutrients from a healthy diet."

Also note: many enhanced waters are loaded with sugar. Vitaminwater (Refresh Tropical Mango flavor), for example, has more than 30 grams of added sugar—well over the 25-gram daily limit of added sugar for women and close to the 36-gram daily limit for men, as recommended by the American Heart Association. Consuming huge amounts of sugar can spike your blood sugar levels and lead to weight gain.

**A better idea:** "Infuse a glass of water with berries or orange slices," McManus suggests. "If you're concerned you have a marginal diet, take a multivitamin."

### 2 Coconut oil

Coconut oil is touted as an all-natural way to boost brain function, ward off heart disease, burn fat, improve digestion, and help health in many other ways. Despite the claims, we don't have solid evidence to back them up. The problem: coconut oil is 90% saturated fat. One tablespoon has about 12 grams of saturated fat (a whole day's worth in a 1,500-calorie diet), compared with 2 grams in a tablespoon of extra-virgin olive oil.



Coconut oil is full of saturated fat, which boosts the risk for a stroke.

Some small studies suggest coconut oil can raise "good" HDL cholesterol levels (possibly because the oil contains lauric acid, which the body processes slightly differently than other saturated fats). However, other studies suggest coconut oil

also raises "bad" LDL cholesterol levels.

And no evidence suggests coconut oil reduces heart disease or any other disease. But we have a wealth of evidence that consuming lots of saturated fat can increase your risk for cardiovascular disease and stroke.

**A better idea:** Stick to canola and olive oils for cooking. "You don't have to totally avoid coconut oil. But save it for a special meal that calls for it, like a Thai dish. Don't use it for your everyday oil," McManus advises.

### 3 Gluten-free food

These foods are free of gluten, a protein found in grains such as wheat, rye, and barley. In people with celiac disease, gluten can trigger an immune system attack on the

*continued on p. 7* ▶▶

## INSIDE

### Ask the Doctor . . . . . 2

▶ Explaining high blood pressure

### Fight muscle weakness . . . . 3

▶ *AND:* Don't ignore sudden muscle weakness

### Top 4 reasons you can't sleep through the night . . . 4

### Tips for taking medications on the road. . . . . 5

▶ *AND:* Research your destination

### Should you use an active workstation at home? . . . . 6

### News briefs . . . . . 8

- ▶ It's never too late to start exercising
- ▶ Big jump in active surveillance for low-risk prostate cancer
- ▶ Want to live longer? Rethink sugary drinks

## NEW FROM HARVARD MEDICAL SCHOOL

### Making Sense of Vitamins and Minerals:

*Choosing foods and nutrients you need to stay healthy*

[www.health.harvard.edu/vit13](http://www.health.harvard.edu/vit13)

## FIVE THINGS TO DO THIS MONTH

**1 Start strength training.** Strong muscles help prevent imbalance and joint pain. (page 3)

**2 Avoid nightcaps.** Drinking alcohol close to bedtime can interrupt sleep. (page 4)

**3 Keep copies of drug prescriptions.** You may need them if you travel. (page 5)

**4 Take a break from sitting every 30 minutes.** Too much sitting is linked to heart disease, stroke, and diabetes. (page 6)

**5 Get serious about ditching sugary drinks.** New research ties beverages like soda and fruit punch to an increased risk for early death. (page 8)



**Editor in Chief** Anthony L. Komaroff, MD

**Executive Editor** Heidi Godman

### Editorial Board

*Board members are associated with Harvard Medical School and affiliated institutions.*

<b>Bone Disease</b>	Scott Martin, MD, Donald T. Reilly, MD, PhD
<b>Cancer</b>	Marc Garnick, MD
<b>Dermatology</b>	Kenneth Arndt, MD, Suzanne Olbricht, MD
<b>Endocrinology</b>	Alan Malabanan, MD
<b>Exercise/Lifestyle</b>	I-Min Lee, MD, ScD, JoAnn E. Manson, MD, DrPH
<b>Gastroenterology</b>	Jacqueline Lee Wolf, MD
<b>Geriatrics</b>	Suzanne E. Salamon, MD
<b>Heart</b>	Deepak L. Bhatt, MD, MPH, Peter Zimetbaum, MD
<b>Neurology</b>	Gad Marshall, MD
<b>Nutrition</b>	Eric B. Rimm, ScD
<b>Psychiatry</b>	Ann R. Epstein, MD, Michael Miller, MD, Ronald Schouten, MD, JD
<b>Urology</b>	William C. DeWolf, MD
<b>Women's Health</b>	Karen Carlson, MD, Martha K. Richardson, MD, Isaac Schiff, MD



### Customer Service

**Call** 877-649-9457 (toll-free)

**Email** [harvardHL@strategicfulfillment.com](mailto:harvardHL@strategicfulfillment.com)

**Online** [www.health.harvard.edu/customer-service](http://www.health.harvard.edu/customer-service)

**Letters** Harvard Health Letter

P.O. Box 9308

Big Sandy, TX 75755-9308

**Subscriptions** \$32 per year (U.S.)

### Licensing, Bulk Rates, or Corporate Sales

**Email** [HHP\\_licensing@hms.harvard.edu](mailto:HHP_licensing@hms.harvard.edu)

**Online** [www.content.health.harvard.edu](http://www.content.health.harvard.edu)

### Editorial Correspondence

**Email** [health\\_letter@hms.harvard.edu](mailto:health_letter@hms.harvard.edu)

**Letters** Harvard Health Letter

Harvard Health Publishing

Harvard Institutes of Medicine, 4th Floor

4 Blackfan Circle

Boston, MA 02115

### Permissions

**Online** [www.health.harvard.edu/permissions](http://www.health.harvard.edu/permissions)

PUBLICATIONS MAIL AGREEMENT NO. 40906010

RETURN UNDELIVERABLE CANADIAN ADDRESSES TO:

CIRCULATION DEPT., 1415 JANETTE AVE., WINDSOR, ON N8X 1Z1



Published monthly by Harvard Health Publishing,  
a division of Harvard Medical School

### In association with

**B** Belvoir Media Group, LLC, 535 Connecticut Avenue, Norwalk, CT 06854. Robert Englander, Chairman and CEO; Timothy H. Cole, Executive Vice President, Editorial Director; Philip L. Penny, Chief Operating Officer; Greg King, Executive Vice President, Marketing Director; Ron Goldberg, Chief Financial Officer; Tom Canfield, Vice President, Circulation.

*The goal of the Harvard Health Letter is to interpret medical information for the general reader in a timely and accurate fashion. Its contents are not intended to provide personal medical advice, which should be obtained directly from a physician.*

©2019 Harvard University (ISSN 1052-1577)

Proceeds support research efforts of Harvard Medical School.

## ASK THE DOCTOR

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

### Explaining high blood pressure

**Q** *What causes high blood pressure?*

**A** My answer is going to start in your back yard; stay with me. You're holding a hose, you turn on the water, and it shoots through the hose and out the nozzle. The water is moving because it's under pressure. Similarly, when your heart beats it creates pressure that enables your blood to "water" your body with the nutrients that are in your blood.

Three things affect the amount of pressure that pushes blood through your body: how forcefully the heart pumps, how much blood there is, and how narrow the smallest blood vessels are. That last one may need some explanation. When you're watering plants, and you want the stream of water to go farther, what do you do? You make the nozzle smaller. Narrowing the opening through which the water flows increases the pressure, and the water then is able to reach the distant flowerbed.

What affects how hard the heart pumps? Several body hormones, particularly epinephrine and norepinephrine, "whip" the heart to beat faster and harder. These hormones are made by your adrenal glands (located just on top of your kidneys). Exercising and fear cause increases in these two hormones, which is good: your heart needs to work harder when you exercise, or when you may need to run away from something frightening. However, chronic anxiety and stress also increase these hormones, and that's not good. During a stressful day, no good purpose is served by your heart beating faster and harder, and by your blood pressure going up. Some uncommon diseases—not just chronic anxiety and stress—also can raise levels of these hormones.



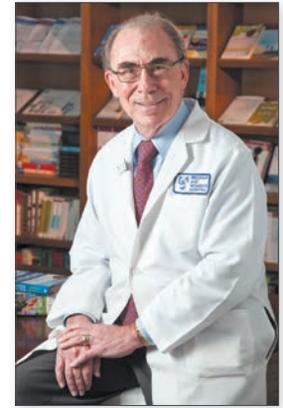
Eating salty foods like these fries can contribute to high blood pressure.

What affects how much blood you have? Blood is part water. Therefore, the amount of fluid you drink and the amount you lose through sweating and urination affect how much fluid there is in your blood.

Blood also is part salt. Salty foods, and salt added to your foods, can increase the fluid in your blood. That's why people with high blood pressure are urged to go light on salt, and often given diuretic drugs to help their kidneys eliminate excess fluid and salt. There also are some uncommon diseases that can increase the amount of fluid in your blood.

What affects how narrow your small blood vessels (arterioles) are? These blood vessels have circles of muscle in their walls that can clamp down and narrow the vessels. The same hormone—norepinephrine—that whips your heart to beat faster and harder also causes the blood vessels to clamp down, raising blood pressure.

In other words, high blood pressure—like most diseases—is influenced by our genes and also by our lifestyle. Currently, we can do a lot more about the latter. ♥



© Lauri Patterson | Getty Images

Visit the **Harvard Health Blog** online:

[www.health.harvard.edu/blog](http://www.health.harvard.edu/blog)

### Send us a question for Ask the Doctor

**By mail:** Harvard Health Letter

4th Floor, 4 Blackfan Circle, Boston, MA 02115

**By email:** [health\\_letter@hms.harvard.edu](mailto:health_letter@hms.harvard.edu)

(Please write "Ask the doctor" in the subject line.)

*Because of the volume of correspondence we receive, we can't answer every question, nor can we provide personal medical advice.*



## Fight back against muscle weakness

*Pinpoint the cause and take steps to preserve your mobility and independence.*

**M**uscle weakness is sneaky. It often appears gradually and makes once-simple tasks harder—like having to rock back and forth to get out of a chair or tug a few times on the car door to open it.

More than an inconvenience, muscle weakness has a domino effect on health. It slows your metabolism (how fast your body burns energy), puts more pressure on your joints, hurts your posture, throws off your balance, and limits your mobility.

“The bad news is, it gets worse. You walk slower and become dependent on others to do things. Physical limitations lead to social limitations, and there’s a downward spiral from there,” says Marianne Hannan, professor of medicine at Harvard Medical School and co-director of the Musculoskeletal Research Center at Hebrew SeniorLife’s Institute for Aging Research.

### Why are your muscles weak?

We all get a little weaker as we age, a condition called sarcopenia. “We begin losing muscle fibers, mass, and function starting in our 30s and 40s, but we

don’t typically see it until our 60s and 70s,” Hannan says.

Beyond aging, there are many possible causes of muscle weakness. These are some of the most common:

**Inactivity.** When you don’t use your muscles—maybe you’re a couch potato, you have chronic pain from arthritis or an old injury, or you were hospitalized recently—the muscles waste away.

**Medication side effects.** Some medications are linked to muscle weakness. Corticosteroids (such as prednisone) regularly weaken muscles. Cholesterol-lowering medicines (such as lovastatin, simvastatin, or atorvastatin) weaken them in some people.

**An underlying condition.** Many disorders can cause muscle weakness, such as neuropathy (which causes numbness, tingling, or weakness in the hands or feet), carpal tunnel syndrome (compression of a nerve in the wrist), or the aftermath of a stroke.

### Energy-robbing conditions

Some diseases rob otherwise healthy muscle fibers of the energy they need: certain sleep disorders; an autoimmune



Strengthening muscles helps improve health, even if you have disease that causes weakness.

disease, such as thyroid disorder; chronic fatigue syndrome; depression; or even a weak heart that pumps too little oxygen-rich blood to the muscles. With these conditions, your muscles may initially feel strong with activity, but they rapidly fatigue and lose power.

### What you should do

If you suspect your muscle weakness is due to an underlying condition, a visit to the doctor may be in order. An exam will include a full medical history and physical evaluation, and possibly blood tests or a test to measure how well your nerves send information to your muscles.

If you’re generally healthy but suffering from the effects of inactivity, it’s time to start a regular exercise program.

With or without disease, a regular program of strengthening and stretching the muscles will make a big difference. Hannan recommends working with a physical therapist to develop a program tailored to your abilities and particular muscle weakness. “You’ll improve what you have and figure out a workaround if there’s something you can’t do,” Hannan notes.

Don’t expect quick success. “You won’t regain 100% of the muscle strength you had 10 years ago,” Hannan says, “but remember that you want to be functional and do what you want to do, whether that’s playing tennis or going for a bike ride with your grandkids. Strengthening your muscles can help you get there.” ♥



### Don’t ignore sudden weakness

Sudden muscle weakness could be a sign of a stroke—the interruption of blood flow to the brain that occurs when a blood vessel is blocked or ruptures.

Stroke weakness usually occurs on one side of the body, especially in the face, arm, or leg. It may also be accompanied by at least one of the following:

- ▶ dizziness
- ▶ blurred vision
- ▶ confusion
- ▶ loss of balance
- ▶ difficulty speaking
- ▶ coordination problems
- ▶ trouble walking
- ▶ a terrible headache

If any of these symptoms occur, call 911 immediately. Do not attempt to drive yourself or someone else with these symptoms to the hospital. Paramedics know which hospitals are best equipped to treat stroke.



## Top 4 reasons why you're not sleeping through the night

*Unhealthy habits and underlying conditions contribute to interrupted sleep.*

The world looks sunny after a great night's rest. But it's a different story when sleep is frequently interrupted. A lack of Zs makes it harder to think and easier to become irritated and anxious. In the long term, inadequate sleep increases your risk for obesity, high blood pressure, heart disease, diabetes, and even premature death. That makes it important to figure out what's interrupting your sleep.

### 1 It could be your age

"We see more interrupted sleep in older adults, although you shouldn't automatically blame frequent waking on your age," says Dr. Suzanne Bertisch, an assistant professor of medicine at Harvard Medical School.

Sometimes older adults find they wake early in the morning, when they feel they should be sleeping. But that often reflects your schedule for sleeping and waking, not disrupted sleep.

"Your circadian rhythm, or sleep-wake cycle, may dramatically shift when you're older, causing you to get sleepy earlier. So if 8 p.m. is the start of your 'biologic' night, then your natural wake time may be around 4 a.m.," Dr. Bertisch says.

### 2 It could be your lifestyle

One of the common causes of disrupted sleep is lifestyle, including any of the following habits:

**Drinking alcohol within four hours of bedtime.** A nightcap may help you fall asleep, but it also can interrupt sleep later in the night, and can also cause more trips to the bathroom.

**Eating within a few hours of bedtime.** Lying down with a full stomach can promote heartburn, which makes it harder to fall asleep and stay asleep.



Interrupted sleep may be caused by something simple, like having a nightcap close to bedtime.

**Napping too much.** Long naps in the afternoon or later makes it harder to stay asleep at night.

**Consuming too much caffeine.** Caffeine (in coffee, tea, and sodas) blocks a brain chemical called adenosine that helps you sleep. Go light on caffeine-containing foods and drinks beyond the early afternoon.

Dr. Bertisch says changing these habits can help reduce disrupted sleep, sometimes quickly.

### 3 It could be your medication

Some medications can cause nighttime waking. Examples include

- ▶ some antidepressants
- ▶ beta blockers to treat high blood pressure
- ▶ cold remedies containing alcohol
- ▶ corticosteroids to treat inflammation or asthma.

Dr. Bertisch recommends asking your doctor if your medication might be the culprit and if there's a different time of day to take it or another drug that won't interfere with your sleep.

### 4 It could be an underlying condition

Many chronic health problems can throw a monkey wrench into a sound sleep. These are some of the most common in older age:

**Anxiety or depression.** Worries or a depressed mood may make it hard to fall asleep and stay asleep.

**Enlarged prostate gland (benign prostatic hyperplasia, or BPH).** The urge to empty the bladder wakes men with BPH throughout the night.

**Chronic pain.** It's hard to stay asleep when you're hurting. "And it's a two-way street. Sleep deprivation worsens next-day pain," Dr. Bertisch says.

**Neuropathy.** Tingling, numbness, or pain in the hands and feet can cause frequent waking.

**Sleep apnea.** Loud snoring and brief awakenings during the night may be signs you have sleep apnea, which causes brief pauses in breathing at night and leads to daytime sleepiness.

### How to cope

There's no need to live with the burden of disrupted sleep. Change your lifestyle if you feel it's interfering with your sleep, or talk to your doctor about ways to better treat or possibly investigate underlying conditions.

And practice good sleep hygiene:

- ▶ Wake up at the same time each day.
- ▶ Avoid electronic devices (which emit light and stimulate the brain) at least two hours before bed.
- ▶ Sleep in a quiet, dark, cool space.
- ▶ Get regular exercise (but not within an hour of bedtime).

If you are already practicing healthy sleep behaviors but still have trouble sleeping, consider cognitive behavioral therapy for insomnia (CBT-i). CBT-i is a proven way to treat insomnia through relaxation techniques, talk therapy, and adjustment of the amount of time you spend in bed. It works with your body's natural controllers of sleep to reset the brain to achieve healthier sleep.

The good news: you can boost sleep quality and regain that sunny morning feeling. "When you sleep better," says Dr. Bertisch, "you're more likely to see improvements in your day-to-day function, concentration, energy levels, and quality of life." ♥



# Taking medications on the road

*Ask questions about rules, and get supplies in advance.*

When it's time for an overnight or extended trip, there are lots of things to pack—your clothes, toiletries, and maybe important documents. But sometimes medicine isn't at the top of the list. "I hear about people forgetting medications at home, not bringing enough for the whole trip, or packing them in a suitcase that gets lost," says Dr. Suzanne Salamon, associate chief of gerontology at Harvard-affiliated Beth Israel Deaconess Medical Center.

Whether you're staying across town or traveling around the world, consider the following strategies to help you maintain your medication regimen.

## Determine how much you'll need

"Bring enough medication to last the length of your trip, plus a little extra in case you drop a pill or have delays," suggests Dr. Lin H. Chen, director of the Travel Medicine Center at Harvard-affiliated Mount Auburn Hospital.

How much extra is appropriate? "It depends where you're going and for how long. For a one-week trip, several days' worth would be fine. If you're going to a rural area where health care is questionable, you might need more," Dr. Chen says.

Talk to your doctor about the amount, and keep these points in mind:

- ▶ The U.S. Department of Homeland Security advises carrying no more than a 90-day supply (bringing more raises questions about whether you're selling medication).
- ▶ It may take time to obtain extra medication, so work that into your preparations.

## Inquire early about oxygen

Bringing oxygen on a trip is tricky. The rules vary by the type of oxygen products you use (such as a tank or a portable oxygen concentrator) and by your means of transportation



Avoid packing medications in a suitcase, which can get lost. Keep them in a carry-on bag.

(airplane, train, bus, or ship). For example, not all airlines allow the use of portable oxygen concentrators; trains usually allow concentrators and sometimes allow oxygen tanks on board with limitations. Check the rules well in advance to find out what's allowed and whether you (or your doctor) need to fill out any forms.

## Pack medication securely

Be careful if you choose to bring some of your medications along in a multi-compartment pillbox. "If it accidentally opens, the pills are all over the place and you may not know which pill is which," she says. Just in case, secure the box with a rubber band.

It's safer—and in many states and countries, required—to leave each prescription medication in its original labeled container. The label should show who prescribed the drug and when, as well as the drug name, dose, and your name.

Pack your medication in a clear plastic bag, and keep it in a carry-on so it's always with you.

Use extra caution when packing injectable medications and other drugs that must be kept cold. "They are safest when they're packed in a manufacturer-provided case or cooler," Dr. Chen says. Liquid or gel medications are allowed on airplanes in excess of the standard

3.4-ounce liquid limits. But you must inform security that you have medical liquids, and you may be asked to open the containers.

## Prepare documentation

For travel in some countries, prescription labels aren't enough to authenticate your medications. Check the government websites of countries to which you are traveling. It may be necessary to bring a copy of your prescriptions as well as a letter from your physician (on letterhead) explaining what the medications are and why you need them. This is especially important for controlled substances, such as prescription pain medications. If you're traveling to another country, consider having the letter translated into the language of your destination.

One last tip: bring a master list. "Keep a separate list of your medications and doses in case you lose anything. Include the name, address, fax number, and phone number of a pharmacy where the medication can be called in," Dr. Salamon suggests. ♥

## Research your destination

When traveling abroad, remember that medication laws vary.

Some common U.S. medications such as pseudoephedrine (Sudafed) and opioids are illegal in other countries or require government authorization prior to your arrival.

And some countries limit the amount of medication you can bring with you to a 30-day supply or less.

There isn't a central website that lists medication rules in each country. The CDC advises calling the embassy of the country you're going to visit to ask if your medication is permitted there.





## Should you use an active workstation at home?

*These desks are tied to both health benefits and risks.*

**A**ctive workstations aren't just for the office. The desks that enable you to stand, walk, or cycle while working are showing up in schools, libraries, airports, hotels, and even coffee shops. But is an active workstation so important you should use one at home, and is it safe for an older adult?

### Why they're popular

Active workstations help people reduce time spent sitting. Prolonged periods of inactivity are linked to heart disease, stroke, diabetes, and even an early death. "All of our body functions—including blood flow, blood pressure, heart and lung function, and blood sugar processing—improve when we expend energy with physical activity, but they decline with inactivity," says I-Min Lee, a professor of medicine at Harvard Medical School who studies the role of physical activity in disease prevention.

### Standing desks

A standing desk is made so that a person can stand while working. These desks are available in fixed heights (think of a tall, skinny table) or adjustable heights (which you can raise when you want to stand, and lower when you want to sit), with a variety of desktop shapes (rectangular, curved, or L-shaped).

You can also turn a regular (low) desk into a standing desk with a converter, a work surface you place on top of your existing desk and raise to the desired height.

**Standing desk pros:** "When you stand, you expend 20% to 25% more energy than when you sit," Dr. Lee says. "Standing activates enzymes that



Types of active workstations, from left to right: a standing desk, a treadmill desk, and a cycling desk. All three help you reduce your time spent sitting.

process fats in the body. Standing also puts your muscles to work as you maintain your posture and balance."

**Standing desk cons:** "Studies that have examined prolonged standing show blood can pool in the legs and increase the risk for varicose veins," Lee says. She says a standing desk isn't right for someone with balance or foot problems, or someone with arthritis in the low back, hip, or knee. "Standing for long periods overloads the joints and back and can worsen pain," Lee says.

Prices for standing desks range from a few hundred to a few thousand dollars; desk converters start at about \$100.

A no-cost option: use a high countertop or tall filing cabinet at home.

### Treadmill desks

A treadmill desk is a standing desk with a walking-only treadmill attached below. These treadmills are designed to move at very slow speeds (1 to 2 mph) for many hours at a time. You can also buy a special under-desk treadmill to use beneath a standing desk you already have.

**Treadmill desk pros:** Very slow walking expends a little more energy than

standing. Plus, it's easier on your back—as long as you don't have back problems. "When you're moving, you don't put as much pressure on your back as when you're standing," Lee points out.

### Treadmill desk cons:

Even slow walking can aggravate existing back and joint pain. Also, it may be harder to concentrate when you're walking; it takes lots of practice to be able to type and walk at the same time. Lee recommends avoiding this workstation if you have balance, back, or joint problems.

Prices start at about \$500 for an under-desk treadmill and \$1,000 for an integrated treadmill

desk. Prices can climb to several thousand dollars depending on the treadmill motor and other bells and whistles (for instance, some come with computer programs that track your activity).

### Cycling desks

A cycling or bike desk looks like a stationary bicycle with a desktop attached. It lets you burn slightly more energy than you would at a treadmill desk, especially if you turn up the resistance. A cycling desk has a broad, comfy seat (unlike a tiny bicycle saddle, which can place pressure on the groin area).

**Cycling desk pros:** Staying seated while being active takes pressure off of your hip and knee joints but allows you to be active while you're working. It's easier to type when using a cycling desk, compared with a treadmill desk.

**Cycling desk cons:** Using a cycling desk may make it harder to concentrate. People whose balance may be thrown off by pedaling (and shifting weight) should avoid this desk, Lee says.

Prices for a cycling desk with a built-in seat range from about \$200 for a small folding version to well above \$1,000 for a large stationary style.

## Recent evidence

A review of 12 studies on active workstations, published online Jan. 28, 2019, by *Occupational and Environmental Medicine*, found that all three types of active workstations were associated with a short-term boost in productivity. However:

- ▶ Treadmill and cycling desks seemed to have more physiological benefits than standing desks.
- ▶ Treadmill desks interfered with fine motor skills needed for computer

work, but were associated with lower psychological stress levels than standing desks.

- ▶ Treadmill and cycling desks increased alertness and reduced boredom more than standing desks.

## What to think about

If you spend more than a few hours per day sitting at a desk at home, an active workstation may be helpful, especially if you find it hard to take breaks (aim for two minutes every half-hour).

But keep in mind an active workstation requires extra space in your home and may involve a sizable investment. Lee suggests trying one in a store for an extended period before making a purchase.

And while the desks can reduce time spent sitting, so can other activities, such as walking.

In other words, figure out if you need an active workstation to reduce sitting time, or if you'd be better off with a lifestyle change. ♥

## Food fads ... from p. 1

small intestine. For these people, gluten-free foods are necessary, especially since the protein can hide in sauces, soups, and even salad dressings.

But McManus recommends against eating gluten-free foods if you can tolerate whole grains. "You wouldn't want to miss out on whole grains when intake is linked to a decrease in heart problems and early death," she says.

Another problem with gluten-free foods like crackers or pretzels: they typically use rice or potato starch in place of whole grains. "Eating large amounts could increase your blood sugar," McManus says.

**A better idea:** If you feel you're sensitive to gluten but don't have celiac disease (sensitivity symptoms include bloating, cramping, or diarrhea after ingesting anything with gluten, like wheat bread), McManus recommends keeping a food diary to record what you eat and note any symptoms that occur. If you see a pattern, talk to your doctor or dietitian about reducing your intake of some of these foods and how to replace them safely.

## 4 Dessert hummus

Hummus is a Middle Eastern dip made from a blend of chickpeas, olive oil, tahini (ground sesame seeds), and a hint of lemon juice. It's rich in healthy unsaturated fats. Plain

hummus is a fine way to get protein, carbohydrates, and various vitamins. But hummus recently has appeared as a dessert treat in restaurants and grocery stores, with flavors like brownie batter, snickerdoodle, red velvet, cherry, and mango. The texture is like gritty cake frosting that you can spread on fruit, pretzels, cookies, or even vegetables. But should you?

Dessert hummus contains sugar and lots of saturated fat. For example, two tablespoons of Delighted By Hummus, Brownie Batter flavor, contains 80 calories, 5 grams of saturated fat, and 4 grams of sugar. By comparison, two tablespoons of Sabra Classic (plain, non-dessert) hummus contains 70 calories, 1 gram of saturated fat, and no sugar.

**A better idea:** Dip a few fresh strawberries into plain hummus to bring a sweet zing to this ancient staple. Chickpeas, McManus notes, "have a low glycemic index and won't spike your blood sugar—unless you add sugar to them."

## 5 Mushroom-infused drinks

Some coffee shops, restaurants, and even manufacturers offer coffee, tea, or smoothies blended with mushroom powder or mushroom



Add cinnamon to your coffee and skip the mushroom powder.

extract. The claims: mushrooms can reduce caffeine jitters and improve your digestion, thinking skills, energy, and immune response. While mushrooms contain numerous plant chemicals (phytochemicals) linked to fighting cancer and protecting our cells from damage that might lead to

chronic disease, most studies on the benefits of mushrooms are small and limited to petri dishes and lab animals.

Will a mushroom-infused brew make you feel better? "It's questionable," McManus says. "We don't really know. There's no research on it." Plus, you can't be sure exactly what's in a mushroom extract or powder, since the FDA does not regulate the safety and purity of dietary supplements.

**A better idea:** McManus recommends adding spices (such as cinnamon) to your coffee, tea, or smoothies, but only for flavor. "There are small studies that link cinnamon to blood sugar control. But adding it to a drink doesn't mean you'll see an improvement in blood sugar," McManus says, "and it takes away from the big picture when you focus on one ingredient. Nutrients don't act alone. They work together. Focus on a healthy meal pattern, not one nutrient." ♥



### It's never too late to start exercising

So you spent the first half of your life as a couch potato, and think it's too late for exercise to do any good? Think again. An observational study published online March 8, 2019, by *JAMA Network Open* links exercise to a lower risk for an early death, even if you wait until middle age to start a regular routine. Researchers analyzed health and exercise surveys from 315,000 older adults in the 1990s, then followed up to see who was still alive in 2011. Compared with people who never exercised, older adults who'd exercised consistently since they were teenagers had a 36% lower risk of dying during the study

period. Those numbers were similar to the results for people who'd been inactive in their youth and only began exercising regularly in their 40s, 50s, and 60s. That group had a 35% lower risk of dying, compared with people who never exercised. The findings suggest that it's never too late to start an exercise regimen. Try brisk walking, swimming, or any exercise that gets your heart and lungs pumping.



© adamkaz | Getty Images



### Big jump in active surveillance for low-risk prostate cancer

New findings show a dramatic increase in the number of men taking a conservative approach to low-risk prostate cancer. According to a Harvard-led study published Feb. 19, 2019, in *JAMA*, use of active surveillance—which involves monitoring the cancer and delaying treatment unless it progresses—almost tripled from 2010 to 2015. The data come from the records of 165,000 men with prostate cancer. Researchers found that among men with low-risk prostate cancer (slow-growing cancer that's not considered life-threatening), active surveillance jumped from 15% in 2010 to 42% in 2015, surgery fell from 47% to 31%, and radiation

dropped from 38% to 27%. Other studies also have also shown increasing rates of active surveillance in low-risk cases.

Why the shift? The authors point to national guidelines that now recommend active surveillance in such cases, as well as favorable research findings. "Emerging evidence has shown that active surveillance for low-risk prostate cancer is an effective alternative to surgery or radiation, associated with similar and excellent chances at long-term survival," notes Dr. Brandon Mahal, the study's lead author and a radiation oncologist with Harvard-affiliated Dana-Farber/Brigham and Women's Cancer Center.



### Want to live longer? Rethink sugary drink consumption

Drinking lots of sugary drinks—like soda, fruit punch, lemonade, or sports drinks—is associated with many health problems, such as weight gain and an increased risk for diabetes, heart disease, or stroke. But a Harvard-led observational study published March 18, 2019, in *Circulation* finds an even graver tie, linking sugar-sweetened beverage consumption to an early death. Researchers analyzed the data from two large studies of more than 110,000 men and women who responded to questionnaires about their lifestyle and health for about three decades or longer. The more sugary

drinks participants consumed, the higher their risk for death from any cause during the study period. For example, compared with people who rarely drank sugary beverages, those who drank two to six sugary drinks per week had a 6% increased risk for an early death; those who drank two or more sugary drinks per day had a 21% increased risk for an early death, especially from cardiovascular disease (and especially among women). Drinking four or more artificially sweetened drinks per day (but not lesser amounts) also was tied to a slightly higher risk for early death. Best advice: avoid sugary drinks of any kind, and avoid drinking more than one artificially sweetened beverage per day. ♥



© Finola | Getty Images

## What's coming up:

- ▶ House calls are back: Which doctors will visit?
- ▶ Tips to dive into a swimming regimen
- ▶ Ways to turn down the volume on tinnitus
- ▶ The risk of inactive ingredients in everyday drugs

