



IN-DEPTH //
HEALTH



NEW HEALTH RULES

The latest medical and wellness wisdom for living longer, healthier and smarter. By Karen Springen

Lose weight, don't smoke, use less salt, lower blood pressure, exercise, watch your cholesterol. These health rules all still stand, but doctors have added new recommendations and caveats to the list.

Exercise to reduce your Alzheimer's risk.

Crossword puzzles are great for keeping the brain sharp, but it's even more important to stay slim. "Being overweight will double your risk of Alzheimer's, and obesity quadruples it," says Dr. Gary Small, director of the Longevity Center at UCLA and author of *The Alzheimer's Prevention Program: Keep Your Brain Healthy for the Rest of Your Life*. "If you do nothing else to protect your brain, get exercise. A daily brisk walk will lower your risk of Alzheimer's by 40 percent." Even the 20 percent of Americans genetically predisposed to the disease would have fewer of the amyloid plaques associated with Alzheimer's if they walked five days a week, according to a study by researchers at Washington University in St. Louis.

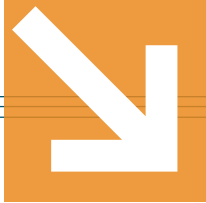
Buy generics. By law, generics must contain identical amounts of the same active ingredients as their name-brand counterparts. So when patents expire, choose the cheaper option. One caution: Be aware of those with a "narrow therapeutic index." A slight potency difference between manufacturer versions can make a difference with drugs such as the anticoagulant Warfarin.

Watch your numbers over time. The 10-year heart attack risk assessment that's long been the medical paradigm may not be all that helpful in determining your long-term risk. "If you're 40, your 10-year risk for a heart attack is going to be pretty low, regardless of whether you have high blood pressure or high cholesterol," says cardiologist Donald Lloyd-Jones, chair of the Department of Preventive Medicine at Northwestern University's Feinberg School of Medicine. Rather, it's your numbers over time—even early in life—that matter most. A recent Northwestern study showed that a 45-year-old man's lifetime

Our society has become so accustomed to **supersizing** we take big for normal. We have to **redefine normal**. It's not normal to supersize everything. It's not normal to always take elevators and not **walk**. People get numb to the concept of **diet and exercise**.

—Dr. Robert Michler





risk of heart attack or stroke jumped from 1.4 percent with optimal levels to 49.5 percent with two or more risk factors; for women, lifetime risk went from 4.1 to 30.7 percent with the addition of two or more risk factors.

Watch the calcium tablets.

Three new observational studies indicate that men and women who take up to 1,500 milligrams of calcium supplements a day have more calcium deposits in their heart and more heart disease, says C. Noel Bairey Merz, a preventive cardiologist with the Women's Heart Center and Preventive and Rehabilitative Cardiac Center at Cedars-Sinai Medical Center in Los Angeles. "These are observational studies. They're not causal," adds Merz.

"But it certainly is raising concern that we should do a trial and maybe we should not be so cavalier about vitamins, thinking they are all good without any downside."

Personalize your fitness plan.

Government guidelines now stress getting a workout from even the most mundane activities, such as taking out the trash. Good start, but what most of us need is a more rigorous, more personalized fitness plan tailored to our individual health needs.

Some university medical centers offer metabolic rate analysis and fitness assessments by a team that can include dietitians, physiologists, even psychologists. The goal should be to get fit, not just lose weight. Being fit and fat is better than being unfit and thin, says Merz.

Reduce cancer risk, reduce heart disease risk.

Northwestern University researchers looked at the four most common nonskin cancers—colon, lung, breast and prostate—and found that simply following most of the American Heart Association's "Life's Simple Seven" guidelines reduced cancer risk by nearly 40 percent.



Get screened if you've smoked.

For 55-and-older smokers past or present, a low-dose CT scan can reduce lung cancer deaths by 20 percent, a National Cancer Institute team has reported. Screening is especially important with lung cancer because when it's easiest to treat there are often no symptoms.

Choose bypass over stents.

Heart bypass surgery—not stents—is now the standard of care for restoring blood flow to the heart, according to the American Heart Association and American College of Cardiology. Bypass prolongs life expectancy and reduces the risk of heart attack and of multiple procedures, says cardiothoracic surgeon Robert Michler of the Montefiore/Einstein Center for Heart & Vascular Care in New York. "A stent takes care of the disease you have right now by dilating the area of narrowing in the blood vessel, but it does nothing about future disease," he says.

Go easy on the vitamin E supplements.

Years ago a study found that 2,000 units of vitamin E every day delayed the decline of dementia patients. Another found it reduced pneumonia in the elderly. But a meta-analysis of many studies found that people older than 65 increased their risk of heart attack if they took more than 400 units a day. "If you're going to take it, take only 400 units a day," Small says. Better yet, get vitamin E from colorful veggies, nuts, fish and whole grains.

Balance your omega-3s and omega-6s.

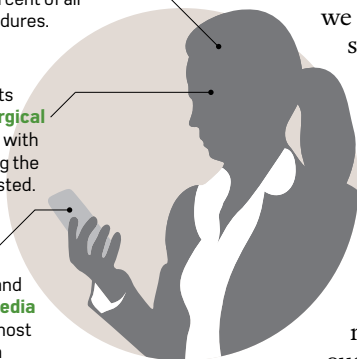
Both of these fatty acids play a critical role in cognitive function and mood, but most Americans overindulge in omega-6s (found in beef, butter, whole milk) and skimp on the omega-3s (found in nuts and fish). The ideal ratio of omega-3 to omega-6 is 1-to-6, says Small. The dietary reality for Americans is often 1-to-20. //

Cosmetic procedures are no longer always surgical.

Women receive 82 percent of all procedures.

Most patients have nonsurgical procedures, with Botox among the most requested.

Friends and social media are the most common sources of information about plastic surgery.



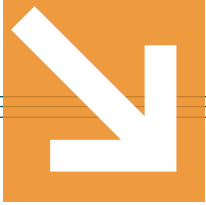
Source: The American Academy of Facial Plastic and Reconstructive Surgery 2011 Membership Study

WHAT I WANT TO KNOW...

We can help patients with peripheral nerve injuries, but right now there's no cure for spinal cord injuries. I would love to know how to restore function for those with spinal cord injuries.

—Dr. Matthew Kaufman, Center for Treatment of Paralysis and Reconstructive Nerve Surgery, Jersey Shore University Medical Center

PHOTOS: SHUTTERSTOCK.COM (WOMAN), CHRISTINE GADE/ISTOCKPHOTO (TABLETS), USA F. YOUNG/ISTOCKPHOTO (BLOOD PRESSURE)



THE DEBATE: HORMONE REPLACEMENT THERAPY

Have we finally settled the estrogen question? By Karen Springen

Hormone replacement therapy got a black eye a decade ago when the National Institutes of Health-funded Women's Health Initiative reported an increase in breast cancer and heart disease in postmenopausal women taking a combination of oral estrogen and progesterone.

After the WHI report (which many forget was a prevention trial, not a treatment trial), doctors became cautious about prescribing hormones to combat menopause symptoms. Perhaps too cau-

tious. "We've had a whole generation of women suffer," says Dr. Holly Thacker, director of the Cleveland Clinic Center for Specialized Women's Health. "For most women who are menopausal and having symptoms, the benefits of hormone therapy outweigh the risks. The risks are very low for most people."

Thacker believes that the breast cancer risk was overblown. Over the average trial duration of five to six years, WHI researchers found only five extra cases of breast cancer for every 1,000 women in the study. For those participants taking only estrogen, there was a trend toward reduced risk of breast cancer, albeit not statistically significant.

The debate over hormone therapy hasn't fully subsided, but it has evolved. Today, hormone therapy is used to help ease women *into* menopause. WHI subjects were on average 63 years old, 12 years past the typical age of menopause. Also many doctors prescribe half the dose of estrogen and progesterone that the WHI recipients received. (A birth control pill typically contains four to five times as much estrogen as a hormone-replacement pill.) With lower doses, women are less likely to experience side effects (bloating, breast tenderness) and more likely to avoid serious health risks, namely blood clots. Smokers and heart attack and breast cancer patients are advised to avoid hormone therapy.

While most doctors prescribe hormone therapy for an average of five years, some women can safely stay on it for a lot longer, says Thacker. Every woman enters menopause at a different age and with different health conditions, so there is no firm rule. "You have to look at someone's hormonal age," Thacker says. "What is the right hormone balance for you?" //

Did Hormones Sabotage Your Diet? //

It's time to subvert the "hunger hormones."

Losing weight is hard, keeping the weight off seemingly impossible. "People lose weight and then they gain it back. Long-term weight loss is really a challenge," says Atlanta endocrinologist Scott Isaacs, author of *Hormonal Balance: How to Lose Weight by Understanding Your Hormones and Metabolism*. The answer may lie in falling levels of leptin, a hormone that controls weight by telling the body how much fat is present and also increasing levels of ghrelin, which stimulates hunger. With weight loss, leptin levels drop, appetite increases, metabolism slows.

In a small study recently published in *The New England Journal of Medicine*, Australian researchers put an otherwise healthy group of overweight and obese people on a 500-calorie-a-day diet for 10 weeks. A year later, their hunger-controlling hormone levels still had not recovered to prestudy levels and many had gained back nearly half the pounds they lost. So what's the solution? "For long-term weight maintenance, exercise makes a huge difference," Isaacs says. "Exercise will raise metabolism while you're exercising and also 24 hours after you exercise. Do a blend of cardio and resistance training with light weights or bands to build muscle. If you build muscle, that allows higher metabolism." —K. S.





DIAGNOSIS: LOW TESTOSTERONE

Is testosterone therapy the answer? By Karen Springen

Low testosterone is increasingly being blamed for a host of undesirable symptoms of male aging: loss of muscle mass, inability to get and maintain an erection, depression, irritability. “Basically, what we think of as grumpy old man syndrome,” says urologist Abraham Morgentaler, director of Men’s Health Boston and author of *Testosterone for Life*.

An estimated one in six men has low testosterone and some are looking for a boost through testosterone therapy. While it used to require an injection at the doctor’s office, today testosterone is administered in prescription gels and patches and in pellets placed under the skin.

“The only people who received testosterone in the late 1980s were men who had severe medical problems—men who had lost both their testicles from trauma or cancer, men who had

pituitary tumors, men who had genetic disorders,” Morgentaler says. “The idea that a man might have a decline in testosterone from aging and was otherwise relatively healthy and might benefit from treatment was unheard of.”

Despite worries about side effects and speculation about the possible long-term risks, testosterone therapy has a growing number of champions. “The single best indicator of a man’s general health is his testosterone level,” Morgentaler says. “The controversy over testosterone therapy is absurd. The big fear has been if you give it, there’s got to be a price you pay.”

It can be a godsend to a man’s quality of life, he says, restoring his sex life, improving his mood, boosting energy levels. In a significant number of men, low testosterone has been associated with chronic conditions such as diabetes, heart disease and metabolic syndrome, says New York-based endocrinologist Florence Comite.

Because testosterone levels can vary even among men of the same age, clinical symptoms, rather than simply a man’s age, are the best way to determine who is “low.” Men who still want children though should avoid therapy. The pituitary gland stops making its own testosterone when external testosterone is given, essentially creating a male contraceptive. In fact, sperm counts may be permanently depressed after long-term testosterone therapy, says Chicago urologist Craig Niederberger, who adds that some men might be able to help their testosterone levels by simply getting enough sleep and maintaining a healthy weight. //



A man’s testosterone levels drop 1 percent every year starting at age 30 and 3 percent every year in his 60s.



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