

# Harvard Health Letter

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## A major change for daily aspirin therapy

*New recommendations could affect millions of people.*

**Y**ou may remember a time when taking a daily baby aspirin was almost a rite of passage for generally healthy older adults. The idea was that, for people with a low to moderate risk for heart disease, aspirin therapy was a simple and cost-effective way to help prevent a heart attack or stroke.

But taking aspirin increases the risk for bleeding in the stomach and brain (see “How aspirin affects the body,” page 7).

For people who’ve already had a heart attack or stroke, the benefits of aspirin clearly outweigh the bleeding risks. However, doctors have spent the past 10 years questioning if the same is true for everyone else.

Earlier this year, the debate came to a screeching halt, particularly for older people.

### New strategy

In March, the American Heart Association (AHA) and the American College of Cardiology (ACC) recommended against the routine use of low-dose (81-mg) aspirin in people older than 70 who do not have existing heart disease and haven’t had a stroke, or in people of any age who have an increased risk for bleeding (from a peptic ulcer, for example, with sores on the stomach lining that can bleed).

“It’s a big shake-up, based on three large studies. Two of the three showed there was no benefit to taking daily aspirin to

prevent a first heart attack or stroke, and aspirin was associated with an increased risk for bleeding severe enough to require transfusions or hospitalization. The other study showed that in people with diabetes but no cardiovascular disease, there was benefit, but also risk: a 1% reduction in heart attack risk, and a 1% increase in bleeding risk,” explains Dr. Christopher Cannon, a cardiologist at Harvard-affiliated Brigham and Women’s Hospital.



Daily aspirin may pose more risks than benefits for people who do not have heart disease.

### Big impact

The guideline changes for aspirin use will affect millions of people. A Harvard study published online July 22, 2019, by *Annals of Internal Medicine* suggested that about one-quarter of people ages 40 or older without cardiovascular disease—29 million people—are taking aspirin each day.

Among those people, 23% (6.6 million) are taking aspirin without a doctor’s recommendation, possibly putting them at an increased risk for bleeding without sufficient benefit.

### What you should do

There’s no debate about aspirin use among people who’ve already had a heart attack or stroke, people who have peripheral artery disease, or people who’ve had bypass

*continued on p. 7 ►►*

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### FIVE THINGS TO DO THIS MONTH

**1 Add Nordic poles to your daily walk.** Using the poles will help you work more muscles and burn more calories. (page 4)

**2 Keep kidney stones from recurring.** Avoid foods with very high amounts of oxalate, such as spinach and rhubarb. (page 5)

**3 Assess your drinking habits.** Check out the list of alcohol use disorder symptoms. (page 6)

**4 Consider whether you need an HIV test.** Forty percent of Americans haven’t had the screening, even though it’s advised for all adults. (page 8)

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## ASK THE DOCTOR

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

### Were the old aspirin studies wrong?

**Q** For 25 years, my doctor has recommended low-dose aspirin to reduce my risk of a heart attack. Recently, he told me that new studies indicate that I can stop. What's changed?

**A** Millions of people are asking the same question. I'm afraid some of them think that, when doctors change their recommendations, it means we really don't know what we're doing. To the contrary, the recommendation you got 25 years ago was based on sound scientific evidence, and so is the recommendation you received recently.

What's changed is that recent studies had different results from the studies in the 1970s and 1980s that led your doctor to recommend aspirin. On page 1 of this issue of the *Harvard Health Letter*, we explain what the new recommendations are. To explain why the change, here's some history.

Starting in the 1940s, doctors noticed that people taking aspirin for any reason seemed to have a lower rate of heart attacks. Because of that, two large randomized trials were initiated, one in the United States (based at Harvard) and one in Britain. Pooling the results of the two studies, which involved over 27,000 people, showed that aspirin reduced nonfatal heart attacks by one-third. It was front-page news.

In the past few years, however, several very large studies involving even more people have concluded that aspirin treatment, at best, achieves a small reduction in heart attacks. And aspirin raises the risk of bleeding. So today, low-dose aspirin is recommended for people without known heart disease only if they are at high risk for getting heart disease, for reasons described in the article on page 1.

Why did recent studies give a different result? It's not because the older studies were wrong; they were right for their time. What has happened is that over the past 50 years, changes in lifestyle and new treatments (like statins) have been lowering rates of heart disease. In the United States, heart disease death rates have dropped more than 40% since 1970.

So, the disease that low-dose aspirin was trying to prevent has become less common. That makes it harder for aspirin to show a benefit.

But don't misunderstand: if you do have heart disease (including having stents in your coronary arteries or having had bypass surgery), if you've had a stroke, or if you have peripheral artery disease, low-dose aspirin reduces your risk of future problems from clogged arteries.

My bottom line: If you're between 40 and 70, have no known heart disease but are at high risk for heart disease, and don't have special risks for bleeding, talk with your doctor about taking low-dose aspirin. And if you do have heart disease, absolutely take low-dose aspirin unless your doctor has recommended against it. ♥



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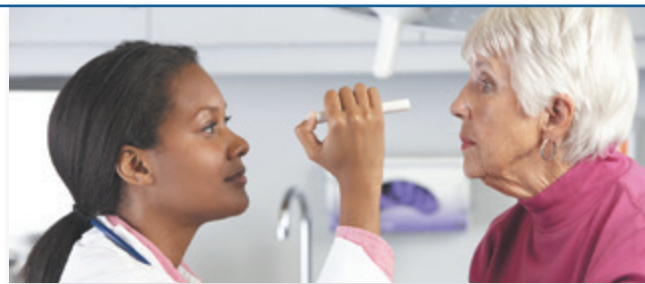
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*Because of the volume of correspondence we receive, we can't answer every question, nor can we provide personal medical advice.*



## Are you at risk for a secondary cataract?

*Even after cataracts are successfully removed, a new problem may bring back the same symptoms.*



Don't skip follow-up visits after cataract surgery.

**W**hen the clear lens inside your eye becomes cloudy, it's called a cataract. Cataracts are a common cause of poor vision in older age, with symptoms such as blurry vision and the appearance of halos around lights. Doctors can restore your vision by removing the cloudy lens and replacing it with an artificial lens implant.

But sometimes a side effect of the procedure triggers the return of cataract symptoms. The side effect is called posterior capsule opacification, also known as a secondary cataract. "This affects about a third of people who have cataract surgery. It's one of the reasons we ask people to come back for follow-ups," says Dr. Roberto Pineda, a cataract surgeon at Harvard-affiliated Massachusetts Eye and Ear.

### How secondary cataracts develop

Cataract surgery is done as an outpatient procedure. After numbing the eye and giving medicine to relax you, the surgeon extracts the cataract by making an opening (incision) in the outer layer of the lens, in a structure called the capsular bag that holds the lens in place. The surgeon then uses ultrasound technology to break up and remove the cloudy lens. He or she then inserts a new synthetic lens into the capsular bag.

Sometimes a few cells (too small to be seen during surgery) remain attached to the capsular bag. In some people, the cells then change. "They become a different kind of cell that lays down scarlike tissue on the part of the capsular bag behind the new artificial lens," Dr. Pineda explains. "The cells grow across the capsular bag, creating a very thin film of scarlike tissue, which then affects your vision."

Why does the film on the capsular bag make it hard to see clearly? Just like the cloudy lens did before surgery, this secondary cataract blocks some light from reaching the retina at the back of the eye. The retina converts light images into nerve impulses that are relayed to the brain to produce sight.

### Symptoms

Dr. Pineda says changes in vision from secondary cataracts typically occur within the first few years after surgery, although they can show up much sooner—even just a few months after surgery. Secondary cataract symptoms include

- ▶ cloudy or double vision
- ▶ increased glare or halos
- ▶ reduced contrast or colors.

### Who's at risk?

There's no way to predict whether cataract surgery will trigger secondary cataracts. However, certain circumstances make people more likely to experience the side effect, such as being younger than 60 at the time of cataract surgery or having already had glaucoma or retina surgery. (LASIK surgery to improve vision does not increase the risk for secondary cataracts.)

Having a rare eye condition called uveitis can also increase the risk for developing secondary cataracts. Uveitis is an inflammation of the layer that lies beneath the outer surface of the eye (called the uvea).

But even if you know you're at an increased risk for developing secondary cataracts after cataract surgery, there's no way to prevent the problem.

### The fix

The good news is that there's a simple, painless fix for secondary cataracts. It's an in-office procedure called a YAG laser capsulotomy. It requires no anesthetic—just eyedrops to numb and dilate your eye. "We focus the laser on the part of the capsular bag with the scar tissue, and the laser then removes the scarred part of the bag so that you have a clear pathway for light to travel to the retina," Dr. Pineda says.

The procedure is quick—just a few minutes—and recovery is fast, too. "Usually your vision improves in a day or two. We'll prescribe a short course of eyedrops, typically for four days," Dr. Pineda points out.

### Not without risks

Even though a YAG laser capsulotomy has been around for decades and is considered generally safe, it still poses some risks.

Possible complications include an increase in pressure in the eye (boosting the risk for glaucoma), inflammation of the eye that requires steroid eyedrops, or detachment of the retina. But Dr. Pineda says complications are rare unless a person has conditions such as uveitis or glaucoma.

Should these risks keep you from getting cataract surgery in the first place? "Not in my opinion," says Dr. Pineda. "Secondary cataracts are one of the common postoperative side effects of cataract surgery. The risk of developing a complication from the YAG laser capsulotomy is low. But if you don't do anything about cataracts, the risk of vision loss, disability, not being able to drive, and not being able to take care of yourself is very high." ♥



## Fitness trend: Nordic walking

*Walking with Nordic poles burns more calories and works more muscles than conventional walking.*

**P**icture a brilliant blue sky over a vast field of fresh, fluffy snow. The air is crisp and cold, and you're suited up on skis, ready to propel yourself across the expanse of white for a day of cross-country skiing.

Now imagine that you're in your own neighborhood, mimicking the motion of cross-country skiing by using poles to push yourself as you walk along a trail or sidewalk. That's called Nordic walking. It was originally designed as a summer training routine for cross-country skiers. Now Nordic walking is catching on in the United States as an exercise regimen, especially among older adults.

Cardiologist Aaron Baggish is all for it. He just returned from a year of work and study in Switzerland, where he says Nordic walking is a common pastime among older adults. "You go to the train station on Saturdays and there are droves of people over 70 waiting to go up to the mountains to walk with Nordic poles," says Dr. Baggish, director of the Cardiovascular Performance Program at Harvard-affiliated Massachusetts General Hospital.

### Benefits

Nordic walking combines cardiovascular exercise with a vigorous muscle workout for your shoulders, arms, core, and legs. "When you walk without poles, you activate muscles below the waist. When you add Nordic poles, you activate all of the muscles of the upper body as well," Dr. Baggish explains. "You're engaging 80% to 90% of your muscles, as opposed to 50%, providing a substantial calorie-burning benefit."

Lots of evidence confirms that Nordic walking burns more calories than regular walking—estimates range from an increase of 18% to 67% more.

Nordic walking is also associated with reductions in fat mass, "bad" LDL

cholesterol and triglycerides, depression, anxiety, chronic pain, and waist circumference, and increases in "good" HDL cholesterol, endurance, muscle strength and flexibility, walking distance, cardiovascular fitness, and quality of life.

Another benefit: "You're much more stable when you use poles, because you have more ground contact points and you're not relying on two feet alone," Dr. Baggish says.

Plus, Nordic walking is fun. It can be a great social activity if you join one of the Nordic walking clubs popping up across the country. To find one near you, search the Internet or contact your local parks and recreation department.

### About the poles

Unlike trekking or hiking poles, which have loose straps that go around your wrists, Nordic poles have a special glove-like system attached to each pole. "You slide your hand into it and use your palm rather than your fingers to transmit power to the poles and move yourself forward," Dr. Baggish explains.

You'll find poles in sporting goods stores and online. The poles are available in lightweight aluminum or carbon material; with pointed tips for trails, or rubber tips for sidewalks; and fixed or adjustable heights. Prices range from about \$20 to \$200 for a pair of poles. (Hint: A set of poles would make a nice holiday present.)

### Techniques

There are several Nordic walking techniques. One is "double poling." It involves planting both poles symmetrically in front of you and pulling yourself forward as you walk a few steps. "You double pole and then walk three steps. Double pole; one, two, three. Double pole; one, two, three," Dr. Baggish explains.

Another technique is "single poling,"



Nordic walking is a great overall workout, engaging up to 90% of your body's muscles.

which mimics what your feet are doing, with just one pole in front of you for each stride. Do this either with the same-side arm and leg together or with the opposite arm and leg together. "The pole and foot will always be striking and propelling at the same time. The difference is whether it's on the same side or the opposite side," says Dr. Baggish. He advises starting out with single poling, and gradually building up speed and vigorous arm swinging.

### Getting started

Dr. Baggish says most people are candidates for Nordic walking, even if they have balance problems. In fact, "if you have balance issues you're the best candidate for this, because of the increased stability from the poles," he says. "But you should still talk to your doctor first, especially if you have heart disease."

Once you have the green light and a set of poles, you'll need a walking route. You can walk on level surfaces or on varied terrain—anything from sidewalks to grassy fields or trails. Safe neighborhoods and parks are ideal.

Some tips for success:

**Dress comfortably.** Wear clothing that allows lots of arm swinging.

**Stay hydrated.** "Drink water in advance if you'll be walking less than an hour. Otherwise, drink along your route," Dr. Baggish suggests.

**Do a 10-minute warm-up and a 10-minute cool-down.** Nordic walking is fun, but it's definitely a workout. ♥



## The kidney stone diet: Not as restrictive as you may think

*Reducing but not eliminating oxalate, salt, and animal protein in your diet can help keep kidney stones from recurring.*

When you get a kidney stone, a change in diet is in order. You'll need to avoid foods that are high in certain substances—such as oxalate—that can lead to the formation of more kidney stones. But watch out for exhaustive lists of foods to avoid, warns Dr. Brian Eisner, co-director of the Kidney Stone Program at Harvard-affiliated Massachusetts General Hospital. “There is a lot of misinformation on the Internet regarding the relationship between the consumption of certain foods and risk of developing kidney stones.”

### Types of kidney stones

Stones develop in the kidneys when high concentrations of chemicals form tiny crystals in urine and then start sticking together to form a growing stone. The vast majority of kidney stones are made of one or more of the following:

**Calcium oxalate or calcium phosphate.** These account for 85% of kidney stones.

**Uric acid.** Excess uric acid in the urine may lead to the formation of uric acid stones or calcium oxalate stones, depending on other urine conditions. Uric acid stones account for about 10% of kidney stones.

Some kidney stones eventually travel through the urinary tract and exit the body when you urinate. If a stone gets stuck along the way, it blocks urine flow and can become quite painful.

After a kidney stone passes, it's important to try to prevent another stone from forming. Studies suggest the recurrence rate of kidney stones within five years of an initial stone ranges from 35% to 50% without treatment.

### Changing your diet

Dietary change starts with avoiding foods rich in oxalate. But Dr. Eisner says many low-oxalate diets go overboard. “They exclude all foods containing oxalate. They don't differentiate between high- or low-oxalate foods,” he says. “Strawberries are a perfect example. They have 2 milligrams [mg] of oxalate per serving. That's not much. Eliminating strawberries won't do much to protect against a kidney stone. Spinach has much more oxalate. A typical serving has more than 750 mg of oxalate.”

There's no established daily oxalate limit. The American Urological



Avoiding low-oxalate foods, like strawberries, does little to reduce kidney stone risk. Instead, avoid high-oxalate foods, such as spinach.



### Foods high in oxalate

| FOOD                   | SERVING SIZE | OXALATE CONTENT IN MILLIGRAMS |
|------------------------|--------------|-------------------------------|
| Spinach (cooked)       | ½ cup        | 755                           |
| Rhubarb                | ½ cup        | 541                           |
| Rice bran              | 1 cup        | 281                           |
| Almonds                | 1 ounce      | 122                           |
| Baked potato with skin | 1 medium     | 97                            |
| Navy beans             | ½ cup        | 76                            |

Source: Harvard T.H. Chan School of Public Health.

Association simply recommends avoiding overly restrictive low-oxalate diets, since fruits and vegetables with oxalate may have other health benefits.

Dr. Eisner advises avoiding foods with more than 75 mg of oxalate per 100-gram serving, such as nuts, spinach, and rhubarb (see “Foods high in oxalate”).

### Other dietary approaches

To help prevent recurring kidney stones, you'll also need to follow these dietary rules.

**Get enough dietary calcium.** Low calcium levels actually increase urine oxalate levels. Try to consume 1,000 to 1,200 mg of daily calcium, and get it from food sources like low-fat milk or yogurt rather than pills.

**Reduce salt.** Too much salt in your diet increases calcium excreted in your urine. Aim for 2,300 mg or less each day.

**Limit animal protein.** Eating lots of animal protein, including red meat, fish, or chicken, can increase uric acid levels in urine. “You can have two portions of animal protein per day,” Dr. Eisner advises. A portion is about the size of your palm.

**Drink more fluids.** Aim for two to three liters (about 10 to 12 cups) of fluid per day, to dilute any crystals in your urine. “You can drink anything you want, but avoid sugar-sweetened beverages, which increase the risk of stone formation,” Dr. Eisner says. Drinking half a cup of lemon juice diluted with water each day has been shown to help inhibit kidney stone formation. Drinking coffee, tea, beer, wine, or orange juice is associated with a lower risk for stones, according to Harvard research.

**Follow a DASH diet.** The Dietary Approaches to Stop Hypertension (DASH) diet is linked to a reduced risk for kidney stones. It emphasizes fruits and vegetables, low-fat dairy foods, dietary fiber, whole grains, and limited added sugar. ♥



# Are you drinking too much alcohol?

Here’s how to tell if you may have a drinking problem.

Alcoholic beverages are a “social lubricant.” At holiday and other parties, bouts of excessive drinking can seem like part of the celebration. But here’s something to think about as you raise your glass: drinking too much alcohol at a party—or at any time—can be a sign of alcohol use disorder (AUD).

## What is AUD?

AUD is the umbrella term for problem drinking that stems from alcohol abuse or alcohol dependence. While both are marked by problems stopping or controlling alcohol use, they’re not the same. “Alcohol abuse causes significant problems in your life at home or at



Think about alcohol use disorder if you’re having more than one or two drinks per day.

work, but it doesn’t involve physical addiction. So maybe you show up late for work once a week because of your drinking, and people around you are upset. Or maybe you’re having trouble sleeping because of your drinking. Alcohol dependence is different. It’s a physical addiction to alcohol. You have withdrawal symptoms if you stop

drinking,” explains Dr. Robert Doyle, a psychiatrist with Harvard-affiliated Massachusetts General Hospital and co-author of the book *Almost Alcoholic*.

## Types of AUD

There’s no specific amount of alcohol or frequency of drinking that determines the nature of AUD. That’s unique to everyone, Dr. Doyle notes. For example, even if you drink only on weekends, you may still have AUD if your drinking is causing trouble.

Instead, AUD is classified as mild, moderate, or severe, depending on the number of symptoms a person exhibits (for a list of the symptoms, see “Alcohol use disorder criteria”).

Mild AUD is diagnosed when a person has two to three symptoms. This may indicate alcohol abuse. Moderate AUD is diagnosed when a person has four to five symptoms. This may be caused by alcohol abuse or dependence. Severe AUD is diagnosed when

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| Alcohol use disorder criteria from the American Psychiatric Association                                                                                                                           |     |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Having two to three of the following in the past year indicates mild alcohol use disorder (AUD); having four to five indicates moderate AUD; having six or more indicates severe AUD.             | YES | NO |
| Were there times when you ended up drinking more, or longer, than you intended?                                                                                                                   |     |    |
| More than once, have you wanted to cut down or stop drinking, but couldn't?                                                                                                                       |     |    |
| Have you spent a lot of time drinking or getting over other aftereffects of drinking?                                                                                                             |     |    |
| Have you wanted a drink so badly you couldn't think of anything else?                                                                                                                             |     |    |
| Have you found that drinking—or being sick from drinking—often interfered with taking care of your home or family, or caused job or school troubles?                                              |     |    |
| Have you continued to drink even though it was causing trouble with your family or friends?                                                                                                       |     |    |
| Have you given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?                                                                   |     |    |
| Have you more than once gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, using machinery, or having unsafe sex)?                      |     |    |
| Have you continued to drink even though it was making you feel depressed or adding to another health problem (or after having had a memory blackout)?                                             |     |    |
| Have you had to drink much more than you once did to get the effect you want?                                                                                                                     |     |    |
| Have you found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, or a seizure? |     |    |

a person has six or more symptoms. This is caused by alcohol dependence.

### The health risks of AUD

Drinking too much alcohol can lead to problems in your relationships, job, and other aspects of your life, especially your health.

Excessive drinking (defined as more than one drink per day for women and more than one or two drinks per day for men) is associated with an increased risk for many health issues, such as liver disease (hepatitis and cirrhosis), irregular heart rhythms and heart failure, stomach ulcers, brain damage, stroke, cancer (especially of the breast, colon, liver, esophagus, or throat), sleep difficulty, osteoporosis, malnutrition, depression, high blood pressure, dementia, difficulty concentrating, depression, weight gain, and anxiety. In pregnant women who drink alcohol, there is also a danger that the baby will develop physical and psychological problems.

The National Institutes of Health estimates 88,000 men and women die from alcohol-related causes each year.

### Do you have a problem?

If you're not sure if you have AUD, Dr. Doyle has two suggestions. "Don't drink for a month. If that's hard for you, then maybe it's a problem. Or ask the people around you what they think. If it's causing them distress, then it's a significant problem," he says.

He also notes that some people don't realize they have a problem because they haven't changed their alcohol intake. However, the ability to metabolize alcohol declines with age, so as you get older, alcohol can more easily impair your functioning.

### Seeking help

Start by talking to your primary care physician. "Ask your doctor to check for signs that alcohol is affecting your health, such as higher blood pressure

or higher liver enzymes," suggests Dr. Doyle. If you have alcohol dependence, you'll need medical guidance to stop drinking, including help coping with withdrawal symptoms (such as anxiety, sweating, trembling, nausea, and, in severe cases, physical seizures and hallucinations) and maybe a medication to curb your urge to drink.

And for any level of AUD, Dr. Doyle says talk therapy—such as a 12-step program (like Alcoholics Anonymous) or cognitive behavioral therapy—can help you change your behavior.

Asking a friend or family member to help you stay on track can make a difference. So can a change in environment and social activities. "It might be enough to just remove alcohol from your house or stop going to the club where you have cocktails. But if you go back to your old ways it could trigger an abuse problem again," Dr. Doyle says. "Figure out some way to make things different to change your pattern." ♥

### Aspirin therapy ... from p. 1

surgery or had a stent inserted in their coronary arteries. For them, aspirin therapy is a cornerstone of treatment. "We accept the risk of bleeding in these cases, because the risk of another heart attack, stroke, or death is higher," Dr. Cannon says.

But the decision to use aspirin therapy in people ages 40 to 70 is more complicated. It requires calculating your individual risk for problems caused by arteries clogged by atherosclerosis (mainly having a heart attack or stroke) in the next 10 years. Risk factors include

- ▶ age (risk increases each year after 50)
- ▶ being male
- ▶ being African American
- ▶ diabetes

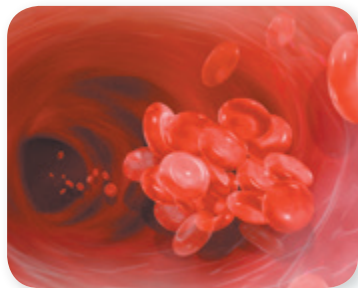
- ▶ history of high blood pressure
- ▶ cigarette smoking
- ▶ unhealthy cholesterol levels.

"A 10% risk may make you a candidate for aspirin therapy. But we can't make a general statement for treatment if you have a lower risk," Dr. Cannon says. You can estimate whether your risk is above or below 10% by using the AHA and ACC risk calculator ([www.cvriskcalculator.com](http://www.cvriskcalculator.com)).

### Don't self-medicate

If you've been using aspirin regularly for years, don't stop taking it. Likewise, don't start taking it just because you think it will help you. In either case, do talk to your doctor.

"Aspirin therapy is an important treatment that should be discussed with your physician," Dr. Cannon notes, "and it should be a shared decision." ♥



Aspirin makes blood platelets less sticky and less likely to form a clot like this one.

### How aspirin affects the body

Aspirin reduces the blood's ability to clot. That helps reduce the risk of blood clots forming inside an artery and blocking blood flow in the heart (causing a heart attack) or in the brain (causing a stroke). That's the benefit of aspirin.

The risk from aspirin is that it increases the tendency to bleed, especially in the stomach but also (rarely) in the brain.

Aspirin increases the risk of bleeding in the stomach by blocking chemicals called prostaglandins, which protect the stomach lining.



## How many caffeine servings trigger migraine headaches?

Last month we told you about new medications to treat migraine headaches. Now a small Harvard study published Aug. 8, 2019, in *The American Journal of Medicine* offers a reminder about the importance of limiting migraine triggers. For six weeks, 100 adults with frequent migraines were asked to record daily intake of caffeinated coffee, tea, soda, and energy drinks; alcohol intake; activity levels; stress; and sleep times. They also recorded their headache episodes. Researchers looked at each study participant's risk of having a headache on a given day in relation to his or her consumption of caffeinated beverages. Having three or more servings of caffeinated drinks in a

day was associated with higher odds of having a migraine on that day or the following day. However, having one to two servings of caffeinated beverages was not associated with migraines. Does that mean people prone to migraines can safely enjoy up to two caffeinated drinks per day? Not quite. The study is only observational and doesn't prove that any amount of caffeine will or won't cause migraines. But if you are prone to migraines, watch your headache triggers, and perhaps keep a journal of daily activity (including caffeine intake) to help discover your trigger limits.



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## Have you had an HIV test?

About half of all people in the United States living with a diagnosis of HIV (human immunodeficiency virus) are age 50 or older. But new data from the CDC suggest most Americans have never been tested for the virus (which causes AIDS, the late-stage phase of HIV infection). According to the June 28, 2019, *Morbidity and Mortality Weekly Report*, less than 40% of people in the United States have had an HIV test, even though the CDC recommends routine testing at least once for everyone age 13 to 64. The CDC notes that older adults sometimes aren't tested for HIV because they don't consider themselves at risk for

infection or because their health care providers don't offer them the test. Older people may also mistake late-stage HIV symptoms, such as weight loss and frequent illness, for signs of normal aging. Those symptoms occur because HIV attacks the body's immune system. But a delay in diagnosis allows the virus to cause more damage. That's unfortunate, since medications can keep the infection from progressing.

If you haven't had an HIV test, talk to your doctor about whether it's right for you, no matter your age, especially if you are sexually active or have had more than one sex partner.



## Make fast food a smidge healthier: Swap out sugary drinks and fatty, salty sides

Want to make fast food a little bit healthier? The key might be to make changes when you order a combination meal (like a burger, fries, and a drink), Harvard researchers suggest. Their study, published in the September 2019 *American Journal of Preventive Medicine*, found that combo meals far exceed guidelines for healthy eating, typically providing twice the recommended amount per meal for calories and sodium. Scientists analyzed the nutritional information of combination meals at 34 fast-food and fast-casual restaurants, and found that the average combo meal as advertised

had about 1,200 calories, 14 grams of saturated fat, 2,100 milligrams of salt, and 68 grams of sugar. Those numbers dropped dramatically when low-calorie options were substituted for high-calorie choices—for instance, removing topping or dipping sauces, ordering small fries instead of large, and replacing sugar-containing soda with a zero-calorie drink. In that case, the average combo meal had about 750 calories, 11 grams of saturated fat, 1,800 milligrams of salt, and 10 grams of sugar: a smidge healthier. Of course, a truly healthful diet involves generally avoiding fast food altogether. But if you're on the road with no alternatives, order healthier drinks and sides. ♥



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## What's coming up:

- Is it safe to eat a vegan diet in older age?
- Top tools to make bathing safer and simpler
- How to cope with winter breathing problems
- Can a dietary supplement ease your depression?

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