



Harvard Health Letter

VOLUME 44 • NUMBER 10 | AUGUST 2019

Caregiver nation: New tools to manage a family member's health as well as your own

Free videos, podcasts, and guides offer training and sometimes solutions.

More than 40 million people in our country are caregivers for family members. The job often comes without warning or training and leaves little time for self-care. That puts caregivers at risk for a host of physical, mental, and emotional problems. "Stress is one of the biggest problems. But I also see caregivers who are struggling with declining health because they just don't have the time to take care of themselves, exercise, or go to the doctor," says Dr. Suzanne Salamon, associate chief of gerontology at Harvard-affiliated Beth Israel Deaconess Medical Center.

Fortunately, there are all kinds of free educational opportunities designed to help family caregivers jump into their roles and better manage their own health.

Classroom learning and beyond

Family caregiver education is available in classes or workshops you attend in person. Classes are typically offered by a hospital, senior center, retirement home, or nonprofit agency.

The information you learn from the class leaders, as well as from other caregivers facing the same challenges as you, can be very helpful, especially when it comes to finding ways to cope with stress.

"Some caregivers say they only way they can deal with the stress is by attending support groups. They share tips, advice, frustrations, and camaraderie," Dr. Salamon says.

Other ways to train

Because caregiving is a round-the-clock job with little time to get away, many people seek



You never planned on becoming a caregiver, but you may suddenly need important skills to be one.

caregiver education on the Internet. It holds a wealth of information that you can access at your own convenience, such as articles, videos, podcasts (audio recordings), books, and how-to guides—such as the Harvard Special Health Report *Caregiver's Handbook* (www.health.harvard.edu/CG).

The nonprofit Family Caregiver Alliance (www.caregiver.org), part of the National Center on Caregiving, is a rich source of free caregiver video education.

"We bring in experts on all kinds of topics and record them so you can do self-study online, at your own pace," says Amanda Hartrey, a family consultant with the Family Caregiver Alliance.

Topics to help with caregiving

There are as many class topics as you can imagine, covering all of the important basics of caregiving. For example:

- ▶ managing medications
- ▶ talking to doctors
- ▶ helping with personal care and toileting
- ▶ transferring someone from a bed to a chair

continued on p. 7 ▶▶

INSIDE

Ask the Doctor 2

- ▶ How much sleep do we really need?

What to do when reading gets harder. 3

Insider tips for home food delivery 4

Medications that can cause problems in older age 5

4 stretches to keep your shoulders in shape. 6

Online caregiver training resources 7

News briefs 8

- ▶ Skip vitamins, focus on lifestyle to avoid dementia
- ▶ Long-lasting grief when close friends pass
- ▶ Ultra-processed foods appear to cause overeating and weight gain

FROM HARVARD MEDICAL SCHOOL

Improving Memory:

Understanding age-related memory loss

www.health.harvard.edu/memory

FIVE THINGS TO DO THIS MONTH

1 Increase your focus when reading. Read in a quiet space or read out loud. (page 3)

2 Sign up for grocery store delivery. It's a convenient way to keep your pantry full. (page 4)

3 Use extreme caution with antihistamines or sleeping aids. They can cause dangerous side effects. (page 5)

4 Stretch your shoulders. It will help increase your range of motion, reduce pain, and ward off injury. (page 6)

5 Eat fewer processed foods. New evidence suggests they may cause overeating and weight gain. (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.

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



Customer Service

Call 877-649-9457 (toll-free)
Email harvardHL@strategicfulfillment.com
Online 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
Online www.content.health.harvard.edu

Editorial Correspondence

Email 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
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*

How much sleep do we really need?

Q *How much sleep do we really need, and what happens if we get too little or too much?*

A We spend about a third of our lives sleeping, so you've asked an important question.

The National Sleep Foundation recommends seven to eight hours of sleep for people over age 64 and seven to nine hours for ages 18 to 64. Kids need more sleep.

Studies have asked large numbers of people how many hours of sleep they actually average and followed the health of these people over decades. Nearly 50% of us sleep less than these recommendations. That's worrisome, because the average person has worse health outcomes (including more obesity, diabetes, and heart disease, and shorter life) if he or she sleeps less or more than these ranges, on *average*.

The important word is *average*. Some people who average more or less than these hours of sleep remain in excellent health. Perhaps they have different genes. Unfortunately, we currently have no way of telling if you might be one of those lucky people. So, as often is true in life, it's wisest to play the odds and follow the general advice. Also, don't be concerned if on any given night you sleep more or less than is advised. The advice applies to the *average* amount of sleep you get.

A word of caution: You can't draw solid conclusions about cause and effect from such observational studies. For example, you can't conclude that adults who average only six hours a night would necessarily improve their health by sleeping eight hours a night. To reach solid conclusions, you'd need to organize a study in which thousands of adults were assigned, at random: some to average less than

seven hours of sleep a night; some to average seven to nine hours a night; and some to average more than nine hours a night. Plus, you'd need to have a way of determining that they actually slept as long as they reported. Finally, you'd have to follow the health of these thousands of people for 30 years or more. You can imagine how difficult it would be in the real world to conduct a study like that.

Why do we need this much sleep? In recent years, we've learned that during sleep, waste material is flushed out of our brains. For example, the waste material includes proteins involved in Alzheimer's disease. A recent study in mice found that interrupting sleep repeatedly led to worsening



Aim for seven to eight hours of sleep each night past age 64.

atherosclerosis. It's much less clear why people who sleep *more* than recommended also have worse health outcomes.

I follow the general advice. I think it protects my health, and I know it makes me feel better. ♥



© Artem Perestenko | Getty Images

Visit the **Harvard Health Blog** online:

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
(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.



What to do when reading gets harder

Treating underlying conditions and using helpful strategies may be all it takes to get you back on track.

Reading for pleasure is one of life's great gifts. It's an escape to another world or a path to increased knowledge. Plus, reading about a subject that's new to you challenges the brain, which may help create new brain cell connections. But many aspects of health can affect our ability to read in older age.

Physical changes

Chronic disease and age-related changes can have a big effect on your ability to read. Consider these factors:

Poor vision. Maybe you have double vision or you can't see up close, or maybe it's hard to read in a room that isn't well lighted.

Pain. "Osteoarthritis at the base of the thumb, wrist, or fingers is common with age and can affect your ability to hold a book," says Dr. Robert Shmerling, a rheumatologist at Harvard-affiliated Beth Israel Deaconess Medical Center.

Pain or numbness in the extremities. This symptom, called neuropathy, can make it uncomfortable to hold reading material for extended periods.

Tremors. Shaky hands from Parkinson's disease or other conditions may keep you from holding a book still enough to read the words.

Age-related mental changes

Changes in thinking skills can also affect your reading ability. Reading requires attention, short-term memory, and recall, which decline a little as we age. "It's normal when you're older that your reading might be slower or that you have to occasionally read a sentence more than once to get its meaning. Your ability to read and retain information may take more effort," notes Dr. Joel Salinas,



It may be easier to read on an electronic device, which allows you to adjust the size of the type.

a neurologist at Harvard-affiliated Massachusetts General Hospital.

Sometimes fuzzy thinking gets in the way of reading. This might happen because of a medication that makes it harder to concentrate; a lack of sleep; nutrient deficiency; or lifelong reading or learning disabilities, which can get worse as you age.

Likewise, if you always had difficulty concentrating when you were younger (perhaps because of undiagnosed attention deficit hyperactivity disorder), your attention span may shrink further in older age.

"People often think that they wind up reading the same sentence over and over because of memory issues. But if your attention isn't focused on the sentence you're reading, you're not likely to register enough of the sentence to understand what your eyes just passed over," Dr. Salinas points out.

Mild cognitive impairment

Mild cognitive impairment (MCI) may also be behind reading skills decline. MCI can make it harder to understand or retain what you're reading.

MCI is a noticeable change in thinking and memory skills, but not enough that it becomes a huge barrier to your

ability to take care of yourself and finish your daily tasks. You may miss some appointments, lose things often, have more difficulty recalling names or words you'd like to use, or have a harder time finding familiar places and keeping track of important dates.

When to seek help

Talk to your doctor when you notice thinking skills issues that occur frequently. Start with your primary care doctor, who can perform a mini evaluation or send you to a neuropsychologist for a thorough evaluation. "Neuropsychologists can test for how fast you read, how much you understand, and what you recall from what you read," Dr. Salinas says.

When physical changes are the problem, treating the underlying condition can help you read better. For instance, maybe you just need a new pair of reading glasses.

Simple fixes

Sometimes all it takes to improve reading are a few strategies.

If you have pain or tremors, Dr. Shmerling recommends propping up a book on a pillow or book holder. If you find it's hard to flip pages, try an electronic reading device (like an iPad or Kindle). With an electronic device, the page stays steady, and it's just a tap to turn the page. For vision challenges, electronic reading devices and large-print books can help greatly.

When attention is the challenge, Dr. Salinas suggests reading in a quiet space, reading out loud, mouthing the words as you read, listening to the audiobook recording while you read, or using a sheet of paper to reveal one line of text at a time so you don't skip ahead.

The important thing is to try.

"There are solutions that work for most obstacles to reading," says Dr. Shmerling, "and for most people, it's a great way to keep up with what's happening in the world and to keep the mind working." ♥



Maximizing home food delivery

Take advantage of the many delivery options to keep your diet fresh, healthy, and full of variety.

Getting groceries or prepared meals without leaving your couch is easier than ever in this era of home delivery. That's important for people who have difficulty getting to the grocery store because they don't drive or because they're struggling with a chronic condition.

But the many options for food delivery may have you wondering where to begin. Here's a look at some widely used services and what to keep in mind when you use them.

Grocery store delivery

Dozens of grocery stores now offer home delivery, many dropping off goods within an hour of when you place your order. Some stores (such as Harris Teeter) have their own in-house delivery services, while other stores partner with large grocery delivery companies such as Instacart (www.instacart.com), Shipt (www.shipt.com), or Peapod (www.peapod.com).

To use grocery delivery services, you sign up on a website or smartphone app and provide information such as your name, address, email, and credit card information. Then you simply select the foods you want and place your order.

Delivery costs range from \$5 to \$10 or more, but delivery may be free if you pay an annual membership fee of about \$100 or more. You may also be required to place a minimum order (such as at least \$50 of groceries).

Keep it healthy: "If you're looking to fill a bag, I would recommend getting lots of fruits, like berries, apples, oranges, or pears; vegetables, such as dark leafy greens, root vegetables, or squashes; nuts and seeds; whole grains, like oatmeal, whole-wheat pasta, or brown rice; peas or beans; and proteins like chicken, fish, and yogurt or other low-fat dairy products," says registered

dietitian Kathy McManus, director of the Department of Nutrition at Harvard-affiliated Brigham and Women's Hospital.

Restaurant delivery

In the old days, pizza was pretty much the only type of restaurant food available for delivery. Today all kinds of restaurants offer home delivery, from national chains like Jimmy John's (www.jimmyjohns.com) or Panera Bread (www.panera.com) to local eateries unique to your community.

If the restaurant you like doesn't offer delivery, use a delivery service such as Grubhub (www.grubhub.com), Doordash (www.doordash.com), or UberEats (www.ubereats.com). As with grocery delivery, you'll have to sign up on a website or an app to provide personal and payment information. Then you'll scroll through hundreds of restaurant possibilities and menus to select what you'd like to order. You'll be told the estimated delivery time, the price of the order, and the delivery fee (\$5 or more, depending on where you live).

Keep it healthy: "Try to avoid restaurant foods that are fried or have a cream or butter sauce. Order foods that are baked or broiled. Vegan restaurants may have more options for healthy food," McManus notes.

Fresh food subscriptions

Another option for food delivery focuses on fresh, locally sourced, and organic produce and other goods. Subscription produce clubs require that you sign up via website or smartphone app. You get to select the fresh vegetables and fruits being harvested in your area, as well as goods such as eggs, meat, and even honey. You can choose to have them delivered to your home on a weekly, bimonthly, or monthly basis.



Plan to be home to receive an order of fresh groceries, such as produce and dairy products.

Prices depend on your community, but may start at around \$35 for a box of fresh fruits and vegetables. It's a great way to support local business and add variety to your diet.

Keep it healthy: "When it arrives, look for anything that's bruised or damaged and throw it out or ask the delivery service how to send it back. Wash food well under running water—even if you don't plan to eat the peel—then dry it with a paper towel. To protect fruits and vegetables from becoming contaminated by raw meat, fish, or poultry, keep the food items well separated," McManus advises.

Food delivery risks

Food that is left out too long (more than an hour or two) is a breeding ground for bacteria that can cause food poisoning.

"When food from a restaurant is delivered, make sure it's still warm, and eat it right away or put it into the refrigerator," McManus suggests. "If a hot dish arrives cold or a cold dish arrives warm, or if the order is wrong, you can refuse it." You should then report it on the company's website for a refund or an adjustment.

If you're not home to receive delivery of food from the grocery store (which is transported in a refrigerated truck) or from a produce club (delivered in containers with ice packs), food will be left outside, potentially allowing cold items to spoil, and increasing the risk for food poisoning if you eat them. So try to be home when you're expecting a delivery.

When used properly, home food delivery can be a great tool to help you stay well nourished and healthy. ♥



5 medications that can cause problems in older age

Prescription and over-the-counter medications may affect you differently now.

Despite the beneficial effects of medications, some drugs need to be used with increasing caution as you age. Drugs that caused few if any side effects in your youth can now cause discomfort or even put you at risk for serious problems such as falls or bleeding.

What's different in older age?

Even though you may have taken a medication for decades, your body may react differently to it later in life. One reason for this is that your metabolism has slowed down. Some medicines need to be processed by your liver to benefit your health; slower digestion and liver function mean it may take longer for a drug to get into your bloodstream. Later, remnants of the medicine need to be eliminated from your body by the liver and kidneys. Slowdowns at this stage mean it may take longer for a drug to leave your body, so its effects last longer.

Common offenders

These over-the-counter and prescription medications are linked to potential problems for older adults.

1 Anti-anxiety medications. Prescription anti-anxiety drugs include a class of drugs called benzodiazepines, such as diazepam (Valium), lorazepam (Ativan), or clonazepam (Klonopin). “They can increase your risk for falls, as well as cause confusion. In an older person, prolonging their action can cause unwanted effects,” says Dr. Michael Craig Miller, an assistant professor of psychiatry at Harvard Medical School.

Medications may affect you differently now that you're older. Ask your doctor about side effects.



2 Antihistamines. Over-the-counter antihistamines offer quick allergy symptom relief. But some, such as chlorpheniramine (Chlor-Trimeton) and diphenhydramine (Benadryl), can cause drowsiness and confusion in older adults, which can also lead to falls. Diphenhydramine is also the common ingredient in nonprescription sleep aids such as Nytol, Unisom, and Somnux. They may help you fall asleep, but they can make you groggy and unsteady when you awaken and try to walk.

3 Nonsteroidal anti-inflammatory drugs (NSAIDs). NSAIDs reduce fever, pain, and inflammation. They're available over the counter in lower doses—ibuprofen (Advil, Motrin) or naproxen (Aleve)—and by prescription in higher doses. But long-term NSAID use is linked to ulcers, stomach bleeding, kidney problems, high blood pressure, and increased risk for heart attack or stroke.

4 Sleeping pills. Some benzodiazepines, such as temazepam (Restoril) or triazolam (Halcion), are used as sleep aids. “They have been known to cause problems with daytime sleepiness, an increased risk for

falls, memory impairment, worsening of sleep-disordered breathing, and drug dependence,” notes sleep expert Dr. Lawrence Epstein, an instructor in medicine at Harvard Medical School. Similar drugs called nonbenzodiazepines, such as zolpidem (Ambien), zaleplon (Sonata), and eszopiclone (Lunesta), have fewer side effects compared with benzodiazepines. But they still put you at risk for sleepwalking and daytime sleepiness. “The FDA just issued a new warning for these medications due to reports that a small number of people have experienced serious injuries from medication-related behaviors such as sleepwalking, sleep driving, and engaging in other activities while not fully awake.”

5 Tricyclic antidepressants. Tricyclics are an older class of antidepressants. Examples include amitriptyline (Elavil) and imipramine (Tofranil). Their side effects may be particularly difficult for older people: memory problems, confusion, constipation, dry mouth, blurry vision, irregular heart rhythms, and (for men) problems with urinating.

What you should do

When it comes to using sleep medications, use extreme caution. “Sleeping medicines should be used only under the direction of a physician who can determine if they are appropriate for you and the problem you are having,” Dr. Epstein says. “Over-the-counter sleeping aids should be used only for a short-term problem. Avoid long-term use and consult with your doctor if the problem does not resolve quickly.”

With the right approach, your doctor can likely help you use these drugs for maximum benefit with the least risk. “My view is not so much to avoid any of these medications, but to use them carefully and judiciously. That means minimizing doses, using only when necessary, and turning to other methods to manage symptoms when they arise,” Dr. Miller suggests. ♥



4 stretches to keep your shoulders in shape

Keeping your shoulder muscles flexible will help prevent injury.

The shoulder is the body's most complicated joint. It's where the ends of the collarbone, upper arm bone, and shoulder blade meet. And it's prone to arthritis (a wearing away of the cartilage between the bones), as well as tears or tendinitis (inflammation) in the rotator cuff—the group of tendons that helps you raise and rotate your arm. Shoulder pain can keep you from being able to raise your arms to get dressed, or reach up to a cupboard or out to a door.

But an easy way to stave off shoulder problems is to regularly stretch the muscles that support the joints. “The muscles need to be long and flexible to stay healthy. You're more vulnerable to injury when your shoulder muscles



Keep your shoulders flexible so you can reach up to a cupboard or door, or even just dance spontaneously without the worry of pain.

are tight and restricted,” explains Clare Safran-Norton, clinical supervisor of rehabilitation services at Harvard-affiliated Brigham and Women's Hospital.

How stretching helps

Muscles are a little like cotton fabrics. They may shrink up slightly, but if you pull on the fibers, you can stretch out the fabric again.

Stretching your muscles fixes the shortening that occurs with disuse and extends muscles to their full length. The more you stretch the muscles, the longer and more flexible they'll become. That will help increase your range of motion, ward off pain, reduce the risk for injury, and improve your posture.

Types of stretches

The best way to stretch muscles is with long, static (motionless) stretches that last 30 seconds to two minutes. But don't jump right to this step.

Warm up the muscles first to get blood and oxygen to them and make them more pliable. You can do this with exercise (take a brisk walk, pumping your arms, or go for a swim). Or you can try a few minutes of dynamic stretching—repeatedly moving a joint through its available range of motion, without holding a position. Just roll your shoulders backward and forward

a few times or make windmill motions with your arms (but not too vigorously).

Insider tips

Safran-Norton says that stretches should be gentle and pain-free. “If there's pain, you may be injuring your muscles,” she notes.

She also warns never to bounce your stretched muscles, which can cause injury and keep you from a productive stretch. “Bouncing sets off a protective mechanism called the stretch reflex. The muscle will recoil so you won't overstretch it. But as a result, you'll never get to a true stretch,” she says. “A true stretch is sustained, with no bouncing.”

Getting started

Try the shoulder stretches we've laid out here on pages 6 and 7. All you need is a doorway or wall.

Safran-Norton recommends stretching your shoulders three to seven times per week. “If you're really stiff, stretch

WALL CLIMB

Movement: Stand up straight facing a wall. Extend your right arm with your elbow soft (not locked) and place your hand on the wall at shoulder height. Slowly walk your fingers upward, stepping in toward the wall as your hand climbs higher. Stop when you feel mild tension in your shoulder. Hold 10 to 30 seconds. Slowly walk your fingers back down the wall and return to the starting position. Repeat three to four times. Switch arms and repeat.



CHEST AND SHOULDER STRETCH

Movement: Stand alongside a doorway or wall. Extend your right arm and put your right hand on the edge of the door frame slightly below shoulder level, palm facing forward and touching the door frame. Keep your shoulders down and back. Slowly turn your body to the left, away from the door frame, until you feel the stretch in your chest and shoulder. Hold 10 to 30 seconds. Return to the starting position. Repeat three to four times, then repeat on the opposite side.



daily. If you're already flexible, it's fine to stretch every other day," she says. But avoid stretching for too long or too vigorously: back off quickly if you start to feel pain.

Other tips: make sure you stand up straight when you stretch, and make sure you're hydrated.

What about strengthening?

You won't have strong shoulders if you don't strengthen them. Safran-Norton recommends strengthening the shoulder muscles every other day. For shoulder strengthening suggestions, check out the Harvard Special Health Report *Healing Shoulder Pain* (www.health.harvard.edu/hsp).

The combination of stretching and strengthening will act as a preventive approach to keep even a complicated joint ready for action. ♥

SHOULDER STRETCH

Movement: Stand with your feet hip-width apart. Put your left hand on your right shoulder. Cup your left elbow with your right hand. Roll your shoulders down and back as you gently pull your left elbow across your chest. Hold 10 to 30 seconds. Return to the starting position. Repeat three to four times, then repeat on the other side.



SHOULDER STRETCH WITH ROTATION

Movement: Stand up straight with your feet hip-width apart and your hands by your sides. Place the back of your right hand against the small of your back at your waist. Your fingers should be pointing up. Slowly slide your right hand farther up your back as high as you can. Hold 10 to 30 seconds. Repeat three to four times, then repeat with left hand.



Caregiver training ... from p. 1

- ▶ preventing bedsores
- ▶ ensuring nutrition for someone with special needs
- ▶ caring for someone with a specific disease (such as Alzheimer's disease, diabetes, or heart disease)
- ▶ dealing with an emergency.

You can also find training that addresses the more nuanced challenges of caregiving. One important subject is how to communicate with a person who has dementia.

"Caregivers can learn how to manage the anxiety and panic that is often expressed by an individual who no longer comprehends language and is searching for a way to express discomfort, fear, or a wish," says Barbara Moscovitz, a geriatric social worker at Harvard-affiliated Massachusetts General Hospital. "We also address how to keep a loved one with dementia safe. We talk about safety in and outside of the home, driving, wandering, and strategies to minimize the dangers," Moscovitz says.

Topics to help you, the caregiver

You'll also find a wide array of topics to help you cope as a caregiver. "We have a six-week course on self-care. We teach people to take breaks, have a support network, maintain friends, and find a hobby. Maybe it just means taking 10 minutes to do some breathing exercises, take a walk, or make a doctor appointment for yourself," Hartrey says.

"We've also done a 'controlling frustration' class. Maybe you're not taking care of yourself, and you're irritable.

Then you're short with the person you're caring for, and you feel guilty about it. We give people tools to manage that."

Other types of classes that can help you as a caregiver include courses on meditation, coping with decision fatigue, or self-care for the family.

"Even if you're just learning a little at a time, caregiver training will pay off," Salamon says. "You'll have a better chance at maintaining your own health and you'll be a better caregiver." ♥

Caregiver training resources

Some groups specialize in providing caregiver tips and training. Consider these sources of free instruction.

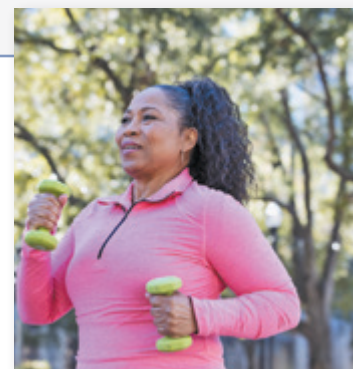
- ▶ AARP Family Caregiving (www.aarp.org/caregiving)
- ▶ Alzheimer's Association (<https://training.alz.org>)
- ▶ Caregiver Action Network (<https://caregiveraction.org>)
- ▶ Caregiving.com (www.caregiving.com)
- ▶ Family Caregiver Alliance (www.caregiver.org)
- ▶ HealthInAging.org (www.healthinaging.org/a-z-topic/caregiver-health)
- ▶ mmLearn.org (<https://training.mmlearn.org/caregiver-training-videos>)
- ▶ National Institute on Aging (www.nia.nih.gov/health/caregiving)



Skip vitamins, focus on lifestyle to avoid dementia

Vitamins and supplements won't help stave off dementia, but a healthy lifestyle might, suggest new guidelines released May 19, 2019, by the World Health Organization (WHO). The WHO warns that the number of new dementia cases around the world—currently 10 million per year—is set to triple by 2050. While there's no cure for any kind of dementia (such as Alzheimer's disease and vascular dementia), the WHO says it may be possible to delay the onset of the disease or slow its progression. The key: managing modifiable risks, such as chronic disease and unhealthy habits. The guidelines recommend that you keep your weight, cholesterol, blood pressure, and blood sugar under control; get lots of exercise; and

eat a Mediterranean-style diet (which emphasizes olive oil, fruits, vegetables, nuts, and fish; minimizes red meats and processed meats; and includes a moderate amount of cheese and wine). The WHO also advises that you don't smoke and you avoid harmful use of alcohol (no more than one drink per day for women, no more than two drinks for men). But don't count on supplements to help you stave off dementia. The WHO says there's no evidence that vitamin B, vitamin E, multivitamins, or fish oil supplements help reduce the risk for dementia. The agency recommends against using supplements as a means to ward off cognitive decline.



© ian19 | Getty Images



Long-lasting grief when close friends pass

Losing a loved one is never easy, and sometimes it can take years to grieve for a partner, parent, or child. That grief often comes with adverse health effects, such as stress, depression, insomnia, high blood pressure, and heart problems. But long-lasting grief doesn't come only from a family member's death, suggests a study published online April 4, 2019, by *PLOS One*. Researchers evaluated questionnaire responses from about 9,600 people who'd lost close friends and found this type of grief can last up to four years. Women in the study were

particularly hard hit by loss of a close friend, experiencing more problems with mental, emotional, and social health than men. Study authors say the passing of a close friend should be considered a substantial experience that warrants help (like a support group) to minimize the negative effects of grief.

Our take: Grief of any kind poses a health risk, whether it's due to the loss of someone dear or a dramatic change in life, such as a job loss or a move to a new city. During such times, be especially vigilant about reporting disturbing new symptoms to your doctor.



Ultra-processed foods appear to cause overeating and weight gain

Eating food that's ultra-processed—not just chips or cookies, but also things like breakfast cereal, deli meat, or canned fruit in syrup—makes people overeat and gain weight, compared with eating food that's unprocessed. That's according to a small randomized controlled trial published online May 16, 2019, by *Cell Metabolism*. It involved 20 men and women who stayed at a research facility for a month and were randomly assigned to one of two diets. One group was given ultra-processed foods (such as a breakfast of a bagel with cream cheese and turkey bacon), and the other group was fed unprocessed foods (such as a breakfast of oatmeal with

bananas, walnuts, and skim milk). After two weeks, participants were switched to the opposite diets. Both diets were evenly matched for total calories, macronutrients, fiber, sugars, and sodium, and participants were allowed to eat as much or as little as they wanted. But they ate more calories when they were eating ultra-processed foods, compared with when they ate unprocessed foods, and they gained more weight on the ultra-processed diet. Why? It's not exactly clear, but researchers did find that appetite-suppressing hormones decreased and hunger hormones increased when people ate processed foods. Bottom line: Eat whole, unprocessed foods with as few ingredients as possible. ♥



© ian19 | Getty Images

What's coming up:

- ▶ 5 tools to help you stand up on your own
- ▶ New thinking on peripheral neuropathy
- ▶ Quick-start guide to nuts and seeds
- ▶ How to cope with compression fractures

Brought to you by



alltrist