

# Harvard Health Letter

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## Preventing seasonal maladies

*A weaker immune system and increased germ exposure make us vulnerable to winter bugs. Here's what you need to know.*

Winter is on the way, and along with cold temperatures, the season brings a spectrum of potential health problems for everyone—especially for older adults. That's why it's important to take precautions now, before you get sick.

### The cold weather link

Cold weather doesn't cause illness, but it may foster it. "Some studies have found that both cold and flu viruses can multiply and spread more easily in lower temperatures and humidity. Additionally, cold air reduces blood flow to the lining of the nose, throat, and lungs, which may dampen the immune system response," says Dr. Craig Jones, an ear, nose, and throat specialist with Harvard-affiliated Massachusetts Eye and Ear.

But what really triggers so much illness during the winter is increased exposure to germs. "Cold temperatures drive people indoors. If you're in a store with people clustered around and less air circulating, it's easier to catch bugs because everyone's in closer proximity," explains Dr. Suzanne Salamon, a geriatrician with Harvard-affiliated Beth Israel Deaconess Medical Center.

### A disadvantage

To make matters worse, older adults are especially susceptible to getting sick. "That's partly because the immune system gets a little weaker as we get older," Dr. Salamon says. "Also, as we get older, we tend to get other



As we age, we become a bit more vulnerable to winter illnesses.

conditions, like arthritis, that compete for the attention and energy of the immune system, distracting it from fighting an infection."

### What you're up against

There are many kinds of winter illnesses. Here are some of the usual culprits.

**The common cold** or viral rhinitis can be caused by more than 200 viruses. Symptoms come on gradually and can include a sore throat, nose and sinus congestion, thick and sometimes discolored discharge, a runny nose, sneezing, a cough, or hoarseness.

**Sinusitis** is an infection that can be caused by cold viruses or bacteria. The sinus lining swells, blocking mucus from draining. Symptoms include pressure, pain (in the cheeks, over the eyes), nasal congestion, thick yellow or green discharge, a diminished sense of smell, fever, headache, and fatigue.

**Bronchitis** is an inflammation of the lining of the bronchial tubes, the hollow air passages that connect the windpipe to the lungs. Viruses cause most cases of acute (short-term) bronchitis, although bacteria also can cause the condition. Symptoms include tightness in the chest and a cough that produces phlegm.

**Pneumonia** is inflammation deep in the lungs, affecting the small air sacs and nearby tissue. Both viruses and bacteria can cause the condition. Symptoms include fever,

*continued on p. 7* ▶▶

## INSIDE

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

▶ How many steps should I take each day?

### Is your CPAP machine making you sick? . . . . . 3

▶ *AND: What is CPAP?*

### Your guide to exercising in cold weather. . . . . 4

### Simple swaps for comfort food without the guilt. . . . . 5

### Are the new migraine medications working? . . . . . 6

▶ *AND: Migraine headache symptoms and frequency*

### News briefs. . . . . 8

- ▶ Menu alert: U.S. restaurants are offering more sugary drinks
- ▶ Fall deaths are up; here's a way to try to prevent them
- ▶ Cafeteria strategies that may improve your diet

## FROM HARVARD MEDICAL SCHOOL

**The Sensitive Gut: A guide to managing common gastrointestinal disorders**

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## FIVE THINGS TO DO THIS MONTH

**1 Dress in layers for outdoor workouts.** You can remove a layer as you get going and your body heats up. (page 4)

**2 Try mashed cauliflower instead of mashed potatoes.** The texture is similar, and you won't miss the real thing. (page 5)

**3 See your doctor about chronic headaches.** One-sided pain may signal migraines. (page 6)

**4 Do more balance exercises.** New evidence ties them to a reduced fall risk. (page 8)

**5 Make junk food inconvenient.** Keep it in a hard-to-reach spot, and place healthy snacks in a more accessible location. (page 8)



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## ASK THE DOCTOR

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

### How many steps should I take each day?

**Q** *My smartphone tells me how many steps I take each day, but I don't know how many I should shoot for. What should my goal be?*

**A** You've read in these pages and elsewhere that regular physical activity reduces the risk of heart disease, type 2 diabetes, obesity, and possibly several types of cancer. Regular exercise also reduces the risk of premature death. No medicine yet invented can claim such benefits. Probably the advice you've heard most often is that moderate exercise—like a brisk walk (at about 3 mph) for 30 minutes at least five times a week—will bring all of the above health benefits.

But you are asking a slightly different question. You're saying that smartphones and wearable devices now give us a tool for measuring how physically active we are: a count of the number of steps we take each day. Great, but what should our goal be?

The best study of that question was published in May 2019, from colleagues here at Harvard Medical School. Before I tell you about the study, permit me a brief digression. Where does all this advice about healthy lifestyle come from?



Try to walk at least 7500 steps each day.

Some people imagine that a bunch of academic experts sit around a table and off the top of their heads decide what the answers should be. In fact, the advice we give is based on data—studies like the one I'm about to describe.

The study gave nearly 17,000 older women (average age 72) a device that counted every step during waking hours, for seven consecutive days. The number of people who died over the next four years was compared in four groups, each with an increasing average number of steps per day: 2,718 steps (least active), 4,363 steps, 5,905 steps, and 8,442 steps (most active). Rigorous statistical techniques were used to account for the influence of things besides activity level that might have affected the women's risk of dying, like diseases they might have had.

The conclusion: at about 7,500 steps per day, the risk of death was about 40% lower than for the least active group. Above 7,500 steps, there was not a clear additional benefit. Also, the vigorousness of the steps (like how fast one walked) did not seem to bring additional benefits. The study only involved women with an average age of 72, but I think it's reasonable to assume it also applies to men of that age.

Based on this and other studies, what do I—as a man in my 70s—do? I am pretty good about doing moderate activity for 30 minutes at least five days a week. I consult my smartphone every day, and my goal is at least 7,500 steps per day. Until and unless better data emerge, I'd advise the same for you. ♥



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## Is your CPAP machine making you sick?

*Bacteria and mold can accumulate in various parts of the device. But regular equipment cleaning reduces risks.*

Continuous positive airway pressure (CPAP) can be hard to get used to. The mask may feel bulky, or it may feel strange to have air blowing in as you try to breathe. That keeps many people from using a treatment that may, in fact, be a lifesaver (see “What is CPAP?”).

People also can be put off because they’ve heard that a dirty CPAP machine can make you sick. Is that true? “Yes, if you don’t clean the machine regularly,” says Dr. Lawrence Epstein, a sleep expert at Harvard-affiliated Brigham and Women’s Hospital.

### Germ CPAP systems

There are several ways you can get sick from a dirty CPAP machine. One is a

dirty mask. “The mask sits on the face, in contact with organisms on the skin. Over time, bacteria and oils on a dirty mask may give you a rash or infection on the skin,” Dr. Epstein says.

Another risk—one mentioned in some TV commercials—has to do with the bugs you may breathe in from a dirty water reservoir in the air pump. The water is needed to put moisture in the air you breathe through the mask. Otherwise, the air would be too dry.

“But if the standing water in a reservoir isn’t cleaned regularly, there is the potential for bacteria or mold to grow, which you could breathe in,” Dr. Epstein points out. “Breathing in those organisms can make you sick or increase problems related to conditions



A dirty CPAP mask or CPAP reservoir boosts your risk for getting sick.

such as asthma, reactive airway disease, or other lung conditions.” If you are frequently getting sick or your CPAP smells moldy, it could be a sign that the device is not clean.

### Cleaning your CPAP machine

The good news is that it’s very unlikely you’ll get sick from a CPAP machine if you clean it regularly. Here’s how:

- 1 Wash the mask, water chamber, and tubing in hot, soapy water every morning. Make sure to submerge the tubing so that water runs through it. Let all of the parts air-dry.

- 2 Once a week, wash the headgear and the filter, and soak the water chamber in a little white vinegar to prevent mold growth.

- 3 If your machine has a disposable filter, change it every month.

Sound like a lot of work? Two types of sanitizing systems on the market enable you to simply place the CPAP parts inside a machine, hit a button, and let the machine do the work. One uses activated oxygen (ozone) to clean the CPAP parts, and the other uses ultraviolet light.

Dr. Epstein says they appear to work. “But I am not aware of any comparative trials to say the machines are better than hand washing,” Dr. Epstein says.

The major advantage is convenience, which comes with a price: about \$250 to \$350 for a machine.

Is it worth the money? Dr. Epstein leaves that answer up to you. But cleaning the machine, whether it’s with a special gadget or old-fashioned elbow grease, is a must. ♥

### What is CPAP?

Continuous positive airway pressure (CPAP) is one of the best treatments for people with obstructive sleep apnea, a condition that causes you to stop breathing periodically during sleep. The pauses in sleep occur when muscles in the throat relax so much that they block the airway.

CPAP keeps your airway open. The CPAP system consists of a small bedside pump that pushes a forceful stream of air through a tube and into a mask you wear while you sleep.

“People who use it feel much more alert, awake, and productive because they no longer have their sleep disrupted 30 to 100 times per hour,” says Dr. Lawrence Epstein, a sleep expert at Harvard-affiliated Brigham and Women’s Hospital.

CPAP is linked to many other benefits. It helps reverse the risks of sleep apnea, such as high blood pressure (and an increased risk for heart disease and strokes) and weight gain.

And a study published online June 13, 2019, by *The Lancet* suggested that using CPAP reduces depression symptoms in patients who have sleep apnea and cardiovascular disease. “Anything that can improve sleep can improve mood, and if you treat sleep apnea, it improves mood as well. This is not the first study to demonstrate it,” Dr. Epstein says. “But this study shows that CPAP improves mood even in people with another serious health complication.”





## An older adult's guide to exercising in cold weather

*The proper warm-up, equipment, and health considerations are key to maintaining an outdoor routine.*

**Y**ou've grabbed a hooded jacket, and you're ready for a brisk walk in the great outdoors. But is that enough to keep you safe in cooler temperatures? An outdoor exercise routine at this time of year brings unique risks and benefits. You need a little planning and preparation to keep exercising outside in the weeks or months to come.

### Know the risks

Being exposed to long periods of cold weather poses numerous health risks.

**Heart strain.** Temperatures at or below 59° cause blood vessels to narrow, making it harder for the heart to pump blood throughout the body. "When your heart is asked to work harder, it requires more oxygen and greater blood flow. If your arteries can't meet that demand because it's cold outside, or because the arteries of your heart are narrowed by atherosclerosis, or both, it could put a strain on your heart or cause a heart attack," explains Dr. Beth Frates, director of wellness programming for the Stroke Research and Recovery Institute at Harvard-affiliated Spaulding Rehabilitation Hospital.

**Muscle injury.** Narrowing of blood vessels caused by cold weather could keep your muscles from getting the oxygen they need to work properly and stay warm and flexible. That could lead to muscle strain or injury.

**Hypothermia.** This condition occurs when the body loses heat faster than it can produce it, causing a dangerously low body temperature that can trigger a heart attack, kidney or liver damage, or worse. "Older adults lose body heat faster than when they were younger, and they may not be aware of it," Dr. Frates says.

**Frostnip or frostbite.** Exposure to severe cold leads to the freezing and



Dress in layers of athletic clothing that will wick away moisture while keeping you warm.

injury of body tissue. Frostnip (when skin is red, swollen, and a little numb) hurts, but your body recovers when you warm up. Frostbite causes lasting damage.

**Falls.** If the ground is icy and slick from freezing temperatures, there's an increased risk for falling and suffering an injury like a hip fracture.

### Cold weather benefits

Despite the risks, exercising in cold temperatures does offer benefits that you don't get in warmer weather. For example, exercising in the sunlight can help people who have seasonal affective disorder, a type of depression triggered by decreased exposure to daylight.

And some evidence suggests that exposure to cold weather may help activate brown fat cells, which are known to burn calories.

### Use these strategies

If you have any kind of cardiovascular, lung, or balance issues, check with your doctor before exercising outdoors in the cold, and do it safely.

**Watch the weather.** "If it's extremely cold, rainy, snowy, or icy, exercise indoors," Dr. Frates advises. A good rule of thumb: skip your outdoor workouts when outside temperatures drop to 32° F or below.

**Choose the right time of day.** Try to exercise during the warmest part of the day, around lunchtime, when the sun is at its peak. (Of course, this is something you should avoid during the summer.)

**Protect skin, lips, and eyes.** Even though it's cold outside, the sun still shines its powerful ultraviolet (UV) rays on us. Use a broad-spectrum sunscreen (one that protects you from both UVA and UVB rays), with a sun protection factor (SPF) of at least 30. Use lip balm with sunscreen as well, to protect your lips from the sun, wind, and cold. Remember to wear sunglasses.

**Bundle up.** Dr. Frates recommends dressing in layers so you can be comfortable without getting overheated. "Once you get going and moving your muscles, you'll get hotter. You may want to take off a layer and wrap it around your waist or put it in a small backpack." Avoid cotton, and wear athletic clothing that wicks away moisture while keeping you warm. Don't forget a hat, gloves, and heavy socks; we lose a lot of heat through our head, arms and hands, and legs and feet.

**Do the warm-up.** No matter what the weather, a warm-up is crucial to help your body adjust to increased demands on the heart and to get blood and oxygen to the muscles. "A fit young person can start with a sprint, but an older person is risking muscle injury and heart strain by doing that," Dr. Frates says. "Start exercising gradually: walk slowly or march in place for five minutes. Work out for 20 minutes, and then slow down for five minutes to cool down."

**Stay hydrated.** "You need to stay hydrated, even when it's cold outside, because you'll still sweat and lose fluid," Dr. Frates says. Drink water before, during, and after your workout.

### One final strategy

Don't ignore your body's warning signs. Take it seriously if you're shivering, have chest pain, are out of breath, or feel extremely fatigued, and call for help immediately. ♥



## Comfort food without the guilt

*Simple swaps like whole grains instead of white rice maintain flavor while boosting health benefits.*

There's nothing quite like coming in from the cold and sitting down to a hot, hearty meal. The icy temperatures seem to make us yearn for foods that will warm us up inside, stick to our bones, and soothe the soul. "We are warm-bodied creatures, and as the weather cools we actually crave more calories so we can stay warm," explains Sandra Allonen, a registered dietitian with Harvard-affiliated Beth Israel Deaconess Hospital.

But digging into comfort foods all winter—like a savory beef stew, spicy spaghetti and meatballs, macaroni and cheese, fluffy pancakes, gooey pizza, or buttery mashed potatoes—comes with health risks.

### Comfort food consequences

The "stick to your bones" ingredient in comfort foods is typically saturated fat (from red meat, heavy cream, butter, cheese, and coconut products). Any kind of fat takes longer to digest and makes you feel fuller, but just 1 gram of fat has nine calories, about twice the calories in carbohydrates or protein, so fat-laden foods make it easy to shovel in more calories than you need.

Eating too much saturated fat, in particular, increases your blood levels of "bad" LDL cholesterol and raises your risk for heart disease.

Other typical comfort food ingredients are refined carbohydrates (such as those found in white flour, noodles, or white rice) and—of course—sugar. These are easily digested and can rapidly elevate your blood sugar. Eating too much sugar and refined carbs is associated with weight gain, inflammation, and diabetes.

Potatoes, although in the vegetable family, are another comfort food staple. They are rich in carbohydrates and can raise your blood sugar in a



Try making a shepherd's pie with ground turkey and mashed cauliflower instead of using the traditional ground beef and mashed potatoes.

way similar to sugar. Eat them only in moderation.

Salt is another common component of comfort food. While we need a certain amount of the sodium in salt for health, consuming too much makes us retain fluid and gain weight, and in some people it leads to high blood pressure. Too much salt can also negate the effects of blood pressure medications.

### Should you ban comfort foods?

Despite all of the unhealthy ingredients, you don't have to banish comfort foods from your diet. That could lead to a feeling of deprivation, which can trigger an eating binge.

Instead, place a strict limit on how often you eat your comfort food favorites and the portion size when you do have them. "A little indulgence once in a while won't hurt you," Allonen says. "The problem is indulging every day."

That means it's probably okay if you occasionally enjoy a very small portion of lasagna, a dab of mashed potatoes, or single slice of pizza. But don't make those foods part of your regular meal rotation.

Dietary guidelines recommend limiting saturated fat to no more than 10% of your daily calories. The American Heart Association recommends a daily salt intake of no more than 2,300

milligrams (mg), and an ideal target of less than 1,500 mg (especially if you have high blood pressure or heart disease).

### Rethinking recipes

If a strict limit on comfort food isn't appealing, take heart: there are plenty of ways to make them healthier. "You don't have to reinvent them. Just revise them by swapping out some of the ingredients," Allonen suggests.

- Generally speaking, you can
- ▶ ditch full-fat dairy products like cream and butter, and instead use nonfat Greek yogurt, skim milk, low-fat sour cream or cheeses, or vegan cheese (made from tofu or nuts)
- ▶ ditch red meat in favor of poultry, fish, or legumes (beans or lentils)
- ▶ ditch sugar or syrup and use fruit (berries, applesauce, or citrus) or sweet vegetables such as carrots or corn
- ▶ ditch white rice and use whole grains like brown rice, oats, barley, quinoa, or teff
- ▶ ditch white flour and use whole-grain flours (such as whole wheat, buckwheat, or cornmeal) or even grated cauliflower to make pizza dough
- ▶ ditch refined-grain noodles and use noodles made of whole wheat, black beans, lentils, or zucchini
- ▶ ditch salt and use herbs and spices, such as oregano, rosemary, basil, thyme, chili powder, cloves, cumin, curry powder, nutmeg, or cinnamon
- ▶ ditch mashed potatoes and try mashed cauliflower.

### Remaking menus

"Think of oatmeal pancakes with berry compote on top," Allonen says. "Or mac-and-cheese made from whole-wheat pasta, low-fat cheese, and skim milk. Or shepherd's pie with ground turkey and mashed cauliflower instead of mashed potatoes."

**Other ideas:** vegetarian chili, lasagna with tofu "ricotta," or black bean tacos in soft whole-wheat tortillas. "Get creative," Allonen says, "and you'll find you can enjoy all of your favorites." ♥



## Are the new migraine medications working?

*Doctors say three recently approved migraine prevention drugs are helping people have fewer headaches.*

For people with frequent, debilitating migraine headaches, 2018 brought encouraging news. The FDA approved three new medications—erenumab (Aimovig), fremanezumab (Ajovy), and galcanezumab (Emgality)—the first drugs designed specifically to prevent migraines and reduce their frequency, intensity, and duration.

It was a big development, since other medications used to stop migraines were created to control other conditions, such as seizures, depression, high blood pressure, or an irregular heartbeat. But their side effects (such as weight gain, dizziness, or fuzzy thinking) often cause people to skip treatment.

How have the new drugs panned out? “I have had very good success with these medications. The majority of my patients with severe migraine headaches are responding well, with few

side effects,” says Dr. Sait Ashina, a neurologist who specializes in headache treatment at Harvard-affiliated Beth Israel Deaconess Medical Center.

### New options

The new migraine medications are in a class of drugs called monoclonal antibodies. They are “targeted” therapies that seek out and interfere with calcitonin gene-related peptide (CGRP), a protein that inflames nerve endings and is involved in the development of migraines. For that reason, the drugs are also known as CGRP antagonists or CGRP inhibitors.

For CGRP to inflame nerves, it must attach itself to a receptor on the nerve cells, much the way a key fits into a lock. The new medications attach either to CGRP or to the CGRP receptor. Either way, the drugs wind up blocking and neutralizing CGRP for weeks at a time.

You give yourself injections of the new medicines. It’s similar to giving yourself insulin shots—but you need to do it much less often. Erenumab and galcanezumab are taken once a month. Fremanezumab can be taken either once a month or once every three months.

### Who’s a candidate?

The new drugs are intended for

- ▶ people who have four or more attacks per month, or eight or more headache days per month
- ▶ people who experience intolerable side effects from other treatments, such as cognitive decline, low blood pressure, weight loss or gain, or dizziness



Recently approved migraine prevention medications interfere with proteins that are involved in the development of this type of headache.

- ▶ people who haven’t responded to other preventive treatments.

### Are the drugs effective?

CGRP antagonists don’t work for everyone. But the evidence is promising. “Studies find that people taking the new medications experience about 50% fewer migraine headache days per month, compared with people who weren’t taking them,” Dr. Ashina says.

Some of the people he’s treated have had even more dramatic results. “I have one patient who, for the first time in her life, went 20 days without a headache after starting the new medication,” he says.

### Side effects

The new drugs can cause reactions at the injection site, muscle cramps, or constipation. “In a minority of patients in my practice, we hear about constipation. Most people can tolerate it and do something about it,” Dr. Ashina says, “such as increase their fiber and fluid intake, exercise, and maybe add a fiber supplement to the diet.” What if constipation doesn’t go away? “We can potentially switch to one of the other new medications,” he says.

### Drug costs

CGRP antagonists are expensive, about \$575 per month. The medications may or may not be covered by your insurance. For example, Amgen, the maker of Aimovig, reports that Medicare has paid for 80% of Aimovig claims.

## Not just for migraines

In June, the FDA approved the use of the CGRP inhibitor galcanezumab (Emgality) to treat cluster headaches. These headaches are intense, often involving a stabbing pain around the eye that spreads to other areas of the face. Each headache attack lasts up to three hours and can recur repeatedly over a 24-hour period, continuing for a few weeks—then vanish for months. Unlike migraines, cluster headaches affect men more than women. “So far, evidence shows that people taking the drug experience about 50% fewer cluster headaches per week, compared with people who don’t take the medication,” says Dr. Sait Ashina, a neurologist who specializes in headache treatment at Harvard-affiliated Beth Israel Deaconess Medical Center.

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All three drug makers have been offering free or subsidized prescriptions in 2019 for people with private insurance, to give insurers time to figure out if they'll eventually cover the medication. But the financial assistance programs end in December 2019, and it's unclear what will happen after that.

"Sometimes people have to pay out of pocket," Dr. Ashina says, "Medicare tends to cover it if you've tried several other medications."

### Should you try them?

Dr. Ashina urges caution with the new drugs if you're an older adult. "Clinical trials for all of the new medications included relatively few older adults, so we don't know if older adults might react differently to the medications than younger people do," says Dr. Ashina.

He suggests starting out on the lowest dose possible. For example, that would

be 70 milligrams (mg) of erenumab instead of 140 mg.

### What if you can't afford them?

There's nothing wrong with the older migraine prevention treatments (which are, for the most part, covered by Medicare) if they work for you without side effects. Examples include anticonvulsants, such as divalproex (Depakote) or topiramate (Topamax); antidepressants,

such as amitriptyline (Elavil) or doxepin (Silenor); calcium-channel blockers, such as verapamil (Calan, Isoptin, Verelan); and beta blockers, such as metoprolol (Lopressor) or propranolol (Inderal).

Injections of botulinum toxin (Botox) are FDA-approved for migraine prevention. However, they require dozens of injections in the head and neck. Treatment may reduce migraine days by about 15%. ♥

## Migraine headache symptoms and frequency

A migraine is an intense headache that usually begins on one side of the head. People often experience a throbbing, pounding pain that can be accompanied by sensitivity to light or sound, nausea, and vomiting. Migraines may last for a few hours or for several days. They may occur infrequently, or they may be chronic (more than 15 days per month), and they often occur in response to specific triggers such as stress, hormone changes, certain foods or odors, or a lack of sleep. Migraines affect 10% to 15% of adults, especially women.



## Seasonal maladies ... from p. 1

chills, a cough producing phlegm, labored breathing, fatigue, and sometimes pain in the chest when you breathe in deeply. But the symptoms of pneumonia can be more subtle. "Very frequently older people are just confused or very tired, no cough or fever," Dr. Salamon says.

**Influenza (flu)** is a very contagious and potentially deadly viral illness. Symptoms come on quickly and include fever, cough, sore throat, runny nose, muscle aches, fatigue, and sometimes vomiting and diarrhea.

**Stomach bugs** are viruses, such as norovirus, which are contagious and cause vomiting and diarrhea for a few days. You can get sick from an infected person or by eating, drinking, or touching something with the virus on it.

### Prevention

To avoid winter illnesses, you'll have to take extra precautions. Get a flu shot, make sure you've had the pneumococcal

vaccine if you're 65 or older, and wash your hands before eating or touching your eyes, nose, or mouth. Carry hand sanitizer when you travel.

Avoid close contact with people who're sick. "For most common illnesses, waiting two weeks after the person became infected is enough time to reduce the risk of catching the infection. For young kids who have the flu, it may be better to wait three weeks after the illness," Dr. Jones says.

On airplanes: "Direct the air vent toward your face, as the air coming from the vent is filtered and will help to deflect any germs away from your nose," Dr. Jones advises.

"And stay away from shared food, like potlucks, during norovirus [winter] season," Dr. Salamon warns.

### What if you get sick?

Take symptoms seriously, and report them to your doctor if they're severe or they last a few days. For bacterial illness, such as bacterial pneumonia or sinusitis, you'll need an antibiotic.

For flu, you may be able to shorten its course and avoid serious complications with antiviral medications. But that's only if you begin treatment within two days after symptoms appear.

Otherwise, there's little you can do for the flu or any virus (like a cold) but treat symptoms. How? Take lozenges for a sore throat, over-the-counter painkillers for body aches, and anti-diarrheals for diarrhea.

"For nasal congestion, you can use oxymetazoline nose spray [Afrin], but not for longer than three days unless your doctor tells you to, as it can lead to increased nasal congestion beyond that. For excess mucus, use guaifenesin [Mucinex]," Dr. Jones advises.

"For sniffles, I recommend the antihistamine loratadine [Claritin] and a spray called azelastine [Astelin], which helps with a runny nose without drowsiness," Dr. Salamon says.

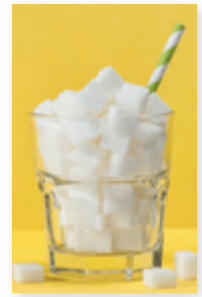
And for all winter bugs, try to rest and get lots of fluids so you can get better soon. ♥



### Menu alert: U.S. restaurants are offering more sugary drinks

Sugary drinks are becoming more plentiful at large restaurant chains, and some drinks are getting sweeter. That's according to a study published in the August issue of the *American Journal of Preventive Medicine*. Harvard researchers analyzed the beverage offerings of 63 fast-food, fast-casual, or full-service restaurant chains from 2012 to 2017. Over that period, the number of sugary beverages available at the restaurants increased by 82%. Among newly introduced sugary beverages such as sodas, fruit drinks, and sports drinks, from 2012 to 2016 the number of calories per drink increased by about 50, and the

average amount of sugar per drink reached a whopping 63 grams. Newly introduced sweetened teas roughly doubled in sugar and calories from 2012 to 2016, jumping from an average of about 140 calories per drink to about 300, and from 25 grams of sugar to 56. But remember: the American Heart Association recommends limiting added sugar to 25 grams per day for women and 36 grams per day for men. If you want to splurge on a sugary drink, try not to consume all of it, or chose a lower-sugar option.



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### Deaths from falls are up; here's how to prevent them

Falls are among the biggest killers of older adults. And a pair of studies published June 4, 2019, in *JAMA* sheds light on the problem and a possible solution. The first study suggests that from 2000 to 2016, death rates among U.S. adults (ages 75 or older) more than doubled, from 52 to 122 per 100,000 people. This result is consistent with many earlier studies. The second study offers a potential way to help prevent falls. Researchers randomly divided 345 older adults who'd suffered a fall into two groups. The people in one group took part in a home-based

program involving strength and balance exercises three times per week and a 30-minute walk twice a week. They also received some visits from a physical therapist. The people in the comparison group were asked not to exercise, and they saw their doctors only occasionally. After one year, the exercise group experienced 36% fewer falls than the non-exercise group. The findings support the benefits of exercising to prevent falls. Still, you should talk with your doctor or a physical therapist about whether and how you might try a home-based program.



### Cafeteria strategies that may improve your diet

Red light, green light—we all know what those mean. And when Harvard researchers added traffic-light symbols to packages and menus in a hospital cafeteria, they found that diners bought healthier foods with fewer calories. The findings were published online July 10, 2019, by *JAMA Network Open*. Scientists first tracked the cafeteria purchases of hospital employees for a few months. Then they labeled foods with symbols indicating if a food was healthy (green), less healthy (yellow), or unhealthy (red); moved unhealthy foods to less accessible locations in the cafeteria; and tracked purchases for another two years. About 5,700 people bought food during that time. When researchers linked calorie information to purchases, they found a 6% decrease in calories per purchase over two

years, including a 23% decrease in calories from the least healthy foods. This builds on previous research that found sales of red-stickered items dropped by 4% and sales of green-stickered items grew by 5% during the study. Can you try this at home? Maybe not the traffic-light stickers. "But making it harder to access unhealthy foods gives you enough time to think about your choice before eating something that is not consistent with your goals," says lead author Dr. Anne Thorndike, who specializes in obesity treatment and prevention at Harvard-affiliated Massachusetts General Hospital. "Strategies include having a drawer for the unhealthy foods, placing unhealthy snacks high on a shelf, and having a 'go-to' shelf for healthy snacks." ♥



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## What's coming up:

- ▶ Are you at risk for a secondary cataract?
- ▶ Catching up to changes in aspirin therapy
- ▶ Fitness trend: Have you tried Nordic walking?
- ▶ The diet that increases kidney stone risk

