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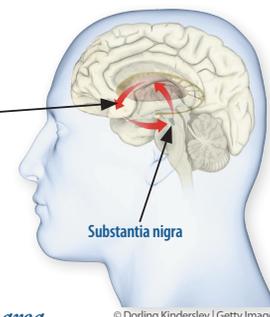
Managing Parkinson's Disease

A range of treatment options exist

About 1 million Americans have Parkinson's disease (PD), according to the National Parkinson's Foundation, and an estimated 60,000 new cases are diagnosed each year. Unfortunately, there is no cure for the condition—however, medications, advanced treatment options, and physical activity may help ease the symptoms.

PD occurs when neurons (brain cells) that produce dopamine, a vital neurotransmitter (brain chemical) that communicates information through the brain and body, die. Dopamine helps to control muscle movement, and as it is depleted people with PD become less able to regulate their movement. The resulting tremors, dyskinesia (involuntary muscle movement), dystonia (muscle contractions), and muscle freezing are the most well-known PD symptoms, and are accompanied by postural instability that can result in falls. But because dopamine also plays a role in other body systems, people with a shortage of the neurotransmitter also may experience gastrointestinal problems, speech and swallowing difficulties, memory lapses, depression, and poor sleep, among other symptoms.

Dopamine pathway through the brain



Parkinson's disease is caused by the death of nerve cells in an area of the brain called the substantia nigra. This area produces dopamine, a chemical that transmits signals between several brain regions, regulating muscle activity and other body systems.

© Dorling Kindersley | Getty Images

L-Dopa the “Gold Standard” Vicki Shanker, MD, assistant professor of neurology at Mount Sinai, says that carbidopa-levodopa (Parcopa®, Sinemet®) is the gold-standard treatment for PD. “Levodopa—also known as L-dopa—is metabolized in the brain to produce dopamine,” Dr. Shanker explains, “but it also can be broken down in the body, potentially causing side effects such as nausea and stomach pain. Carbidopa allows the L-dopa to stay intact and cross into the brain, and this helps prevent gastrointestinal side effects.”

Carbidopa-levodopa can delay disability and enable individuals with PD to remain functional

Continues on page 6

Celiac Disease Can Have Serious Consequences

A substantial number of people are diagnosed with the condition in older age

Celiac disease, an autoimmune disorder that interferes with the body's absorption of certain nutrients, is often believed to affect only younger people. However, it can develop for the first time in seniors—in fact, some studies indicate that a substantial number of people with celiac disease are diagnosed after age 50, and about one-third after age 65. The condition can have serious health consequences, including anemia, weaker bones, colon cancer, and lymphoma, a cancer that affects immune-system cells called lymphocytes. It also is linked to

a greater risk of death due to cardiovascular disease.

What is Celiac Disease? In order for the body to fully utilize the nutrients in food, they have to be absorbed from the small intestine into the bloodstream. “Absorption takes place through villi: tiny protrusions on the lining of the small intestine,” explains Mount Sinai gastroenterologist Brijen J. Shah, MD. “If the villi are damaged, nutrients may not be absorbed.”

In celiac disease, villi are damaged by gluten, a protein found in wheat, rye,

and barley. “The immune system mistakenly treats gluten as an invader and attacks it,” Dr. Shah says. “This triggers inflammation in the small intestine, and the inflammation irritates the villi, impairing their ability to do their job.”

Celiac Disease Symptoms In most people, celiac disease causes gastrointestinal (GI) symptoms, such as excessive wind, abdominal bloating and discomfort, diarrhea, and pale, foul-smelling stools. It also is associated with bone and joint pain, muscle cramps, tingling

Continues on page 3

Do You Need New Glasses?

A new study suggests that many seniors could benefit from a vision boost with new or updated glasses. The study (*Acta Ophthalmologica*, Jan. 7) included 1,200 older adults who had eye exams that assessed their vision and checked for eye diseases. Most of the study participants overestimated how well they could see, and more than 60 percent were able to see considerably better by getting glasses for the first time or updating the glasses they were already wearing. Vision naturally deteriorates as you age, but the changes can be so gradual you may not be aware of how much they are affecting your ability to see clearly. Annual eye exams are the best way to monitor these changes, along with the presence of potentially serious eye diseases. Just over 23 percent of the study participants were found to have cataracts, nearly 5 percent had age-related macular degeneration, just over 4 percent had glaucoma, and just over 1 percent had diabetic retinopathy.

Back Away From the Steak

A controversial 2019 study suggested that it isn't necessary to limit your consumption of red meat and processed meat (such as pepperoni, bologna, and deli meats). However, new data (*JAMA Internal Medicine*, Feb. 3) is more in line with previous research on the health harms of red and processed meats, and links both with a greater risk of heart disease and death. The study included 29,682 people who reported what they ate during the previous year or month. Overall, eating two servings of red meat or processed meat per week was associated with a 3 to 7 percent greater risk of cardiovascular disease and premature death. The analysis also found a 4 percent greater risk of cardiovascular disease for people who ate two servings per week of poultry, but the evidence so far is not sufficient to make a clear recommendation about poultry intake—plus, the relationship may be related to the method of cooking the chicken and consumption of the skin rather than the chicken meat itself. No association was found between eating fish and cardiovascular disease or mortality. 

FROM THE EDITOR



By Rosanne M. Leipzig, MD, PhD
Editor-in-Chief

Vision Checks Are Vital

One of this month's *Newsbriefs* focuses on a study suggesting that many seniors aren't wearing up-to-date glasses, or aren't wearing glasses at all even though they would see more clearly with them. Most of the study participants said they were content with their eyesight but vision tests revealed that many of them were overestimating how well they could see, and that some had underlying eye diseases. This is one reason why it's so important to schedule annual eye exams. Not only can these ensure that you are wearing the correct-strength glasses—they also can detect serious eye problems that don't always cause obvious symptoms.

A condition called presbyopia, which literally means "aging eye," eventually affects everyone over age 40. It occurs when the lens—the focusing mechanism in the eye—starts to lose its elasticity. Have you noticed that you're having to hold your book or newspaper further away so you can focus on the type? It isn't that your arms aren't long enough—it's presbyopia.

Appropriate glasses can effectively treat presbyopia. Progressive multifocals are the most commonly prescribed type, and incorporate distance, intermediate, and near vision in one lens. It's convenient not to have to switch between near and distance glasses but keep in mind that in order to use the bottom of the lens, you have to tilt your head up slightly. This might be uncomfortable if you have neck pain due to arthritis. Research also has suggested that

your risk of outdoor falls increases when you first start wearing progressives. If you'd really rather not switch between two pairs of glasses, consider bifocals, which have areas on the lens for near and distance vision.

There are several special features that can be incorporated into glasses. An anti-reflective, ultraviolet coating protects against ultraviolet light and improves contrast, making it easier to read and distinguish certain objects. If you find bright sunshine bothersome and don't want to use clip-on sunglasses, invest in "transition" lenses, which darken in sunlight. Note, however, that these take a few moments to lighten when you come indoors from sunny weather. You'll need to be attentive to your surroundings until the lenses are clear in order to reduce your risk of falls. Finally, if you enjoy sports like racquetball or tennis, consider polycarbonate lenses, which protect the eye in the event of an impact.

Above all, don't be tempted to pick up a pair of glasses at your local pharmacy or online. Even though off-the-shelf glasses work for people with slight vision discrepancies, bypassing an eye exam could mean that a serious eye disease goes undiagnosed. In the study our *Newsbrief* references, about 10 percent of the participants had macular degeneration or glaucoma, both of which can cause permanent vision loss if not treated. Plus, about one-quarter of those surveyed had cataracts, which can be treated with surgery that markedly improves vision. 

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CELIAC DISEASE *cont. from p1*

and/or numbness in the legs, fatigue, pale sores inside the mouth, and an itchy rash.

When GI symptoms occur in seniors with celiac disease, they tend to take the form of gas and abdominal bloating that might be blamed on another health condition, such as irritable bowel syndrome, or on a medication. But one symptom that can help doctors diagnose celiac disease in seniors is the presence of pale, foul-smelling stools that may be difficult to flush away when passed. “This signals that there is excess fat in the stools: a phenomenon known as steatorrhea,” Dr. Shah explains. “Celiac disease is one of the most common causes of steatorrhea in older adults.”

Anemia is another red flag for celiac disease, occurring in up to 80 percent of seniors with the condition. “Deficiencies of calcium and vitamin D—manifesting as osteoporosis—also may signal celiac disease in an older adult, as can abnormal liver function tests,” Dr. Shah adds.

Diagnosing Celiac Disease If your doctor suspects that you have celiac disease, he or she will likely order a blood test to determine whether your immune system is producing antibodies against gluten. If the blood test shows the presence of antibodies, a biopsy (a small sample of tissue for examination under a microscope) of the small intestine may be taken using a procedure called endoscopy. This involves having an endoscope (a long, thin, flexible tube with a light and a tiny camera lens on the end) inserted down your throat and esophagus. In order to take a biopsy, the doctor will pass a thin wire with forceps through the endoscope.

“Examination of the biopsy under a microscope will reveal characteristic changes in the villi that indicate celiac disease,” Dr. Shah says. “Confirmation of celiac disease is important, since strict adherence to a gluten-free diet can eliminate symptoms and prevent complications.”

Treating Celiac Disease The treatment for celiac disease is to avoid all gluten, since this is the only way to stop your immune system from reacting to the protein. “Once this reaction stops and the inflammation resolves, the villi will begin to heal and your absorption of nutrients will return to normal,” Dr. Shah says. “However, in

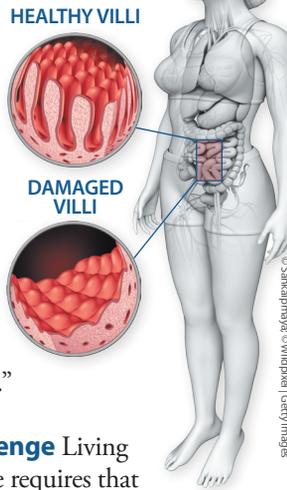
Celiac disease damages villi, tiny structures in the intestine that absorb nutrients from your food.

seniors it may take up to two years for the intestine to completely heal.”

Dietary Challenge Living a gluten-free life requires that you avoid wheat, rye, and barley. This means no more pasta, cereal, or bread made with these grains—instead, you’ll need to substitute them with gluten-free options, which include oats, corn, quinoa, amaranth, brown rice, buckwheat, and millet. If you like to bake, consider using flours made from potato, soy, or beans. “You may benefit from consulting a dietitian who can help you devise an eating plan that completely eliminates gluten from your diet while ensuring that you get the nutrients you need,” Dr. Shah says.

Many stores carry gluten-free products, but if it isn’t easy to obtain these locally, check all food labels carefully to avoid hidden sources of gluten (these include additives like modified food starch, preservatives, and stabilizers). Eating out can be risky, since gluten is found in many products, and when a gluten-free restaurant meal is prepared in the vicinity of other foods or ingredients that contain gluten, cross-contamination can occur. In one 2019 study, 32 percent of “gluten-free” meals randomly taken from restaurants nationwide had detectable levels of gluten. “When eating out, order dishes without breading, gravies, or sauces,” Dr. Shah advises. “Also check if precautions were taken to prevent cross-contamination.”

On the Horizon Pharmaceutical companies are currently trying to develop drugs that enable people with celiac disease to tolerate gluten-containing foods. One such drug, larazotide acetate, is now in phase-3 clinical trials, the last stage before approval by the Food and Drug Administration. The drug works by preventing gluten from crossing the lining of the small intestine. 



Healthy Habits Still Vital, Even With Meds

If you’re taking medication to control your blood pressure (BP) or cholesterol levels, you still should be following lifestyle strategies that protect your cardiovascular health. However, recent research (*Journal of the American Heart Association*, Feb. 5) suggests that many people let healthy habits slip if their doctor prescribes drugs. The 13-year study included more than 40,000 people whose body mass index (BMI: a relation of height to weight) and physical activity levels were assessed. Study participants who started taking BP or cholesterol medications during follow-up were 8 percent more likely to become physically inactive, as well as 82 percent more likely to become obese or have an increase in their BMI. If you are taking BP drugs or cholesterol-lowering statins, keep in mind that these medications don’t eliminate the need for exercise and healthy eating.

Pollution Dangers

According to a recent large study (*The Lancet Planetary Health*, Jan. 1), there is an increased risk of out-of-hospital cardiac arrest (OHCA) even from short-term exposure to low concentrations of fine-particulate air pollution. This type of air pollution consists of tiny particles that aren’t visible to the naked eye and are light enough to remain suspended in the air for long periods of time. They are present in motor vehicle exhaust, factory emissions, and also wildfire smoke. For the study, researchers analyzed about 250,000 cases of OHCA, finding that the risk of OHCA rose by up to 4 percent with every increase of 10 micrograms per cubic meter in fine-particulate pollution. Previous research also has highlighted the potential impacts of air pollution on cardiovascular, respiratory, and cognitive health. If you enjoy exercising outdoors, take the precaution of checking the Air Quality Index (www.airnow.org) before you head out, particularly if you have cardiovascular or lung issues. 

Do You Need a Bone Density Test?

Women 65 and older, along with younger women who have certain risk factors, should get tested for osteoporosis

After menopause, many women start to experience increasing bone loss that can cause osteoporosis: fragile bones that are more likely to break if you fall. There are things you can do to maintain your bone density, but it's also important for people who are at risk for osteoporosis to find out what their bone mass is so they can be treated for osteoporosis if necessary.

How Bone Density is Checked Bone density is typically checked using dual-energy x-ray absorptiometry (DXA). The scan takes 15 to 20 minutes and involves some exposure to radiation (less than one-tenth the amount used in a chest x-ray). "It measures how many grams of calcium and other minerals are contained within bones in the spine, hip, and wrist," explains Mount Sinai geriatrician Patricia Bloom, MD. "These bones are the most likely to be affected by osteoporosis and the most likely to fracture if you fall."

You likely won't have to fully undress for a DXA scan, but avoid wearing clothing with metal or plastic buttons and/or zippers, since these may show up on the scan. "If you take a calcium supplement or a multivitamin with calcium, avoid it for 24 hours beforehand," Dr. Bloom adds.

Large "central" DXA machines incorporate a padded table and an overhead "arm." You lay on the table with your feet slightly raised in order to "flatten" your lower spine and pelvis so they can be more clearly seen. A special brace is used to slightly rotate your leg and hip inwards so that the machine can scan your hip.

There also are smaller "peripheral" DXA machines that can be used to scan bone density at your wrist, heel or finger (you

may have seen one at your local pharmacy). While these machines can give you some idea of your bone density, the latter tends to vary across different parts of the body. This means that peripheral scans are not as good as central scans of the hip and spine when it comes to predicting your risk of fracture. But if you get a peripheral scan and it indicates low bone density, do tell your doctor, since he or she may recommend a central scan for confirmation.

In some cases—for example, if you have undergone spinal surgery that might mask osteoporosis—ultrasound or computed tomography (CT) scans may be used in preference to DXA to evaluate bone density. "However, the results from ultrasound may not be as accurate as those from a DXA scan, while CT scans expose you to more radiation," Dr. Bloom observes.

Your Test Results After the scan is complete, a computer analyzes your bone density measurements. The number that results is called a T-score, and it compares your bone density to that of an average, healthy 30-year-old person. Your score is the number of units that are above or below the average:

- **-1 and above** This indicates that your bone density is normal.

- **-1 to -2.5** This indicates that your bone mass is 10 to 25 percent lower than the average. This is known as osteopenia: below-normal bone density that is not severe enough for a diagnosis of osteoporosis.

- **-2.5 and lower** This indicates a bone mass 25 percent or more lower than the average, which is defined as osteoporosis.

Who Should Get a Bone Density Test? The U.S. Preventive Services Task Force (USPSTF) recommends that women age 65 and older should have a bone density test, along with postmenopausal younger women who have risk factors for osteoporosis. Risk factors include low body weight (less than 127 pounds), a family history of osteoporosis, and suffering a fracture after age 50. It also may be advisable to have your bone density checked if you have an overactive thyroid, a health

WHAT YOU CAN DO

To help boost your bone health:

- ◆ **Get plenty of exercise**, particularly weight-bearing and strength exercise.
- ◆ **Avoid excessive alcohol** Most experts recommend a maximum of one alcoholic beverage per day for older adults.
- ◆ **Take 800 international units (IUs) of vitamin D per day**, or amounts otherwise recommended by your doctor.
- ◆ **Consume 1,200 milligrams of calcium per day** It's best to obtain calcium via your diet rather than from supplements, as there is some concern that the risk of heart attack is slightly increased in people taking calcium supplements.

problem that affects your body's absorption of calcium from food (such as Crohn's disease), and/or take medications that are known to weaken bones. The latter include corticosteroids such as prednisone (Cortone®, Deltasone®, Sterapred®), some antidepressants, and proton pump inhibitors like omeprazole (Prilosec®).

The USPSTF has concluded that current evidence is not sufficient to assess the benefits and possible harms of screening older men for osteoporosis, but the National Endocrine Society, National Osteoporosis Foundation, and International Osteoporosis Foundation all recommend bone density testing for men age 70 and older.

Preserving Bone Strength Even if your DXA scan gives you the all-clear, it is advisable to think in terms of preserving your bone density as you age. Increase your intake of calcium-rich foods, such as dairy products and dark leafy greens, and if you don't live in a region with year-round sunshine, consider taking a vitamin D supplement to help your body absorb dietary calcium. "Exercise also is important," Dr. Bloom adds. "Combine weight-bearing aerobic exercise that works your muscles and bones against gravity—examples include walking and jogging—with strength training using weights."

If you are diagnosed with osteoporosis, you may need to take medications to slow your rate of bone loss. See our March issue for more on how these drugs work. 

A bone density test can check if your bones are becoming porous and fragile as you age.

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Protect Yourself From Blood Clots

Controlling risk factors can help prevent potentially serious complications

Venous thromboembolism (VTE)—in which a blood clot forms in one of the deep veins in the body—may affect as many as 600,000 Americans each year, according to the Centers for Disease Control and Prevention (CDC). The condition occurs either as deep vein thrombosis (DVT), which typically affects one of the veins in the leg or pelvic area, and/or as a pulmonary embolism (PE), in which a fragment of the blood clot breaks loose, travels through the bloodstream, and blocks an artery to the lungs. CDC statistics suggest that between 60,000 and 100,000 people die due to PE each year. But even if DVT doesn't result in a PE, it still can cause long-term problems in the form of post-thrombotic syndrome, which manifests as persistent edema (swelling), pain, purpura (bleeding into the skin), dermatitis, itchiness, ulceration, and cellulitis (a bacterial infection just below the skin).

What Causes VTE? Andrew S. Dunn, MD, professor of medicine at Mount Sinai, says the strongest risk factor for VTE is immobility. “Blood flows better through your circulatory system if your muscles are contracting,” Dr. Dunn explains. “If you are sedentary or immobile, blood may pool in your lower extremities, which

makes clots more likely. This means that people who are on bed rest due to illness, surgery, or a fracture, or who spend long periods of time sitting, such as on a long flight or drive, are highly vulnerable to VTE. Heart failure also promotes pooling and clotting of the blood, since a weak heart doesn't pump blood effectively.”

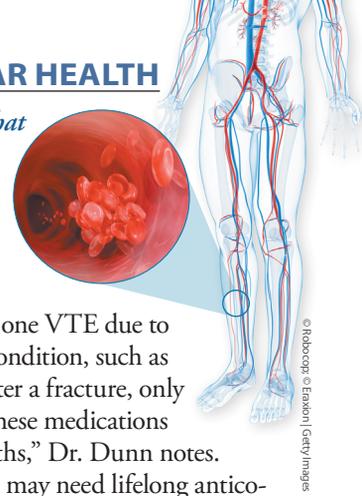
Blood clots also are more likely if the lining of blood vessels has been damaged by high blood pressure, high cholesterol, diabetes, and smoking. Some cancers—and the drugs used to treat them—promote blood clotting. “Using hormone replacement therapy also has been linked to VTE,” Dr. Dunn adds, “and there is a genetic predisposition to VTE, too, since it can run in families.”

A study published in the journal *Blood Advances*, Jan. 9, links VTE recurrence to metabolic syndrome (MetS). MetS is a cluster of risk factors—high blood pressure, high triglycerides (fats that circulate in the blood), low HDL (“good”) cholesterol, high blood sugar, and abdominal obesity—that increases your susceptibility to cardiovascular disease and diabetes, among other health problems. The study included 151,054 people who had experienced DVT, 17 percent of whom had a recurrence. Of these individuals, 14 percent had two components of MetS, 21 percent had three, and 37 percent had four. High cholesterol raised the risk of VTE recurrence the most.

Spotting the Signs DVT symptoms include swelling in the affected leg, as well as tenderness (typically in the calf area), but DVT can occur without symptoms. “If you suspect you may have DVT, or experience symptoms that may indicate PE, go to the nearest emergency department,” Dr. Dunn advises. “PE symptoms include sudden shortness of breath, sharp chest pain that worsens on coughing or inhaling deeply, coughing up blood, a rapid heart rate, excessive sweating, and a feeling of lightheadedness.”

DVT usually is verified with an ultrasound scan, and you'll be given anticoagulant drugs to stop the clot getting larger and traveling to your lungs. “Most people

A blood clot that forms in one of the deep veins of the leg can travel to the lungs.



who have had one VTE due to a temporary condition, such as immobility after a fracture, only need to take these medications for three months,” Dr. Dunn notes. “Other people may need lifelong anticoagulant drugs to prevent subsequent clots.”

If you can't take anticoagulants due to a condition that increases your risk of bleeding, a catheter can be used to place a tiny filter in the main vein leading from your legs to your heart, in order to stop a clot traveling to your lungs. “If a large PE occurs, additional drugs may be given to dissolve the clot, or you may undergo surgery to remove it,” Dr. Dunn adds.

Protecting Yourself The study we reference points to VTE-associated conditions that can be treated and modified through lifestyle changes such as consuming a healthful diet, getting plenty of exercise, and quitting smoking. If necessary, drugs also can help you control these risk factors.

Aside from drug treatment, self-help measures can help you avoid blood clots. Keep as mobile as you can—avoid being a “couch potato,” and when you're driving long distances, plan for rest stops so you can get out of your vehicle and stretch your legs. If you're flying long-haul, get up and walk around the aircraft frequently, and also perform in-seat exercises, such as leg lifts and foot circling. Dr. Dunn recommends extra vigilance if you're confined to bed for any reason. “It is recommended that doctors prescribe anticoagulants for most people who are admitted to the hospital,” he says. “If your doctor hasn't, ask why. Also ask for help to get up and moving as soon as possible.”

Compression stockings are another effective option for helping to prevent DVT—the pressure they exert on the lower legs reduces the risk of blood pooling and clotting in the veins. “However, while these stockings have been used after DVT to reduce the risk of long-term leg pain, recent research has shown they are not helpful after a clot has already occurred,” Dr. Dunn says. 

WHAT YOU CAN DO

To help prevent VTE:

- ◆ **Promote circulation in your lower extremities** by getting as much exercise as you can. If sitting for long periods is unavoidable, avoid crossing your legs and spend a few minutes each hour doing foot circling exercises, and raising your legs up from the hip to get your blood flowing.
- ◆ **If you're unable to exercise due to surgery**, ask for a physical therapist to do range-of-motion exercises on your legs.
- ◆ **Quit smoking** The toxins in tobacco smoke damage blood vessels, making blood clots more likely.
- ◆ **If you are having surgery**, ask your doctor whether you need anticoagulant drugs.

PARKINSON'S DISEASE *cont. from p1*

and independent, but over time the drug's effectiveness wanes. "As PD progresses, people with the condition continue to lose neurons that produce dopamine," Dr. Shanker says. "This means they need higher and more frequent doses of medication to treat their symptoms." Many PD sufferers develop movement fluctuations within five to 10 years of starting L-dopa therapy.

Other Drugs May Be Used Several other drugs treat PD by extending the effects of L-dopa or mimicking the function of dopamine in the brain.

- **Monoamine oxidase type B (MAO-B) inhibitors**, such as selegiline (Emsam[®], Eldepryl[®] Zelapar[®]), rasagiline (Azilect[®]), and safinamide (Xadago[®]), can provide mild symptomatic benefits and extend the benefit of L-dopa. However, Dr. Shanker cautions that they can interact with other medications, including antidepressants, opioids, and decongestants.

- **Entacapone (Comtan[®])** can be prescribed alone or in a combination tablet with L-dopa. "The drug blocks one of the enzymes that metabolize L-dopa, thus extending L-dopa's effects," Dr. Shanker says.

- **Dopamine agonists** are chemical compounds that mimic the action of dopamine. This drug class includes pramipexole (Mirapex[®]), ropinirole (Requip[®]) and rotigotine (Neupro[®], which is delivered through a skin patch). Because dopamine agonists are associated with hallucinations, drowsiness, and compulsive behaviors, they are not often used in older adults.

- **Anticholinergic drugs**, such as trihexyphenidyl (generic only), are sometimes used to treat tremor and dystonia. However, anticholinergic drugs are associated with a range of side effects—including drowsiness, blurred vision, and an increased heart rate—in older adults. "Caution also should be used in PD patients with cognitive impairment, as these medications can worsen

cognition and cause hallucinations," Dr. Shanker warns.

- **Istradefylline (Nourianz[®])** was approved by the U.S. Food and Drug Administration (FDA) in 2019. The drug is used to improve "on" time (periods during the day when PD symptoms are adequately controlled) in people who take L-dopa.

- **Zonisamide (Zonegran[®])** is an anti-seizure drug that may be prescribed off-label (a term used when a medication is prescribed for conditions it isn't FDA-approved to treat) in PD. "Studies suggest that it can improve on-time in PD patients taking L-dopa," Dr. Shanker says.

Surgical Options Most people with PD respond to drugs, but a small number may develop drug-related complications. "There also are some PD symptoms that cannot be easily treated with medication, such as postural instability and freezing of gait," Dr. Shanker adds. Deep brain stimulation or ultrasound treatment may offer relief in these cases.

- **Deep brain stimulation** involves having electrodes placed into the brain and connected to one or more pacemaker-like devices implanted in the chest. "The pacemakers are programmed to send mild electrical impulses to the brain, and this can help alleviate tremor and dyskinesia," Dr. Shanker explains. "However, DBS cannot cure PD."

- **Unilateral focused ultrasound** was recently approved by the FDA to relieve PD tremors that do not respond to medication. The non-invasive treatment targets the thalamus, a region of the brain that helps coordinate movement, using ultrasound waves to destroy the nerve cells causing the tremors without harming surrounding brain tissue. "The procedure treats tremor on one side only," Dr. Shanker says, "and is considered a second-line option for people who are not medically stable, or have fears regarding DBS but would like to improve the tremors in one hand."

Physical and Occupational Therapy

Useful Studies have suggested that physical activity may help delay PD progression. "People with PD are advised to get at least two and a half hours of aerobic activity weekly, and to participate in strengthening exercises two to three times weekly," Dr. Shanker confirms. Research has suggested

WHAT YOU CAN DO

- ◆ **Subscribe to the National Parkinson's Foundation** (www.parkinson.org) newsletter to keep abreast of new developments in treatment.

- ◆ **Consult a social worker** about entitlements for homecare as your PD progresses—your local Area Agency on Aging can provide details for social workers in your community.

that dance can be beneficial in PD—in a small 2015 study, people with PD who took part in regular tango sessions across a three-month period reported better balance and less fatigue, and were able to walk faster for longer distances. Dance classes also have a social element that can help ease PD-related depression.

Not everybody with PD requires physical therapy, but Dr. Shanker says that it can supplement exercise to improve your walking abilities. "Physical therapy can target symptoms that are not easily treated with drugs," she explains. "People with more advanced PD also benefit from fall prevention training and learning how to walk with assistive devices, while occupational therapy can help range of motion and fine motor skills." There are no medical or surgical interventions that can improve the speech difficulties that may accompany PD, but speech therapy may help.

Staying Positive Depression is common in people with PD and can worsen its other symptoms. Even so, it tends to be overlooked and undertreated even though relieving it has been shown to decrease PD-related disability and improve quality of life in people with the condition. Symptoms of depression include persistent sadness, a sense of hopelessness, loss of interest in things you previously enjoyed, difficulty focusing, and sleep problems. If you are experiencing these symptoms, discuss your feelings with your doctor, since you may benefit from antidepressant medications and psychotherapy. Also get involved with a support group—these can be an invaluable source of help given that they put you in touch with other people who are going through similar experiences and may be able to offer advice and tips. 

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Other people with PD can be a vital source of support.

Choose Comfortable Walking Shoes

Follow these strategies to ensure that your feet get the support they need while you get the exercise you need

Walking is one of the easiest methods of getting the exercise that can keep your heart, muscles, and bones healthy and strong. However, one thing you need to keep in mind—whether you already walk every day or are thinking about starting a regular walking routine—is your foot health. This is why it's important to invest in proper walking shoes that provide adequate shock absorption to protect your feet against injury.

Consider Your Arches Your feet comprise many small bones and a complex interplay of muscles, tendons, and ligaments, says Bryan Markinson, DPM, associate professor of orthopedics at Mount Sinai. Together, these bones and their connected soft tissue form arches that are the key to comfortable walking. “Your arches help to distribute your weight evenly across the soles of your feet,” Dr. Markinson explains “and help you adapt to the surface and terrain you’re walking on.” They do this by controlling the extent to which your feet “pronate,” which is a term used to describe the natural inward rolling motion of your feet as you walk.

Your arches may be low (known as “flat feet”), high, or neutral, and it's important

to figure this out before you purchase walking shoes. This is because a shoe's last (the sole and “inner footprint” of a shoe) needs to conform to the type of arch you have. If it doesn't, the shoes likely won't provide support where you most need it.

If you aren't sure of the degree of your arch, you can check it by dipping your foot in water and placing it on a piece of newspaper. “If the print your foot makes is just the outside of your foot and the ball and heel, and resembles a half-moon, then your arches are high,” says Dr. Markinson. “If you can see most or all of the footprint, then your arches are low.” If your foot falls between these extremes, then you likely have a neutral arch (see our chart for more).

Dr. Markinson recommends shoes with a fairly straight or semi-curved last if your feet have a neutral arch. Feet with low arches pronate excessively, placing excess pressure on the inside of the foot. “Low arches need a straight last that holds the foot in a stable position, limiting excessive pronation,” Dr. Markinson says. Shoes for low arches also have extra padding at the midsole to cushion the arch. “High arches are better suited by a more curved last,” Dr. Markinson says. “Feet

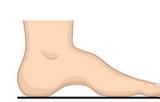
WHAT YOU CAN DO

- ◇ **Get used to new walking shoes gradually**
Wear the shoes inside your home for a few days to make sure that you're happy with them—don't venture out on any long walks until you're sure they are comfortable.
- ◇ **Keep track of how many miles you walk**
using a pedometer or pedometer app on your smartphone, and replace the shoes every 400 miles or so even if they don't look worn out.
- ◇ **Rotate two pairs** If you find the perfect shoe, buy two pairs so you can switch between them and reduce wear and tear.

with high arches don't pronate sufficiently to adequately absorb shock, so also look for shoes that have softer cushioning in the arch area.”

Comfort Counts Walking shoes should fit snugly enough to avoid slipping and rubbing your heels, but not so tightly that they cause blisters and calluses. If possible, choose a design with laces rather than straps, since laces add stability and prevent slipping. If you have arthritis in your hands and prefer shoes with straps, make sure they are narrow enough when fastened to prevent sliding. The shoes should flex comfortably as you walk, and should have non-skid outer soles. “The toe area needs to be wide and deep enough so that you can wiggle your toes,” Dr. Markinson adds. “Allow extra room if you have bunions.”

Practicalities It's best to shop for shoes in the later afternoon and early evening, since feet swell slightly toward the end of the day. There can be small differences in sizes across different shoe manufacturers and shoe types, so don't simply pick the shoe size you normally wear—get your feet professionally measured if possible (do this every time you buy shoes, as your shoe size can change as you get older). Wear the socks you usually wear while walking, and walk around in the shoes before you make your final decision. Aim to replace walking shoes if they begin to look worn and/or you've walked around 400 miles in them. 

How Your Arches Affect Walking			
Low arches (flat feet) cause the feet to over-pronate, which places more pressure on the arch area as you are walking			
A neutral arch ensures that the impacts of walking are evenly distributed across the soles of your feet			
High arches mean that the foot will not pronate sufficiently to fully absorb ground forces as you are walking			

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ASK THE EXPERTS

Postnasal drip

Niacin side effects

Holistic doctor



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Q I had a nasty cold over the winter, but although I have recovered I keep having to clear my throat and am frequently spitting up mucus. My wife also has commented that my breath smells unpleasant. Any idea what could be causing these symptoms? I feel perfectly well otherwise.

A It sounds like you may have postnasal drip. The glands in the lining of the nose and throat produce mucus that keeps the nasal passages moist and helps trap and destroy bacteria and viruses. During a cold or the flu, more mucus than usual is produced in order to flush out the virus, and it can cause the symptoms you describe.

While I suspect your symptoms are related to your cold, other causes can underpin postnasal drip, including chronic obstructive pulmonary disease, gastroesophageal reflux disease (in which stomach acid leaks backward into the esophagus), and blood pressure medications. I recommend you mention the problem to your doctor who can determine exactly what is causing your symptoms. Depending on the diagnosis, he or she may suggest treatment with an antihistamine or decongestant. Don't self-treat with these before consulting your doctor, since some antihistamines cause drowsiness, and oral decongestants like pseudoephedrine (Sudafed®) are contraindicated in people with certain health conditions, including high blood pressure, diabetes, glaucoma, and an enlarged prostate. You also may gain relief from using a saline nasal spray (available over the counter at pharmacies). Drink plenty of fluids, and consider investing in a humidifier to help keep the air in your bedroom moist overnight.

Rosanne M. Leipzig, MD, PhD
Geriatric Medicine

Q I've just started taking niacin to boost my HDL levels but my skin tingles and flushes after taking it. Would a smaller dose help?

A Niacin is another name for vitamin B₃, and high-dose prescription versions (Niaspan®, Niacor®) can significantly raise your HDL ("good cholesterol") levels as well as lower LDL ("bad cholesterol") and

triglycerides (fats that circulate in the blood). Niacin typically is prescribed alongside statins and works better in combination with these drugs—however, it can cause the side effects you mention, as well as nausea and dizziness.

The flushing does tend to disappear over time as your system becomes accustomed to the medication, but if you're still bothered by it, ask your doctor about taking a timed-release version, which may be less likely to cause flushing. Taking low-dose aspirin before you take your niacin also can help lessen the effect but check with your doctor first to ensure that adding aspirin to your medication regimen is safe for you. Another strategy that may provide relief is taking the niacin at night so that you won't be so aware of the flushing.

Bruce Darrow, MD, PhD
Cardiology

Q A friend tells me that her physical and mental wellbeing have been much improved by switching to a holistic doctor. What is a holistic doctor, and should I consider seeing one?

A Holistic medicine operates through a "whole body" approach that aims to understand the root cause of a person's symptoms rather than simply treating them. Strategies a holistic practitioner may recommend include those that treat the mind and spirit as well as the body. Many people value this approach not least because it typically involves spending more time with their doctor, talking about every aspect of their health: diet, sleeping patterns, physical activity levels, sleep routine; things a general practitioner may not have time to discuss in a rushed office visit. A word of caution though: there isn't really any formal training program or qualification for holistic practitioners—they may have gone to medical school, or simply have completed a short training program. If you are interested in seeing how a holistic approach works for you, I recommend you try to find an integrative physician—these doctors have an MD or DO, and use an approach that combines holistic and mainstream medicine.

Patricia Bloom, MD
Geriatric Medicine

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