



Harvard Health Letter

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The doctor will see you now—in your home

The old-fashioned house call is back in a big way. Here's how it works.

It's hard to get to the doctor when you don't drive anymore or you're struggling with several chronic medical conditions. The result may be missed appointments and a lack of needed care.

But a growing trend makes it far easier for older adults to get medical attention, bringing routine exams and diagnostic tests to the patient's doorstep. It's called home-based medical care—when doctors, nurse practitioners, physician assistants, or other providers visit and treat older adults right in their homes.

Different from home health care

Home-based medical care isn't the same as home health care, which sends skilled nurses and therapists to your home specifically to help you recover from illness, injury, or surgery, with the goal of helping you get better and regain your independence.

Instead, home-based medical care is more like a beefed-up house call. "These are their regular visits. The only difference is that we bring the equipment to them," says Dr. Diane McMullin, a geriatrician with the House Calls program at Harvard-affiliated Mount Auburn Hospital.

In some cases, the house call provider can visit when you develop a sudden illness, like an infection. Some providers can bring mobile x-ray or ultrasound machines and equipment to draw blood and collect urine.

Is it covered?

"Medicare began recognizing home visits about 20 years ago," says Brent Feorene, executive director of the American Academy of Home Care Medicine. And the number of Medicare-funded house calls has been increasing. For example, Medicare paid for



Medicare usually covers house calls when it's very taxing for you to leave home.

1.6 million home care visits in 2001. By 2015, the number was 2.6 million.

But Medicare won't pay for a house call as a simple matter of convenience. "The expert must certify that the visit was medically necessary," Feorene says.

What's considered medically necessary? Coverage generally applies when an older adult has a condition that restricts the ability to leave home, making a visit to the doctor's office considerably taxing. For example, the person might need the help of an assistive walking device or wheelchair, the assistance of another person, or medical transportation; or the person may have a cognitive, psychiatric, or emotional issue that makes it hard to get to an appointment.

Whether your private insurance will pay for a house call is a different story. That depends on your insurer.

Making a difference

What's clear is that house calls have a positive effect on older adults. "One of the main things is that someone who wouldn't otherwise be able to see a doctor now has one to

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NEW RELEASE FROM HARVARD MEDICAL SCHOOL

Improving Sleep:

A guide to a good night's rest

www.health.harvard.edu/sleep

FIVE THINGS TO DO THIS MONTH

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ASK THE DOCTOR

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

What do the measles outbreaks mean for me?

Q *I hear that there are outbreaks of measles in the United States. I think I had measles when I was young, but I'm not sure. Do I need to worry?*



A The measles virus has been infecting humans for at least 1,000 years. When I was very young, in the 1940s, I got the measles. So did nearly every kid I knew; it is very contagious. I had a high fever, sneezing, coughing, very red eyes, and then a rash on my face and all over my body. Fortunately, I didn't develop the severe complications of measles: pneumonia (which affects one in 20 people with measles) or encephalitis (which affects one in 1,000 and can be fatal). Still, I was miserable for more than a week.

Then, in the early 1950s, something wonderful happened, and it happened here at Harvard Medical School. Dr. John Enders and two colleagues developed a technique for growing viruses called cell culture. His invention led to the discovery of many new viruses. It allowed Jonas Salk and Albert Sabin to develop the polio vaccine, and it allowed Enders to develop a measles vaccine. Enders' curiosity-driven basic research led ultimately to the saving of tens of millions of lives and was honored with the Nobel Prize.

The measles vaccine has been available since 1963. Before the vaccine became available, each year up to four million Americans got measles. Of these, 48,000 were hospitalized, 4,000 developed encephalitis, and around 500 died. In contrast, today no more than several hundred Americans per year get measles. In other words, before the vaccine, measles sickened enough Americans each year to fill 40 large football stadiums; since the vaccine, the annual number of victims would fill just one small auditorium. The vaccine made a difference.

So why do we still have measles? About 90% of kids who should get the vaccine do, but 10% do not: their parents worry—wrongly—that vaccines are harmful. When an unvaccinated person comes into contact with anyone carrying the measles virus either at home or while visiting another country, that person can get the infection and also pass the infection on to others who haven't received the vaccine.

The vaccine that protects against measles is called MMR, and it also protects against mumps and rubella ("German measles"). Who should get the vaccine? If you were born before 1957, as I was, you don't need the vaccine: measles was so common when you were young that your exposure to the virus has given you natural immunity. However, if you were born later and never got the vaccine, you may well need to get it as an adult. Talk with your doctor. ♥



One hallmark of the measles is a rash of flat red bumps that may run together.

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Dive into a swimming regimen

Lap swimming offers a total-body workout of strengthening, stretching, and aerobic conditioning.

When you think of a swimming workout, you may envision an athlete pounding away at the water, racing from one end of the pool to the other. But you don't have to break speed records to reap the rewards of swimming back and forth, and you don't even have to do the competitive swimming stroke known as the crawl.

"The pace is up to you, and any stroke is fine. Breaststroke, sidestroke, and backstroke are often favored because a lot of people don't like putting their face in the water, like you have to do with the

crawl," says Leigh de Chaves, a physical therapist and clinical supervisor of rehabilitation services at Harvard-affiliated Brigham and Women's Hospital. She also swam competitively in college.

What you get from swimming laps

Lap swimming has many benefits. It's great aerobic activity—the kind that gets your heart and lungs pumping—which helps improve your endurance and cardiovascular health and lower your blood pressure.

Lap swimming is also great for strengthening muscles. "Simply keeping yourself afloat activates the core muscles in your back and abdomen. And you have to move all of your muscles to swim. It's a total-body workout," de Chaves says. She also points out that the resistance of the water helps maintain muscle strength.

In addition, swimming laps offers these features:

It relieves joint pain. Your buoyancy in water takes weight off your joints, which eases arthritic joint pain during a workout.

It increases flexibility. "With each stroke, you reach out a little more and move more than you would in daily activities, and that stretches the muscles," de Chaves says.

It has a meditative quality. Swimming is a repetitive motion that forces you to focus on your movement and breathing. That helps reduce stress, anxiety, and depression.

Even more potential benefits from swimming laps: weight loss, better balance, sharper thinking, and a reduced risk for falls.

Swimming risks

Not everyone's a candidate for lap swimming. De Chaves suggests avoiding it if you have an underlying condition, such



Wearing a bathing cap helps reduce drag in the water and keeps your hair away from your face.

as heart disease or a seizure disorder, that puts you at risk for a life-threatening event in the water. You may need to skip lap swimming if you're not strong enough to climb in and out of the pool easily. You should also be careful if you have injuries to your shoulders or neck, as lap swimming may increase your pain.

Jumping in

Consider lap swimming if you're generally healthy, you're a good swimmer, and your doctor says it's okay. But start slowly. "Focus on the amount of time you spend swimming, at first. For example, swim for five or 10 minutes, a few times per week. Gradually increase the amount of time each week, and note how many laps you can do within that time. Eventually, set goals to increase your speed by doing more laps in your set time, so that you can measure your progress," de Chaves explains.

Some tips for good practice:

- ▶ Warm up with a few minutes of gentle paddling and then static (long) stretches of your shoulder and leg muscles.
- ▶ Use the proper equipment, such as goggles and a bathing cap.
- ▶ If you can, choose a pool that has swimming lanes.
- ▶ Wear nonslip shoes or sandals when walking on the pool deck.
- ▶ Apply sunscreen if you're swimming outdoors.
- ▶ Stay hydrated before and after a workout.
- ▶ Stretch your muscles after lap swimming. You'll want to stay flexible so you can get back in the pool and go for your own gold! 🏆

Aquatic exercises

If you're not a lap swimmer, you can still benefit from aquatic exercises—exercising in the shallow end of a pool. You might take a class with a trainer who leads a group through a set of exercises with special water weights or flotation devices (like pool noodles). Or you can simply try water walking; working against the resistance of

the water is good for your muscles and helps keep you flexible.

"If you have balance problems, it's a good idea to exercise with

a friend who can assist you. I also recommend wearing a buoyancy belt around your waist to keep you upright," says Leigh de Chaves, a physical therapist and clinical supervisor of rehabilitation services at Harvard-affiliated Brigham and Women's Hospital.

Look for aquatic exercise classes—such as strengthening or aerobics—at the local YMCA, a fitness center, or a community center.





Closing in on tinnitus treatments

New research aims to capture and eventually cure incessant ringing in the ears.

More than 50 million Americans struggle with tinnitus, a constant or recurring ringing in the ears that ranges from irritating to debilitating. Some treatments work for some people, but none seems to work for everyone.

Tinnitus is a tough condition for doctors to study. “There’s no way to measure it directly. The only way we know you have tinnitus is if you tell us. Even if there were a cure, we wouldn’t know how it worked because we have to rely on verbal descriptions of what your tinnitus sounds like and how loud it is,” says Daniel Polley, director of the Lauer Tinnitus Research Center at Harvard-affiliated Massachusetts Eye and Ear.

But Polley and his colleagues are trying to convert tinnitus into a problem that can be measured, which is needed for diagnosis and effective treatment.

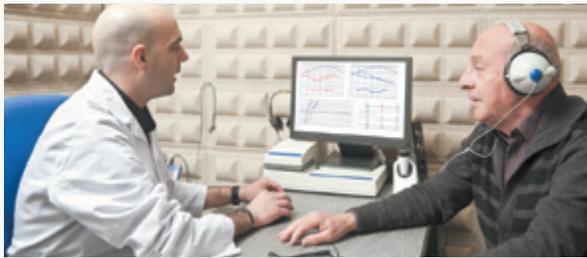
What’s that noise?

While some people describe tinnitus as a high-pitched ringing, others say it sounds more like crickets, “whooshing,” or scraping. What is it?

Polley says it’s a type of feedback that occurs with age. The auditory nerve connecting the ear to the brain starts to fray, diminishing normal sounds.

“In some people the brain tries to compensate for this loss of input by turning up internal volume,” Polley explains. “The sensitivity knobs are turned up and now tuned into background sounds in the brain, the same way a microphone picks up the sound of itself when it’s too close to a speaker.”

In rare cases, the noise can be caused by a tumor or cyst pinching the auditory nerve or by a buildup of earwax.



A hearing test can’t measure tinnitus, but it can offer clues about your auditory nerve health.

Making it tangible

Scientists can help you reproduce the sound of your tinnitus so that others understand what you’re hearing. Polley and his colleagues have programmed a machine that allows you to control pitch, loudness, and other acoustic features until you feel it matches the sound in your head. But that’s not enough to identify tinnitus.

Researchers at the Lauer Center are trying to develop a more tangible physical signature of tinnitus.

They’re using hearing tests as well as measurements of electrical activity in the brain and pupil movement in the eyes (the pupils change size depending on the amount of effort used to listen), and plugging the results into a computer.

“We’re measuring what makes someone with tinnitus different from someone without tinnitus. Then we use artificial intelligence to find a signature that identifies the presence of tinnitus. Our goal is to identify a physical representation of this phantom sound.”

Eventually, Polley says, computer programs will help scientists understand what changes physically when tinnitus comes and goes.

Lauer Center scientists are tackling tinnitus in other ways as well.

These researchers have been learning about the underlying biology of the problem. They’ve been using lab animals to figure out more about the auditory connections lost to age.

They’re also researching how to regenerate and restore hearing signals from the ear to the brain. Private biotech companies are investigating this approach, too.

Experimental therapies

Potential tinnitus treatments being studied elsewhere include therapies that aim to “zap” away tinnitus with tiny amounts of electricity. The idea is to minimize the activity of oversensitive brain cells that turn up the background noise.

These experimental therapies—repetitive transcranial magnetic stimulation (rTMS) and transcranial direct current stimulation (tDCS)—deliver electromagnetic pulses to the scalp. But be careful if you’re offered such a treatment.

“There’s no convincing evidence that passing electrical current into your brain is going to make your tinnitus go away. You could make tinnitus worse,” Polley cautions.

What works right now?

Current treatments attempt to make tinnitus less annoying. For example, cognitive behavioral therapy and hypnosis aim to redirect negative thoughts and emotions linked to tinnitus.

Sound therapy tries to mask the noise of tinnitus. The masking sound, which comes from wearable or external devices for the ear, is meant to distract overactive brain cells.

“Maskers are safe and somewhat effective,” Polley notes. “You pump more signals through the remaining connections between the ear and the brain, and that can temporarily compensate for the lost connections.”

These therapies only manage symptoms. They don’t work for everyone, but they’re all we have.

A ray of hope for some people: if tinnitus is caused by earwax or a cyst, it can sometimes be eliminated.

So talk to your doctor. Otherwise, you won’t know what’s causing your tinnitus and whether there’s anything you can do. ♥



New thinking on daily food goals

Stop aiming for a particular amount of servings in each food category and focus on total daily intake.

Trying to hit the mark on a healthy diet can be challenging. You need to eat enough of the right foods to meet your body's vitamin and mineral needs.

Experts have tried to guide us over the years by recommending goals of daily food servings—such as five to eight servings of fruits and vegetables per day. But your idea of serving sizes may differ from someone else's. That's led to confusion and, now, change.

Daily food goals

Dietary guidelines have shifted away from daily food goals measured in servings. Instead, they now focus on daily food totals that are measured in cups, ounces, or tablespoons.

The daily goals depend on your health, sex, and age. For example, for moderately active adults ages 66 or older, men are advised to eat 2,200 calories per day; women are advised to eat 1,800 calories per day.

Here are the daily food goals for those diets.

Vegetables: 2.5 to 3 cups. "Aim for a variety of vegetables and try to include

those with different colors, for different phytonutrients [beneficial substances in plants]," suggests registered dietitian Kathy McManus, director of the Department of Nutrition at Harvard-affiliated Brigham and Women's Hospital.

Go for dark, leafy greens like spinach or kale; vibrant yellow squash; or bright red tomatoes or peppers. Legumes—such as peas or beans—are included in the goal for this food category.

Fruits: 1.5 to 2 cups. Options include berries, peaches, cherries, kiwi, or other fruits.

Whole grains: about half a cup. "The word 'whole' should be the first ingredient listed when you're choosing breads, crackers, and cereals," McManus says.

Poultry, fish, or meat: 5 to 6 ounces. "That's up to 42 ounces per week. Try to make 12 of those ounces seafood," McManus advises.

Dairy, such as milk or yogurt: 3 cups. "But the Harvard School of Public Health disagrees. Research shows that one to two servings [one to two cups of milk or yogurt] is sufficient

to achieve good health," says Teresa Fung, adjunct professor in the Department of Nutrition at the Harvard T.H. Chan School of Public Health.

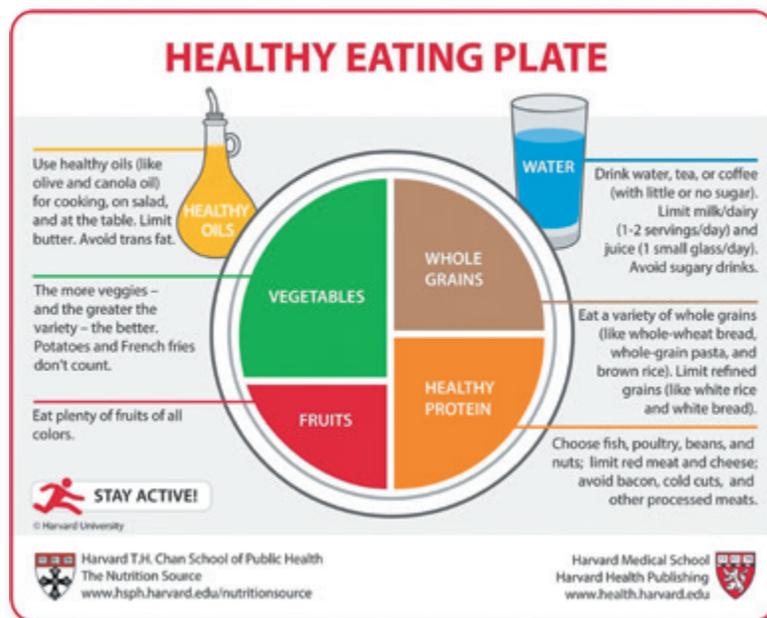
Healthy oils: 1 to 2 tablespoons. Choose oils such as olive, peanut, canola, or avocado.

Making it work

You may think it's going to be hard to eat all those cups of food each day. "It actually is not, when you spread it throughout the day and include fruits and vegetables whenever you eat," Fung says.

Keep track of your food goals by using measuring cups or just eyeballing amounts (see "Measuring made simple"). Or simply follow Harvard's Healthy Eating Plate, which helps you meet daily goals with healthy, balanced meals. Fill half your plate with fruits and vegetables, one-quarter with whole grains, and one-quarter with protein such as fish, chicken, beans, or nuts.

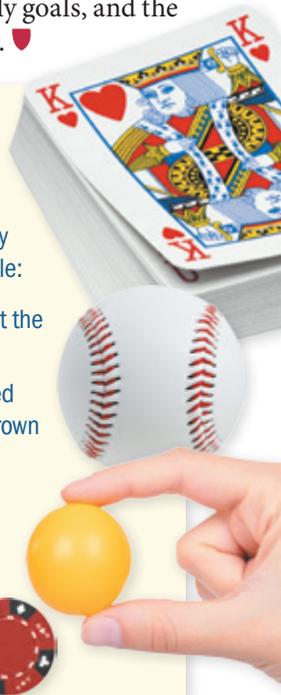
Make it an interesting mix. Sprinkle beans, nuts, and seeds in salads; add sautéed vegetables such as zucchini or tomatoes to an omelet; make a smoothie with berries, seeds, and bananas. It's a fun and easy way to build toward your daily goals, and the reward is good health. ♥



Measuring made simple

You don't always have to use measuring cups and spoons to track how much food you're eating. Use everyday objects to gauge amounts. For example:

- ▶ 3 ounces of fish or poultry are about the size of a deck of cards.
- ▶ 1 cup of cooked vegetables, chopped fruit, yogurt, whole-grain pasta, or brown rice is about the size of a baseball.
- ▶ A 2-tablespoon serving of peanut butter is about the size of a Ping-Pong ball.
- ▶ 1 tablespoon of dressing is about the size of a poker chip.





The risk of inactive ingredients in everyday drugs

Allergic reactions or gastrointestinal distress are possibilities.

Your prescription pills contain more than just active ingredients to treat your medical condition. They're also full of inactive ingredients—additives with many jobs, such as helping a pill keep its shape.

Many of those inactive ingredients have the potential to cause adverse reactions, according to a Harvard study published March 13, 2019, in *Science Translational Medicine*.

Anatomy of a pill

Researchers combed through several vast databases and found that the average pill or capsule contains about nine inactive ingredients, although the range is zero to 35. Why so many?

“Formulation is an art, and you may need numerous components for a medication to work well and have the full effect,” says Dr. Giovanni Traverso, one of the authors of the study, as well as a gastroenterologist and biomedical engineer at Harvard-affiliated Brigham and Women’s Hospital.

Inactive ingredients serve many purposes. For example:

- ▶ Artificial sweeteners such as aspartame and saccharin are used to mask a bitter taste.
- ▶ Fatty acids help promote the absorption of a drug.
- ▶ Lactose and other sugars bind ingredients together.
- ▶ Polysaccharides or vitamin E extend a drug’s shelf life.
- ▶ Polymers keep some opioid pills such as oxycodone (OxyContin) from being dissolved (a step to prevent medications from being abused).



The average pill contains about nine inactive ingredients, although the range is zero to 35.

By the time drug makers add all of the necessary components, the inactive ingredients make up three-fourths of the typical pill, Dr. Traverso notes.

Inactive ingredient intolerance

While inactive ingredients play an important role in the formulations, they may also cause adverse effects.

The most common risk stems from intolerances to ingredients known as FODMAPs (which stands for fermentable oligosaccharides, disaccharides, monosaccharides, and polyols). They are sugars found in certain foods—such as milk and dairy products, wheat, rye, onions, garlic, legumes, honey, pistachios, cashews, asparagus, and artichokes—that can be difficult to digest and can cause gastrointestinal symptoms such as gas, bloating, and diarrhea.

The researchers found that 55% of all oral medications contain at least one FODMAP (especially mannitol, polydextrose, or lactose). Lactose, for example, was found in all available formulations of the cholesterol-lowering drug rosuvastatin (such as Crestor), and also in all versions of the pain reliever diclofenac (such as Voltaren). About 65% of the world’s population has difficulty digesting lactose.

Allergic reactions

A rare but potentially life-threatening risk from some inactive ingredients is an allergic reaction. Researchers found 38 inactive ingredients that were potential allergens, such as peanut oil, chemical dyes, and gluten (a protein found in wheat, barley, and rye).

Scientists also found that 93% of the pills or capsules they looked at contained at least one potential allergen. For example:

- ▶ One-third of the medications contained chemical dyes, such as tartrazine (often cited on labels as “yellow 5”), linked to adverse reactions.
- ▶ All the progesterone capsules tested contained peanut oil (extremely dangerous for people with peanut allergies).

How bad are the reactions to these inactive ingredients? “You may just have a rash, or you may have an extreme reaction, like trouble breathing,” says Dr. Traverso.

For people with celiac disease, consuming anything with gluten—even a pill—triggers the immune system to attack the small intestine, causing inflammation and leading to malnutrition and gastrointestinal distress.

Spiking the risk

The risk for adverse reactions to inactive ingredients increases with polypharmacy—a term doctors use to describe the use of multiple medications.

Researchers say that 39% of Americans ages 65 or older take at least five prescription drugs per day; the more pills you take, the more inactive ingredients you’re ingesting. The study found that a person taking 10 medications daily ingests an average of almost 3 grams of inactive ingredients per day.

That could be a real problem if you are allergic to or intolerant of some of the additives. For example: “You may be taking 10 different pills, and the total amount of lactose may be enough to give you symptoms,” Dr. Traverso points out.

© iStock | Getty Images



Talk to your doctor if you're concerned about a reaction to inactive ingredients in medications.

What you should do

The fact that your medications contain potential allergens or irritants may never be an issue for you. “We don’t know how much of an inactive ingredient will trigger an adverse response in any particular individual,” Dr. Traverso says.

But that doesn’t mean you should ignore inactive ingredients. Dr. Traverso advises that you carefully read the ingredients list for every medication you take. (The ingredients are listed on the insert that comes along with prescription pills.) Or you could look up the information on a National Institutes of Health website called Pillbox (<https://pillbox.nlm.nih.gov>).

If you see inactive ingredients that concern you, if you have an allergy or intolerance to chemicals or foods, or if you’re already having an adverse reaction to a drug, talk to your doctor. You may be able to switch to a different formulation. “For example, there are more than 30 formulations of the heartburn medication omeprazole,” Dr. Traverso says.

However, in calling attention to the

Inactive ingredients that can act as allergens

Dyes	Allura red, brilliant blue, sunset yellow FCF
Foods	Cornstarch, gelatin, lactose, peanut oil, wheat starch
Sweeteners	Aspartame, mannitol, saccharin, sucrose

Source: Science Translational Medicine, March 13, 2019.

study findings, the researchers “are not suggesting that inactive ingredients should be removed. They play critical roles with respect to how medications work at every level,” Dr. Traverso says. “But inactive ingredients can, in fact, be quite active: they can cause bothersome symptoms or worse. You should be aware of them.” ♥

House calls ... from p. 1

help manage their chronic conditions,” Dr. McMullin says.

But the benefits go beyond getting necessary medical care. Dr. McMullin explains that home visits help foster the provider-patient relationship, and they give providers a better understanding of a person’s daily health challenges.

“It’s a better observation of their real life, compared with a typical office visit. I can see the house environment and a person’s functional abilities. I can sift through their medications and see what they’re actually taking,” Dr. McMullin says. “I get a better idea of what their quality of life can be and how to help.”

A home visit can also uncover issues that might not come up in a traditional office visit.

For example, the visiting health professional might spot something that puts you at risk for falling. Having that kind of understanding about your needs helps health care professionals tailor treatment even more precisely than usual.

Some evidence suggests that house

call medicine also reduces trips to the emergency room and health care costs.

Finding the experts

Not all medical providers make house calls. Sometimes a small individual practice will provide the service, or it might come from a large medical corporation that specializes in house calls or a program that’s based at an academic institution or hospital (like Dr. McMullin’s Mount Auburn program).

Feorene recommends looking for house call doctors by

- ▶ asking if your own primary care provider offers the service or can recommend someone who does
- ▶ calling your local hospital and asking if it has a house call program
- ▶ asking your insurance company if it has any home visiting providers
- ▶ searching the Internet for “house call doctors.”

You can also check out the resources page on the website of the American Academy of Home Care Medicine (www.aaHCM.org). It lists members by state and shows the ZIP codes served by various health care professionals. ♥



Questions to ask

It’s important to ask questions before booking an appointment with a health care professional who makes house calls.

For example, while Medicare or your supplemental insurance may cover a house call visit, you will need to ask if the health care professional takes your insurance. If the answer is no, you may be stuck with a larger medical bill. You’ll also want to know if the health expert

- ▶ is licensed or board-certified
- ▶ treats your particular medical conditions
- ▶ will communicate with the doctors who currently care for you.



Pill-free treatment for urinary incontinence

Here's some relief for people with urinary incontinence who don't want to take pills to treat the problem: behavioral therapy (bladder training) works better for urinary incontinence than medication, according to a study published online March 18, 2019, by *Annals of Internal Medicine*. Researchers reviewed 84 randomized trials of women (average age 55). The studies evaluated 14 categories of incontinence treatments, including pill-free therapy and medications such as anticholinergic drugs—for example, oxybutynin (Ditropan). Most of the strategies (except taking

hormones or getting injections of a bulking agent near the urethra) were more effective than doing nothing to treat incontinence. But for both stress incontinence (the kind that makes you leak when you laugh) and urge incontinence (the kind that makes you rush to the bathroom), behavioral therapy was the most effective treatment, beating medications and neuromodulation (electrical stimulation of the nerves that control the bladder). The catch: it takes practice to make behavioral therapy effective. But it may be worth the effort, since medications for incontinence often have side effects.



Medically tailored meal programs linked to fewer hospital stays, lower costs

As we've reported before, free medically tailored meals are making a big difference for older adults who have chronic illness or are recovering from a hospital stay. The meals are provided by nonprofit agencies and are customized to your dietary needs—like a potassium-controlled diet if you have kidney disease, or a diet low in vitamin K if you're taking a blood thinner. Now an observational study published online April 22, 2019, by *JAMA Network Open* suggests that taking part in a free medically tailored meal program is linked to fewer admissions to hospitals and nursing homes, as well



as lower medical costs. Researchers looked at about 1,000 adults with health problems such as cancer or diabetes. Half took part in a free medically tailored meal program for about a year; the other half did not. During a two-year follow-up, people who received medically tailored meals had 49% fewer hospital admissions and 72% fewer nursing home admissions than those who did not receive meals. Getting the meals was also tied to a 16% reduction in medical costs each month. To find a program near you, check out the partner section of the Food Is Medicine Coalition (www.fimcoalition.org/partners).



Walk your dog, break a bone?

Owning a dog has many benefits, and a great one is the exercise you get from taking the leashed pet for walks. But there's also a potential risk for older adults who walk their dogs: broken bones. According to a study published online March 6, 2019, by *JAMA Surgery*, researchers who combed through 13 years' worth of data from emergency departments across the United States

identified a rising number of fractures among older adults walking leashed dogs: 1,700 in 2004, climbing to almost 4,400 in 2017. Most (53%) of the bone breaks were in the upper arm, and 17% were hip fractures. Almost 30% of the patients required hospital admission during the study period. Either a large dog (which can knock you down or pull you over) or a small dog (which can get under your feet) can pose a fall risk, especially if you have problems with balance. How can you protect yourself? The authors suggest obedience training can help keep Fido from putting you at risk. ♥



What's coming up:

- ▶ What to do when reading gets harder
- ▶ Four stretches to keep your shoulders in shape
- ▶ Extra training for family caregivers
- ▶ How to use grocery delivery services

