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See More Clearly with Cataract Surgery

Options for this common operation include laser procedures that decrease stress on eye tissue and correct vision problems.

A cataract is a clouding of the eye's lens created by an aggregation of proteins.

At present, the only way to treat cataracts is through surgery. Though all surgery carries some risk, according to the National Eye Institute, cataract removal is one of the safest and most effective types of surgery. In more than 90 percent of cases, people who have it done enjoy better vision afterward.

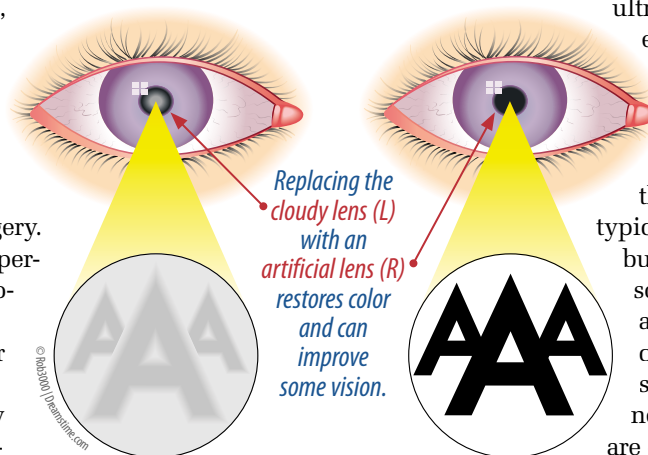
This typically outpatient procedure requires several intricate steps to surgically remove the cloudy lens, which is then replaced with an artificial lens. Most procedures require less than an hour. A local anesthetic that numbs just the surgical area is the norm. Some patients, however, may require being asleep under a general anesthetic for a short time.

Surgical Advances: The Femtosecond Laser

The femtosecond laser (FSL) emits pulses of light at a rate of a millionth of a billionth of a second. Its ability to cut through tissue on a microscopic scale with extreme precision has helped increase accuracy in many types of surgery. It's now available for cataracts.

"The technology enables us to perform the procedure more efficiently and accurately," says ophthalmologist Kevin M. Miller, MD, UCLA Stein Eye Institute. "In addition to making more precise openings in the cornea, the laser also pre-softens the lens so less ultrasound energy is required to break up the cataract."

In standard cataract surgery, a technique called phacoemulsification, a surgeon makes a small incision in the cornea using a blade, and inserts a probe that vibrates with ultrasound waves to emulsify the cataract and suction out the debris. Outcomes using this method are typically excellent, but too much ultrasound can damage endothelial cells on the inside surface of the cornea. These cells are critical for clear vision, and they do not regenerate.



Correcting Vision Problems

Monofocal lenses are the standard artificial lenses used in cataract surgery, but newer premium lenses designed to correct vision are also available. Multifocal lenses work best when they are perfectly centered on the pupil. Because the FSL allows for more precise incisions, the procedure ensures a better fit and placement of multifocal lenses. However, Dr. Miller is quick to point out that there are limits on governmental (Medicare and Medicaid) and private insurance reimbursement.

"Insurance pays for cataract removal," he says. "However, if we do something that's going to enhance vision, such as using multifocal lenses or correcting astigmatism, that falls outside of insurance coverage."

Costs vary depending on the specifics, but the procedures and devices to correct

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account status, or contact a
customer service representative.**Soft Robot Sleeve Helps Ailing Hearts Beat**

Harvard University and Boston Children's Hospital researchers have developed a customizable soft robot sleeve that fits around a heart and helps it beat, potentially offering new treatment options for people suffering from heart failure. In animal tests, the soft robotic sleeve twisted and compressed in synch with a beating heart. Unlike currently available devices that assist heart function, the soft robotic sleeve does not directly contact blood. This reduces the risk of clotting and eliminates the need for a patient to take potentially dangerous blood-thinning medications. The device may one day be able to bridge a patient to transplant, or aid in cardiac rehabilitation and recovery. More research needs to be done before the sleeve can be implanted in humans. According to Ellen T. Roche, the paper's lead author and former PhD student at Harvard, the research is especially significant now because more people are surviving heart attacks and are ending up with heart failure. "Soft robotic devices are ideally suited to interact with soft tissue and give assistance that can help with augmentation of function and potentially even healing and recovery," Roche says. Heart failure affects 41 million people worldwide. The research was published in *Science Translational Medicine*.

Swallowing a Pill Camera Offers Non-Invasive Alternative to Colonoscopy

The FDA has approved a capsule system for patients who are not candidates for colonoscopies for one of two reasons: The anatomy of the colon makes it difficult to guide a colonoscope through the entire colon, or the patient experiences lower gastrointestinal bleeding but is not suitable for a colonoscopy because of an elevated risk of complications due to age or other reasons. However, a multicenter trial is now underway to determine if the capsule system is safe and effective for a broader population of patients who could tolerate colonoscopy but would prefer to swallow a capsule. Loyola Medicine in Chicago is among the institutions participating in the trial. According to Mukund Venu, MD, director of clinical operations and diagnostic testing for Loyola Medicine's Division of Gastroenterology, the video capsule system is the only alternative screening method for colon cancer that allows for direct visualization of colon polyps. PillCam™ Colon 2 is a capsule containing two miniature cameras on either end. The patient swallows the capsule with water. As it travels through the digestive tract, it captures images and wirelessly transmits them to a recorder the patient wears on a belt. After the non-reusable capsule is excreted, it's flushed down the toilet. Colorectal cancer is the third-leading cause of cancer deaths in women and second-leading cause in men. Early detection and screening are essential to reduce the rates of colorectal cancer.

Study Shows Older Patients Benefit from Shoulder Replacement Surgery

Whether you're younger than 65 or older than 75, age may not be a discernible factor in the success of shoulder replacement surgery, according to a Detroit-based Henry Ford Hospital study. In a study of 365 patients, researchers found that younger patients had better function and range of motion before surgery, but older patients saw greater improvement from pre-operative levels after surgery. Researchers theorize that the older patients had greater improvement simply because they had worse shoulder function before surgery. "Much like we saw with hip and knee replacements, we are seeing an increased trend in shoulder replacement surgery," says Kelechi Okoroha, MD, a fifth-year resident in Henry Ford's Department of Orthopedic Surgery and the study's lead author. "Our study suggests that age is not a noticeable factor on the final outcome of surgery." Researchers analyzed data and shoulder function scores from two patient groups with osteoarthritis who had surgery: 262 patients under 65, and 103 patients older than 75. An estimated 53,000 people undergo shoulder replacement surgery each year due in large part to the wear and tear of osteoarthritis. People who have surgery generally experience an improved quality of life, including less pain and improved motion, strength, and function. The study was presented at the 2017 American Academy of Orthopaedic Surgeons' annual meeting in San Diego. ■

Feeling Stressed Out? Relief Is Just a Breath Away

How conscious, deep breathing can improve your wellbeing.

Relax and take a deep breath. It's a common recommendation from physicians and friends who seek to help you reach a state of calm when you're feeling frazzled. Breathing is an essential and automatic function. But with a deliberate focus on breathing, it's a proven tool for healing and wellbeing. Mere minutes of conscious breathing can help you feel better and think more clearly.

"Conscious breathing can change your physiological state," explains certified meditation teacher Natalie Bell, with the UCLA Mindful Awareness Research Center. "When we feel stress, our heart rate may increase, our breathing may get shallow, blood pressure can rise, and we might go into fight, flight or freeze mode. We can actively shift that response by using slow deep breaths and activating the parasympathetic nervous system."

Sometimes referred to as the "rest and digest" system, the parasympathetic nervous system slows heart rate, is active during digestion, and helps bring equilibrium to the body. Deep breathing helps you calm down. That's why it's an integral part of many yoga, tai chi and meditation classes. To gain the benefits of focused breathing, however, you don't need a formal or lengthy practice. Bell offers the following simple strategies

as ways to incorporate the calm of deep breathing into daily life.

Coherent Breathing

When you inhale, heart rate increases slightly; when you exhale, it decreases. This difference in heart rhythm is called "heart rate variability" and it is beneficial to the heart and body. Coherent breathing creates a relaxed yet alert state by focusing on the in-and-out-breaths.

How it's done: Sit comfortably upright, supporting your back if desired. Take a few deep breaths, allowing the belly to balloon outwards. Relax the mind as much as possible. Once you feel a bit more relaxed, begin the practice as follows:

- Exhale to a count of six.
- Allow several normal breath cycles to complete, and then again focus on exhaling to a count of six.
- Let the breaths be smooth, and feel the body relaxing.
- Switch your focus by inhaling to a six-count.
- Again, allow your body to breathe in and out naturally several times. Focus on the six-count inhalation every few breaths.
- Combine these by inhaling for six and exhaling for six. There's no need for every breath in and out to

WHAT YOU SHOULD KNOW

- **Deep** breathing can quickly help you feel calmer.
- **Techniques** vary, but some can be done anywhere, anytime.
- **Don't** force it; alternate regular breaths with suggested techniques.
- **Connecting** body and mind through the breath benefits health.

be a six-count. But eventually, the idea is to piece together this rhythm without force. Allow your body to ease into it.

The STOP Practice

This technique is an efficient and effective mindfulness method to create a pause or shift in the middle of the day. "Do the STOP practice for about one minute," advises Bell. "After a stressful phone call, or before talking with a loved one who is under pressure." The acronym guides the practice.

Stop or slow what you are doing.

Take a few deep, slow breaths.

Observe how you are feeling in your body as you are taking slower breaths. Notice the thoughts and emotions. Invite calm.

Proceed with what you were doing.

According to Bell, visualizing the breath as nourishing can help create a more peaceful physical and mental state. "As you inhale, imagine giving yourself something positive—think of calm and ease," she recommends. "When you exhale, think of releasing or letting go of stress."

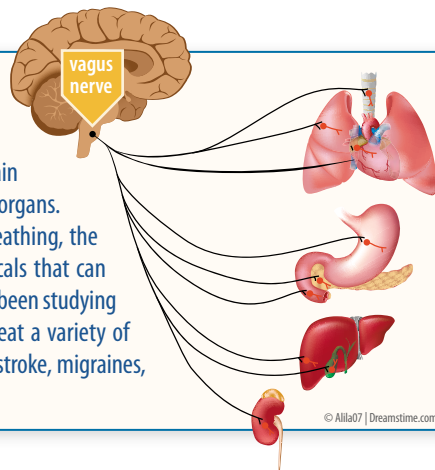
Practice Not Perfection

Perfection isn't the goal of any of these practices. People who have anxiety may try too hard to "do it right." It's not about doing it right or trying to overly control it. The practices are meant to be gentle and unforced.

Through time, this kind of attention can help decrease blood pressure as well as reduce other ill effects of stress, including headaches, digestive issues, and depression. ■

THE VAGUS NERVE

Deep breathing stimulates the vagus nerve, the longest cranial nerve. This nerve extends from the brain and branches into and influences numerous vital organs. When stimulated through techniques like deep breathing, the vagus nerve triggers the release of various chemicals that can induce calm throughout the body. Researchers have been studying how electronically stimulating this nerve might treat a variety of conditions, including epilepsy, depression, asthma, stroke, migraines, and inflammatory diseases.



Exercise Can Reduce and Delay Parkinson's Symptoms

It doesn't matter what you do; what matters is that you enjoy it.

About 60,000 people are diagnosed with Parkinson's disease (PD) each year; most are over age 60, and men are twice as likely to have it as women. Early symptoms of PD are subtle, occur gradually, and may go unnoticed for some time. As the disease progresses, however, the shaking, or tremor, which affects the majority of people with PD, may begin to interfere with daily activities.

Patients may also experience other symptoms, such as sleep issues, depression and cognitive decline. To combat those symptoms, neurologists (specialists in treating PD), are increasingly prescribing exercise as

part of their recommended treatment plan.

"Exercise is like medicine and is used along with medications," says neurologist Indira Subramanian, MD, UCLA Department of Neurology. "It's part of our counseling from day one because it helps patients overall and may slow down the progression of the disease."

Starting Sooner Rather than Later

Researchers from the National Parkinson's Foundation (NPF) looked at data on over 1,300 of the study participants who reported little regular exercise at the beginning of the study.

Five hundred of those individuals began exercising more than 2.5 hours per week within the next two years. The researchers compared participants who exercised regularly for the entire two years to people who didn't exercise at the beginning of the study, but then started to exercise regularly. Over the two-year study period, quality of life scores worsened 1.4 points in the early starters and 3.2 points in the late starters.

"This design is the standard approach to show that an intervention slows the disease: If it just improved symptoms, people who start late would get the same benefit as those who start early," explains Peter Schmidt, PhD, NPF's Senior Vice President and an author of the study. "We found that people who start exercise early get more benefit than those who start late."

The study didn't separate types of exercises, just the total exercise reported.

"There is some controversy about exercise intensity, and whether it should be one-on-one or in a group," says Dr. Subramanian. "What matters is getting the heart rate up and staying challenged. It's also important not to water it down just because someone has been diagnosed with the disease."

A Variety of Active Choices

Trying different options can keep exercise interesting for body, mind, and spirit. Pedaling for Parkinson's is a stationary spin bike class offered at many YMCAs and other centers nationwide. This established program works similarly to a conventional spin class with upbeat music and a motivating instructor.

Dancing, especially with a partner, can also be helpful to those with PD. In addition to learning steps, the social aspect of partner dancing can be uplifting.

"Some like yoga, others box, and some dance," says Dr. Subramanian. "One of my patients has been a marathon runner since he was diagnosed 20 years ago. He's in his 70s and he's still running." ■

BOXING WITH PD

Photos courtesy of Rock Steady Boxing, Inc.



Rock Steady Boxing is a program designed for those with PD. It started in 2006 with six people in a borrowed gym in Indianapolis. It has since expanded into nearly 300 programs in 44 states, as well as several international locations. Participants don't box each other; rather, they do boxing drills, including work with heavy bags and speed bags to improve such skills as agility, speed, coordination, and endurance. "The classes build confidence and camaraderie," says Kane Henneke, a Rock Steady Boxing instructor based in Sarasota, Florida. "The students push and help each other." Classes may be segmented according to functional ability, or they may be mixed level. There's lots of stretching as well as exercises that focus on core strength and fine and gross motor skills. To find a class, go to RockSteadyBoxing.org.

There Is No Safe Form of Tobacco

Cigarette smoking is the main cause of lung cancer but cigars, pipes, chew, and e-cigarettes also pose health threats.

Lung cancer claims more lives than breast, colon, and prostate cancers combined. Though smoking and its associated cancers have been on the decline, lung cancer is still the leading cause of cancer deaths in the United States. But no matter how long and how much you have smoked, quitting can improve your health.

“Quitting can make a huge difference,” says internist Michael Ong, MD, PhD, Associate Professor of Medicine in the Division of General Internal Medicine & Health Services Research at UCLA. “Your cardiovascular risk drops by half after quitting tobacco products. You also will prevent further lung damage and worsening of cancer risk.”

Electronic Cigarettes Contain Toxic Substances

Just because you don’t smoke it, doesn’t mean it isn’t harmful to your health. This includes e-cigarettes. Compared to traditional cigarettes, e-cigarettes are virtually odorless, with just a hint of foggy vapor emanating from their sleek cases. They are especially popular with young people and women. And they’ve been touted to help people quit smoking, which is rarely true, as they contain nicotine, the same addictive substance found in other tobacco products.

Two recent UCLA studies suggest that e-cigarettes may not be significantly safer than conventional cigarettes. One, which was conducted on cultured cells, found that e-cigarettes contain toxic substances and nanoparticles that could kill the top layer of skin cells in the oral cavity.

The other study found that study participants who were habitual users of e-cigarettes were more likely to have signs of two heart risk factors compared to other participants who did not use e-cigarettes. The risk fac-

tors were oxidative stress, which hampers the body’s ability to defend itself against free radicals—a type of particle that has been associated with heart disease—and higher levels of adrenaline in the heart, which can lead to an increased heart rate and high blood pressure. While the findings show an association rather than a cause-and-effect link, the key, according to the study’s co-author, Dr. Holly Middlekauff, a Professor of Medicine in the Division of Cardiology at UCLA, is that e-cigarettes have real, adverse physiological effects that have been associated with heart disease. “My advice is, if you don’t already smoke tobacco cigarettes, don’t start using e-cigarettes as they are not harmless,” says Dr. Middlekauff.

Likewise, Dr. Ong adds that cigars are not any safer, and are, in fact, equivalent to cigarettes. Cardiovascular effects occur after a few cigarettes or cigars. Chewing tobacco and dissolvable forms of tobacco all have nicotine, and according to the American Cancer Society, have at least 30 chemicals that are known carcinogens. Risks of these smokeless tobacco products include mouth,



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Tobacco products contain many toxic substances and nicotine.

tongue, cheek, esophageal and pancreatic cancers.

2016 FDA Ruling Expands Regulation

The FDA has regulated cigarettes, cigarette tobacco, roll-your-own tobacco, and smokeless tobacco products since 2009. The 2016 ruling extends regulatory authority to all tobacco products, including e-cigarettes, cigars, hookah tobacco (also called waterpipe tobacco), pipe tobacco, nicotine gels, and dissolvables that did not previously fall under the FDA’s authority. It requires health warnings on roll-your-own tobacco, cigarette tobacco, and certain newly regulated tobacco products; it also bans free samples. FDA regulation does not mean these products are safe to use, but it does allow the FDA to evaluate ingredients, product design, and health risks, and prohibits false and misleading product claims. ■

QUITTING IS EASY. I’VE DONE IT THOUSANDS OF TIMES

It’s debated as to whether or not Mark Twain actually said those words. But the essence of it is true: Quitting smoking (or other tobacco products) usually takes many attempts. It’s common to slip up when trying break any addiction. And it can be more difficult for some people than others, as nicotine affects people differently.

Most experts agree that the best way to quit is to get assistance. Help can come in many forms, including talking with your doctor, who can prescribe medications that can help with nicotine withdrawal. Having a specific reason to quit, such as wanting to see grandchildren grow up, can be especially motivating. There are many free online tools, including 60plus.smokefree.gov, which was developed specifically to help older adults. According to the National Institutes of Health, if you have been able to quit for 24 hours recently, you have doubled your chances for quitting within a year.



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Beware of Chronic Dieting

It may indicate or lead to an eating disorder.

Eating disorders are more prevalent in young adults, but they can develop later in life. Compared to men, women are twice as likely to have an eating disorder. According to clinical psychologist Danyale McCurdy-McKinnon, PhD, Clinical Psychology Director for the UCLA Fit for Healthy Weight Program, undereating, dieting, or just attempting to diet (the person does not have to be successful) are thought to be risk factors for eating pathology. “While not everyone who diets will develop an eating disorder,” explains Dr. McCurdy-McKinnon, “individuals who are predisposed or have other risk factors (body dissatisfaction, for example) are at greater risk. Clinically, I frequently see this with my patients. They will often admit that their disorder started as a simple attempt to lose weight, but then things got out of control.”

Common disorders include anorexia nervosa, which is characterized by restrictive eating and severe weight loss. Individuals have an intense fear of gaining weight and often experience distorted body image, seeing themselves as much bigger than they are in reality. People with bulimia nervosa binge eat and compensate for over-eating with laxatives or diuretic misuse, fasting, and/or exercising excessively.

Binge Eating Disorder

The most common eating disorder in the U.S. is binge eating disorder. People with this disorder experience a loss of control and overeating episodes. Binge eating is defined as eating a large amount of food in a short period of time. Feelings of guilt and shame follow the episodes. Unlike in bulimia nervosa, they don't purge or obsessively exercise, so individuals are often overweight or obese. Of the aforementioned eating disorders, the one seniors are most

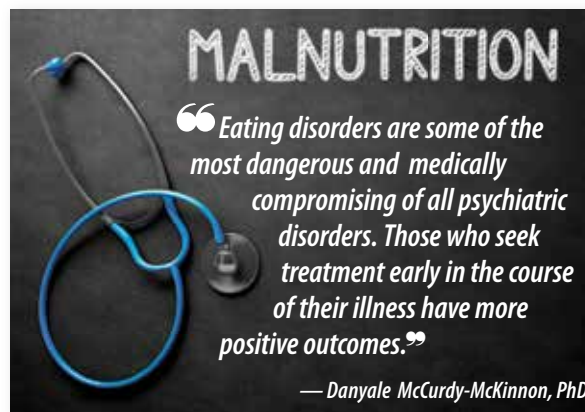


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Constant dieting can create unhealthy eating habits and nutritional deficiencies.

prone to is binge eating.

Dr. McCurdy-McKinnon cites a study published in a recent issue of the *International Journal of Eating Disorders* which looked at disordered eating in older women (ages 65-94). “The study found that in addition to an increased prevalence of binge eating disorder, this population also displayed picking/nibbling behavior, which was correlated with higher body mass and binge eating behavior,”



she says. “Picking/nibbling is characterized by eating moderate amounts of food throughout the day in an unplanned and repetitive way.”

Anorexia of Aging

The term “anorexia of aging” refers to an overall decrease in appetite and food intake among the elderly. In this case, the attempt to lose weight isn't the catalyst. Rather, a variety of con-

WHAT YOU SHOULD KNOW

- **Binge** eating is the most common eating disorder in older adults.
- **Anorexia** of aging can lead to nutritional deficiencies.
- **Social** isolation, visual impairments and dental issues can affect eating patterns.
- **Nutritional** counseling and psychotherapy can help re-establish a healthy diet.

ditions can lead to loss of appetite, including decreased sense of taste and smell that make eating and drinking less enjoyable, lowered response to the hunger hormone (ghrelin), and disruptions in gastrointestinal function. Dementia and depression can likewise alter eating habits.

Some seniors may lack cooking skills, or have vision impairments that affect their physical ability to cook. Those with chewing problems may not get needed nutrients. Social isolation can also cause people to lack the desire to eat.

Anorexia of aging severely affects quality of life and requires treatment. According to a report in the journal *Nutrients*, treatments may include the need to adjust food texture, enhance flavors, and provide cooking and feeding assistance, in addition to an overall assessment of medical condition, medications, and mental health. Nutritional counseling and psychotherapy are also helpful.

“Eating disorders are some of the most dangerous and medically compromising of all psychiatric disorders,” says Dr. McCurdy-McKinnon. “Early intervention is key. Those who seek treatment early in the course of their illness have more positive treatment outcomes. Weight restoration, cognitive behavioral strategies, and the management of other existing medical conditions can all help one suffering from an eating disorder.” ■

Cataracts—cont. from page 1

vision can be pricey. Age, however, is not a factor in making these corrections. Dr. Miller has performed corrective vision surgery on individuals in their 80s and beyond, who can now see well enough to read and drive without glasses.

Not All Cataracts Have to Be Removed

Most people are amazed at the return of vivid colors and improvement in overall vision after cataract surgery. That includes those who have chosen to have standard cataract surgery that does not include vision correction. Simply removing the cataract can significantly improve vision.

If the cataract doesn't inhibit daily life or function, such as the ability to watch TV, read, or drive at night, there's no need to rush into surgery. Sometimes early cataract symptoms can be improved with better lighting, new eyeglasses, anti-glare sunglasses, or magnifying lenses.

Delaying surgery usually won't cause long-term damage. But if you have other eye problems, such as macular degeneration, your doctor may recommend cataract removal.

Preventing Cataracts

Cataracts aren't painful and are usually slow-growing, which is why they are most often an age-related

eye condition. Though age increases risk, there are preventative steps you can take. Protect your eyes from the sun by wearing sunglasses that block both UVA and UVB rays. Wraparound glasses can prevent light from entering the sides of the lenses. Wearing a hat with a wide brim (along with sunglasses) provides maximum protection. But, just because glasses are dark, mirrored, or polarized doesn't mean they block rays, so look for labels that say they block UVA and UVB rays.

Other preventative measures include not smoking, eating a healthy diet, and if you have diabetes, controlling your blood sugar levels. ■

NUTRITION

False Claims of Miracle Weight-loss Plans

Many rely on insufficient calories to lose weight. There's a better way.

Drink this tea, take this pill, or try these homeopathic drops and you'll lose weight fast without being hungry and you'll reset your metabolism! When it comes to easy weight-loss promises, there is no shortage of ridiculous claims. Many are very low calorie (800 calories or less).

Restricting calories will indeed lead to weight loss...but beware. "When you lose weight too quickly (more than 2 pounds per week), and are on a super-low-calorie diet, your body essentially goes into starvation mode, and your metabolism slows down significantly," explains registered dietitian Dana Hunnes, PhD, MPH, with the Ronald Reagan UCLA Medical Center. "When this happens, it becomes harder to lose weight, and your body will hoard any calories you do consume after the initial weight loss."

Skiping Meals May Increase Appetite

An extreme plan that requires skipping meals may be achievable for a few days, but it usually leads to feeling hungrier, and eating more than you normally would, according to Hunnes. Also, studies have shown

a link between not eating breakfast and obesity. People who do regularly eat a healthy breakfast tend to weigh less. For a quick, healthy breakfast, make oatmeal with low-fat milk, topped with fresh berries; an omelet with veggies and cheese; or have hardboiled eggs with a little fruit on the side.

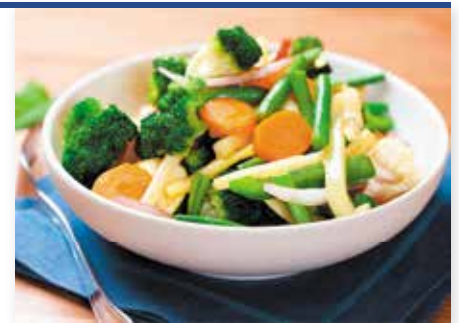
Exercise and Calorie Burn

A dance fitness class or an hour of singles tennis can torch a lot of calories. The problem is that most people underestimate how many calories are in favorite foods, even seemingly healthy ones. Similarly, people can underestimate calories burned. An hour of yoga, Pilates, or weight-lifting increases strength and flexibility, but does not burn many calories.

"It is really very easy to out-eat any exercise you do," adds Hunnes. "You can drink a protein shake with 500 calories in a matter of minutes."

Healthy Eating as a Lifestyle

It takes practice and patience to transform a less-than-optimal diet



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Add broth or herbs to veggies to infuse flavor without adding calories.

to one that is healthy and works for you. Create a plan, work the plan, and fill your refrigerator and cupboards with healthy choices.

"In addition to feeling better about yourself and how you look in your clothes, weight loss can lower your disease risk," says Hunnes. "Elevated weight is associated with obesity, diabetes, cardiovascular diseases, and cancer. Reducing weight reduces the risks and can reverse some of those diseases."

Emphasize fruits and vegetables. Whole fruit is more satiating and typically lower in calories than smoothies and juices. Eating a lot of vegetables can curb hunger and lead to consuming fewer calories. Fueling your body with good food also has other benefits: It helps you think more clearly and can lead to healthier skin, according to Hunnes. ■



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Q How long does depression last?

A Depression is a complex condition that comes in many forms. Symptoms, as well as duration of those symptoms, vary widely. Some people may experience what's called "situational depression," meaning that a stressful event, such as divorce, death of a loved one, or job loss, can trigger depressive symptoms. It's normal to experience sadness and anxiety under trying circumstances. You might feel blue, lack energy or have trouble sleeping or eating for some time after stressful events. But for people who experience situational depression, these symptoms diminish as one learns to accept and cope with life's changes. How long situational depression will last varies—it could be weeks or months, but eventually the fog lifts. Clinical depression, however, is different in that symptoms occur without any apparent stressors. With clinical depression, symptoms are persistent and can include feelings of sadness, hopelessness, worthlessness, suicidal thoughts, lethargy, irritability, sleep issues, and even physical pain. These symptoms are sometimes attributed to simply getting older. That's not true. Depression, whether situational or clinical, mild or severe, can and should be treated. Lifestyle changes, such as exercise, a healthy diet, and adequate sleep, can make a positive difference, as can psychotherapy. Because brain chemistry, genetics, and biology all play a role, medication may be needed in some cases.

Q The bottoms of my feet hurt, especially when I get up in the morning. What might be causing this?

A It sounds like plantar fasciitis. This common cause of foot and heel pain occurs when the band of tissue (the plantar fascia) that extends from the heel to the toes, swells from being overused or overstretched. Weak calf muscles also can contribute to the problem. Calf muscles act like shock absorbers when you walk, and when they become tight and inflexible, there is

more stress placed on your feet. People who are obese, have flat feet or high arches, or those who run long distances are especially susceptible to plantar fasciitis. Wearing high heels and unsupportive shoes can also cause the tissue to tighten and become painful. The ideal shoe should have a low heel (no more than two inches) with some arch support, a forefoot wide enough to prevent toes from bunching together, and a rubber sole for support. A well-fitting walking or running shoe works best. You should wear them any time you will be on your feet for a long time. Because plantar fasciitis is mostly a problem caused by tight tissue and poor calf strength, some simple calf raises can help prevent or alleviate it. If the problem persists, see a podiatrist or physical therapist, who can evaluate how you walk and stand. Poor body mechanics, such as feet that roll in or out, can lead to plantar fasciitis and pain elsewhere in the body, too.

Q I've heard that sea salt and pink Himalayan salt are better for you than ordinary table salt. Is that true?

A All these salts have similar amounts of sodium content and all are basically the same chemical compound, sodium chloride. The differences are in source and processing. Table salt is highly processed. It is sourced from underground mines; iodine and anti-clumping agents are added. Sea salt (produced from evaporated sea water), and pink Himalayan (rock salt mined from the mountain range) are minimally processed—most contain trace minerals, and can include some iodine. These minerals add flavor and color. The body needs iodine for proper thyroid and other physiological functions. Most Americans get more sodium than they need, and most of it comes not from a salt shaker or grinder, but from processed and packaged foods. In many cases, food manufacturers don't use iodized salt. So, if you're concerned about getting enough iodine, seek out foods that naturally contain it, such as seaweed, yogurt, milk, eggs, seafood, fish, and vegetables grown in iodine-rich soils. ■

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