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Healthy, Quick, and Delicious? Yes!

These simple tips transform ho-hum dishes into nutritious, mouth-watering meals.

Preparing healthy meals at home doesn't require a master's degree from culinary school. But it does involve some forethought, a potential pantry makeover, and the desire to experiment with new cooking techniques. Here's how you can get started.

Strategic Meal Planning

When you want a snack or need to prepare a meal, having healthy and tasty choices on hand makes all the difference. A recent study found that people who plan their meals are more likely to meet nutritional recommendations for good health. So, before you dash off to the grocery store, choose recipes you'd like to make, and then write up a shopping list to ensure you'll get all that's needed.

Plan to use fresh foods in the days immediately following your shopping trip. Later in the week cook more pantry- and freezer-based meals (e.g., whole-wheat pasta with canned beans, tuna, and Italian-seasoned diced tomatoes, or brown rice with frozen edamame and mixed Asian-style vegetables).

Batch cooking is a great way to ensure you have healthy, home-cooked choices when you're short on time. Casseroles, soups, and stir-fries can last for a couple of days, which also cuts down on having to cook daily.

"If you pre-cut/prepare your foods ahead of time, it makes cooking much easier," says senior registered dietitian Dana Hunnes, RD, PhD, UCLA Medical Center.

Of course, it's cheaper to prep your own veggies because buying pre-packaged, store-prepared items can cost twice as much as doing it yourself. But in a pinch, the salad bar

can be an ideal place to pick up some sliced ingredients in the amounts needed.

Hunnes also recommends frozen vegetables, as they are often cut into smaller pieces. The usefulness depends, however, on what you are making. "Frozen corn and edamame work perfectly for a salad once they are defrosted," she says.

Green Light Your Pantry

Intentionally organizing food items makes developing healthier habits easier. A recent study conducted by Harvard researchers found that adding traffic-light labels to packages and menus in a hospital cafeteria resulted in customers purchasing healthier foods with fewer calories. Healthy foods were labeled with green symbols, less healthy food with yellow, and unhealthy food had red labels. Also, unhealthy foods were moved to less accessible areas in the cafeteria.

After two years, the researchers reported a large reduction in the purchase of red-labelled unhealthy foods and an overall decrease in total calories. Assuming no other changes in diet or activity, they surmised an estimated weight loss of about 4.5 pounds per person over a three-year period. As many adults tend to gain weight as they get older, this change could be an important one.

You can apply the study's concepts to your kitchen to help you and others in your household. For example, place green stickers on the most healthy foods and yellow on those that are less so. Place red labels on unhealthy foods, such as salty fried chips and high-sugar beverages, and then store them out of sight and out of each reach, such as on higher



Make a stir fry from virtually any vegetables. It's an especially good way to use up veggies that have started to wilt in the fridge.

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account status, or contact a
customer service representative.**Many People Are Unaware of This Drug Interaction**

Direct-acting oral anticoagulants (DOACs) are the drugs of choice for stroke prevention in patients with atrial fibrillation, which occurs most frequently in older patients. Apixaban (Eliquis) is one of the most frequently prescribed. DOACs are blood-thinners that may not be routinely monitored by health-care professionals. As a result, people taking them may not be aware of potential drug interactions, according to a UCLA survey study published Oct. 28, 2019, in the *Journal of the American Geriatrics Society*. Survey participants included 791 English-or Spanish-speaking patients who were prescribed apixaban. According to the researchers, nearly all of them reported use of an over-the-counter (OTC) product, and about a third of the study respondents took at least one OTC product that could have potentially serious interactions with apixaban. Authors concluded that because significant numbers of patients take OTC products (particularly dietary supplements) with potentially serious interactions with apixaban, greater patient and health-care provider education is needed. Interactions can increase, decrease, or otherwise negatively affect how a drug works. For example, apixaban thins the blood, so OTC products that increase bleeding risk should be avoided. These include aspirin, ibuprofen, naproxen, and fish oils. Some antidepressants, such as fluoxetine (Prozac) and desvenlafaxine (Pristiq, Khedezla) also increase bleeding risk. Drugs that can decrease the effect of apixaban include azole antifungals and drugs used to treat seizures. Consult with your doctor or pharmacist about all medications and OTC products to avoid unwanted consequences.

Isopropyl Alcohol Eases Nausea

An article in the *College of Family Physicians of Canada* reported that inhaling isopropyl alcohol improved mild to moderate nausea and vomiting in emergency room patients. The outcome was based on two trials with about 200 adults admitted into emergency departments. In one trial, people presented with mild to moderate nausea and vomiting, mostly due infectious gastroenteritis (inflammation of the intestinal lining, usually due to viruses, bacteria, or parasites). They were given an alcohol-soaked cotton pad and directed to inhale deeply as frequently as needed to achieve relief. After 30 minutes, about half the people reported relief from nausea. A second trial with postoperative patients compared the inhalation of isopropyl alcohol to saline-soaked pads. At 10 minutes, relief in the isopropyl alcohol group was 50 percent greater. Researchers stated that inhaled isopropyl alcohol provides a peak effect within four minutes postinhalation, and multiple pads can be used for continued short-lasting relief.

Yearly Memory Screening Recommended

People with mild cognitive impairment (MCI) have thinking and memory problems but usually do not know it because the problems are not severe enough to affect their daily activities. However, MCI may be an early sign of Alzheimer's disease or other form of dementia. It also can be a symptom of sleep problems, medical illness, depression, or a medication side effect. That's why the American Academy of Neurology (AAN) has recommended that physicians annually assess thinking and memory in people ages 65 and older. This recommendation for yearly cognitive screening tests is part of an AAN quality measurement published in the Sept. 18, 2019 online issue of *Neurology*, the medical journal of the American Academy of Neurology. The recommendation advises a simple three-minute memory screening and documentation of findings in a patient's medical record, making it accessible to other physicians who may be providing treatment. "We cannot expect people to report their own memory and thinking problems because they may not recognize that they are having problems, or they may not share them with their doctors," says study author Norman L. Foster, MD, University of Utah. "Annual assessments will not only help identify MCI early, it will also help physicians more closely monitor possible worsening of the condition." According to Dr. Foster, thinking skills are the most sensitive indicator of brain function and can be tested cost-effectively. Early diagnosis may identify reversible forms of MCI and lead to treatments that can improve a person's quality of life, such as correcting hearing loss and avoiding social isolation. ■

Move More—See Your Doctor Less

Following HHS exercise guidelines can help prevent and manage chronic diseases and may reduce the need for frequent doctor visits.

You've heard it a million times—exercise more. But that direction is rather worthless unless you know how much, how often, what kind of exercises to do and why. The latest *Physical Activity Guidelines for Americans*, a science-based guide released in 2018 by the U.S. Department of Health and Human Services (HHS), helps ensure you get the most from your physical activity efforts. This comprehensive guide is published every 10 years.

A Higher Quality of Life

Authors of the guidelines say that some exercise benefits happen immediately. For example, a single bout of moderate-to-vigorous physical activity can improve that night's sleep, reduce anxiety symptoms, improve cognition, reduce blood pressure, and improve insulin sensitivity on the day that it is performed. Most of these improvements become even larger with the regular performance of moderate-to-vigorous physical activity.

What it can do for your quality of life is even more profound.

“Whether it is being able to go for walks in the neighborhood, playing with grandchildren, or traveling abroad, improving your fitness will make everything that you want to do easier,” says cardiologist Timothy Canan, MD, UCLA Medical Center. “It can increase your energy and stamina, improve sleep quality, build muscle strength, and allow you to feel more comfortable during those efforts. And challenging oneself to reach a specific goal or activity makes it even more satisfying when you achieve it.”

Heart-Smart Exercise

Call it cardio or call it aerobics, the goal is the same: Break a sweat and increase your heart rate for a sus-

tained period of time. Intensity is important and is relative to your fitness level. The commonly used 1-10 perceived exertion scale can help you gauge your intensity. One is basically sedentary and 10 is all-out effort. Moderate intensity is 5 to 6 on the scale, and 7 to 10 is considered vigorous.

Set a time goal for each session. If you're shooting for 150 minutes of moderate intensity per week, consider doing 30 minutes five days per week.

“If you can't do 150 minutes, you will still benefit by doing as much as you can,” says Dr. Canan. “If you're completely sedentary, you should see your doctor to manage risk factors and determine your heart rate goals. If you jump right into strenuous exercise, there is increased risk for having a heart attack, but the risk goes down the more fit you get, and the more you train.”

Muscles for Better Bones and Balance

The National Osteoporosis Foundation recommends exercises that are weight-bearing and muscle strengthening. Use weights, resistance bands, or your own body weight. Dumbbells have the added advantage of requiring you to balance and control the weights. Avoid injury by using proper form. That's where exercise professionals come in (e.g., a personal trainer or physical therapist experienced in

Benefits of exercise start almost immediately

WEEKLY EXERCISE RECOMMENDATIONS

The 2018 federal guidelines recommend 150 minutes (2 hours and 30 minutes) to 300 minutes (5 hours) of moderate-intensity exercise, or 75 minutes (1 hour and 15 minutes to 150 minutes (2 hours and 30 minutes) per week of vigorous-intensity aerobic activity. Spread out your aerobic sessions across the week. Muscle-strengthening exercises that involve all major muscle groups should be done two or more days per week. Balance training (yoga, tai chi, Pilates) is also advised. Find the complete guidelines online at <http://tiny.cc/pdegfz>.



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Get motivated and make new friends at fitness competitions and fundraisers.

working with older adults). These pros can design a safe and appropriate exercise program for you. It's a smart way to go any time you want to start or overhaul your current routine.

Set a Goal and Go

The hardest part for many people is getting started. That's why goal setting is so helpful. For example, setting a step-count target can motivate you to walk just a few more blocks to reach your daily goal. The *Physical Activity Guidelines for Americans* offers specific targets to strive for (see box, below).

Competitions may also energize you to do more than you think you can. Consider committing to a bike or walk fundraiser or group activities such as rowing, boxing, or dance competitions. Many fitness centers offer time-bound challenges such as triathlons designed for a various fitness levels from beginners to more experienced athletes.

No matter your current level of fitness, just get moving and you'll quickly feel better physically, emotionally, and mentally. ■

More Muscle, Better Libido, and Renewed Vitality

These are among the testosterone treatment promises for men and women. Is it the right approach for you?

Seventy-one-year-old Dennis is very active in his retired life. He and his wife exercise together, attend L.A. Philharmonic concerts, do Sunday crossword puzzles, and they have been having sex at least once a week for many years. About five years ago, he realized his erections were getting weaker, but with Viagra or Cialis he had no trouble performing in the bedroom. This past year, Dennis experienced a decrease in his sex drive. His wife noticed his weight gain, waning energy during their power-walks, and his need for afternoon naps. Blood tests confirmed that he had low testosterone, and he started testosterone replacement therapy (TRT).

According to Sriram Eleswarapu, MD, PhD, urologist at the Men's Clinic at UCLA, Dennis started to feel better within six weeks and after a year reported a substantial improvement in his sex drive, energy level, and exercise tolerance. Though blood levels are important, that's not the only determining factor for starting a man on TRT.

"We don't treat a number—we treat a patient," says Dr. Eleswarapu. "Some men have blood tests showing low testosterone but are unbothered by symptoms. Other men have low testosterone symptoms, but their numbers may be in the normal range. Every individual's biology is different. There is no one-size-fits-all approach."

Dr. Eleswarapu explains that sometimes a man's testosterone level may be in the "normal" range, but his pituitary gland hormones or his estrogen level may be abnormal in some way. In other words, though his testosterone is "normal," the rest

of his body, including his other testosterone-related hormones, "think" that his testosterone is abnormal. So, at the UCLA Men's Clinic physicians design a treatment plan tailored to an individual situation, and that treatment plan may include TRT, or it may include other medications, such as estrogen blockers.

Men, Women, and Testosterone

Fatigue, waning sex drive, loss of muscle mass and tone, and weight gain are symptoms that can have many causes. Low testosterone is one of them. If you are male, there are plenty of studies and FDA-approved testosterone treatments. If you are female, there are no FDA-approved testosterone treatments, and clinical studies are fewer. Nonetheless, TRT is available for men and women, and many people do partake of them. There are certainly many benefits documented by high-quality studies. But, there are also risks and caveats.

Insights for Men

The Endocrine Society recommends TRT for men who have hypogonadism, a condition diagnosed by low blood levels of testosterone and including such symptoms as erectile dysfunction, low energy, and increased belly fat. The Society discourages the use of it for those who do not have hypogonadism. In short, it's not for otherwise healthy men looking for a little extra boost of energy and/or sexual verve.

Minor side effects of TRT may include headache, anxiety, acne, and breast swelling and tenderness. It can also cause an elevated red blood cell count, which is more common in men with a history of sleep apnea. A high red blood cell count doesn't always



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mean there is a health problem. But there are medical conditions that can cause this response, including a blood disorder in the bone marrow, kidney tumors, and lung diseases, such as chronic obstructive pulmonary disease (COPD).

Some studies have associated TRT with cardiovascular events. Most recently, a 2019 study in *The American Journal of Medicine* found a 21 percent higher risk of ischemic stroke, and heart attack within the first two years of TRT use. It also noted that TRT may worsen sleep apnea and stimulate benign prostatic hyperplasia.

"There are numerous articles in the scientific literature that document a net benefit of TRT on cardiovascular risk factors, so there is some ambiguity on whether TRT causes cardiovascular morbidity," says Dr. Eleswarapu. "The treatment can cause a rise in PSA in men with low testosterone as they reach a normal testosterone level. This may trigger the need to evaluate for prostate cancer."

Update for Women

By the time a woman is postmenopausal, her testosterone level has plummeted to about half of what it was in her 20s. Energy, muscle mass, and libido can all be negatively affected. Ask a medical provider about the use of testosterone treatments for women, however, and

the first response you'll likely get it is "it's controversial." That's mostly due to insufficient clinical trial data, lack of treatment guidelines, and no testosterone formulation designed specifically for women. But there is some progress being made.

In September 2019, the Endocrine Society and 10 esteemed medical societies released the first Global Position Statement on testosterone therapy in women. It provides agreement among experts and medical societies about how testosterone could be prescribed for women. Of course, women have been and are getting these treatments now, but they have been receiving them without strong consensus guidelines to inform therapy.

The Global Position Statement, published in the October 2019 issue of *The Journal of Clinical Endocrinology & Metabolism*, is based on meta-analysis of 36 randomized controlled trials that included 8,480 participants. The authors conclude that testosterone treatment "significantly increased sexual function including satisfactory sexual event frequency, sexual desire, orgasm, responsiveness, and self-image." The guidelines are meant for postmenopausal women with hypoactive sexual desire dysfunction (HSDD), essentially low libido. This condition is thought to affect around 32 percent of women at midlife; and, while it's common for women to lose interest in sex around the time of the menopause and after,

the use of testosterone as a treatment offers women an approach that may significantly improve their sexual and related emotional wellbeing.

Amy Rosenman, MD, at the UCLA Center for Women's Pelvic Health emphasizes that testosterone should be delivered transdermally, meaning absorbed through the skin, not orally, to avoid first going through the liver.

"The ideal patient is a woman with no ovaries, the main source of testosterone in women. These women may benefit from low doses," explains Dr. Rosenman.

She further adds that in women testosterone is metabolized into estrogen. Therefore, women who should not be taking estrogen are advised to avoid TRT.

Risks of testosterone treatment in women include growing unwanted hair (e.g., on chin and upper lip), acne, changes in voice, weight gain, and clitoromegaly (enlargement of the clitoris). According to Dr. Rosenman, there also may be heart risks that are poorly understood.

Recommendations for Women

Treatment should only be with formulations that achieve blood concentrations of testosterone that approximate premenopausal physiological concentrations. Because no approved female product is yet approved by a national regulatory body, male formulations can be carefully used in female doses. Blood testosterone concentrations must

WHAT YOU SHOULD KNOW

- **Testosterone therapy** may be appropriate for specific diagnosed conditions.
- **Blood tests** are used to confirm hormone levels before and throughout treatment.
- **Minor side effects** may include acne, anxiety, headache, breast swelling.
- **Some studies** show an increased cardiovascular risk; others refute the risks.
- **Benefits include** better erections, improved sex drive, and increased sexual satisfaction.

be monitored regularly, so expect to have your blood tested several times a year, especially at the start of therapy. The Global Panel does not recommend oral therapy.

Symptoms related to low estrogen as well as low testosterone levels include discomfort or pain during vaginal penetration, taking longer for the vagina to lubricate before sex, being less responsive to sexual stimulation, and having difficulty reaching orgasm.

Making an Informed Decision

There is a lot of hype surrounding testosterone treatments, as well as a lot of critics disparaging its use. TRT has been helpful to many people. But it isn't for everyone. It may not be appropriate if you have certain other health conditions. Tell your health-care provider about any conditions you may have or have had, especially the following: breast cancer, prostate cancer, urinary problems due to enlarged prostate, kidney or liver problems, heart problems, sleep apnea or diabetes.

Have a frank discussion with your physician to better understand how, and if, TRT is appropriate for you. Specialists in hormone replacement therapies include urologists, gynecologists, and endocrinologists. Before making an appointment, ask if HRT is within their area of expertise. ■

ANDROGENS FOR ALL

Androgens are classified as "male hormones." Testosterone and androstenedione are the primary players; others you may have heard of include dihydrotestosterone (DHT), dehydroepiandrosterone (DHEA) and DHEA sulfate (DHEA-S). Both male and female bodies rely on androgens for a wide variety of functions, though their levels of androgen vary. Some evidence links low testosterone in men with increased risk for obesity, diabetes, and high blood pressure. In women, in addition to libido issues, low testosterone levels may aggravate hot flashes. Studies have also suggested that both men and women with low testosterone have increased risk for bone loss.



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What to Expect from Dental Implants

This common tooth replacement treatment is a multistep surgical process.

Replacing a missing tooth is not just for cosmetic reasons. When a tooth is lost, the surrounding teeth can shift, causing misalignment and chewing problems. In addition, the bone in the jaw where the tooth used to be starts to break down, which can affect facial structures.

Dental implants have become increasingly popular since they were introduced in the U.S. nearly 40 years ago. Newer techniques have reduced treatment time, cut down on the number of visits, and the procedures have become more precise and less invasive.

“We have the ability to perform surgery and deliver temporary teeth in one appointment,” explains Joan Pi-Anfruns, DMD, Health Sciences Assistant Clinical Professor, UCLA School of Dentistry. “We also have the ability to utilize computers to help us plan cases and execute the surgery in a very precise fashion. Every patient is different, and therefore every case is different. A consultation with an expert is key to determine what options best suit your particular needs.”

WHAT YOU SHOULD KNOW

- **An implant** requires an incision into the gums and a hole drilled into the jawbone.
- **A waiting period** of three to six months for bone to fuse to metal is required.
- **An impression** for the abutment (where the artificial tooth is placed) is made.
- **The abutment**, and subsequent impression for the crown (tooth) is done.
- **A return visit** for crown placement finalizes the procedure.



An implant, typically a titanium screw, is the base upon which a custom-made tooth is placed.

Compared to bridges or dentures, dental implants can provide a more natural look and feel, functioning like real teeth and allowing you to bite into foods like apples. Studies show that more than 95 percent of implants can last for at least 10 years, and with proper care, they have the potential to last a lifetime. As mainstream as this treatment has become, it still requires dental surgery and should not be taken lightly.

What's Involved

Dental implants are replacements for tooth roots. The procedure can be done under local anesthesia (meaning you'll be awake) or under IV sedation (meaning you'll be asleep), and it begins with an incision into the gums to expose bone. A hole is drilled and the implant, basically a titanium metal screw, is placed into the jawbone. The gums are closed with several stitches. You can expect some post-surgical discomfort that can radiate into the cheeks, chin, or under the eyes. Icing and pain medication will be needed, as well as antibiotics. Some people do fine with over-the-counter pain medicines like

ibuprofen (Aleve, Motrin) and/or acetaminophen (Tylenol).

Next is a waiting period for the bone to fuse to the metal. It can take from three to six months for this to occur. A temporary crown or denture can sometimes be utilized during this time. Once the bone has secured to the implant, an impression of the teeth is taken, and an “abutment” is made. The abutment is the base onto which a customized crown (tooth) is permanently placed.

Healthy gums and adequate underlying jawbone are essential to successful implants. Any signs of gum disease will have to be treated before the procedure. For those who may not have enough underlying bone, a bone graft can be done and may require an additional waiting period before the implant process can move forward.

Other Considerations

Compared to a bridge, the ease of oral hygiene care with an implant is a major plus because you can floss around a single implant restoration.

“Because a bridge requires removing tooth structure, preservation of tooth structure is another significant advantage with an implant,” adds Ting-Ling Chang, DDS, Health Sciences Clinical

Professor, UCLA School of Dentistry. “Implant restorations do not require grinding on the teeth.”

On the downside, a single implant can cost a few thousand dollars and may not be covered by insurance (check with your provider). As with any surgery, complications can occur. The most common are infections and implant failure. Some medical conditions or taking certain medications may exclude people from receiving dental implants. People with uncontrolled diabetes, smoking, or poor oral hygiene are more prone to developing problems with their implants. ■

“As a patient, you should be comfortable with your provider and be able to discuss potential complications and how to resolve them.”

*Ting-Ling Chang, DDS,
UCLA School of Dentistry*

Healthy Food Prep—cont. from page 1

shelves or in drawers. Also, consider not buying them at all, and if you really have a craving, try something else to satisfy it. Make a smoothie with low-fat yogurt, banana, and pineapple instead of having full-fat ice cream. But, if you really crave the ice cream, make a special trip for it. Enjoy it in moderation, and savor every bite.

Flavorful Cooking Techniques

How you cook food affects its nutritional value as well as its flavor. Try some of these techniques to get the most flavor and health benefits from your food choices:

Marinating means soaking food in a seasoned liquid before cooking. It gives food more flavor and helps tenderize meat and poultry. A typical marinade is one-part acid (e.g., vinegar, citrus juice, or wine), two parts oil (e.g., toasted sesame, oil, or canola oil) and plenty of aromatics and seasonings (e.g., onions, garlic, herbs, and spices). The thinner or more delicate the food, the less it needs to marinate. Seafood and tofu should marinate for about 30 minutes; poultry pieces and vegetables, 30 minutes to two hours; and lean meats, 30 minutes to four hours. Store food in the refrigerator while marinating, and dispose of the marinade promptly after use.

Sautéing is cooking smaller pieces of food quickly in a little oil in a skillet over medium-high heat and stirring often. Sautéing is great for one-pot meals. Brown bite-sized chunks of meat or poultry in a little oil, but don't cook them all the way through. Set the meat aside and put diced, non-leafy veggies in the pan (e.g., sauté carrots and onion first and let them soften before adding other vegetables). Add seasoning or sauce, then stir in any greens, and put the meat back into the pan to finish cooking the dish.

Roasting means cooking food uncovered in the oven, typically without adding liquid. Roasting whole chicken, turkey, and beef roasts is common, but this method works

well for fish and vegetables, too. See the “Walnut-Crusted Salmon Sheet Pan Dinner” recipe. Roasting veggies brings out a delicious sweetness.

Adding Pizzazz

Various acids enhance flavors and take them in different culinary directions. For example, balsamic vinegar provides an Italian/Greek profile, citrus is used in Mexican and Latin American dishes, and rice wine in Asian cooking. Tomato sauce also has acidity. Lemon juice added at the end of cooking or squeezed on at the table freshens up fish and vegetables.

Herbs and spices can help you cut back on salt, sugar, and fat in dishes while making nutritious foods such as vegetables, legumes, and whole grains taste more exciting.

“I absolutely love smoked paprika,” says Hunnes. “It imparts a nice smoky/sweet flavor into foods. It

is not meant for everything of course, but when I want to have that flavor, it provides a bit of pizzazz.”

Herbs come from the leaves of plants (such as basil), while spices may come from the roots (such as ginger), bark (such as cinnamon), berries (such as peppercorns), dried seeds (such as cumin), or flowers/buds of plants (such as saffron and cloves). Compared with herbs, spices typically have stronger flavors, so use them in smaller amounts. Don't add too many different flavors at a time. Smelling herbs and spices first may help you decide if they pair well with the dish you're eating.

Experiment with cooking techniques and the wide world of available seasonings.

Make it a group effort by inviting friends or having grandkids participate in creating a meal. Working together lightens the load and can inspire more creativity and joy along the way. ■

Walnut-Crusted Salmon Sheet Pan Dinner

Vegetables:

- 1 large sweet potato, cut into ½- to 1-inch cubes
- 1 large apple, cut into ½- to 1-inch cubes
- 1 lb Brussels sprouts, trimmed and cut in half
- 6-8 shallots, ends trimmed off, peeled and cut in half
- 1 Tbsp olive oil
- ⅛ tsp salt
- ⅛ tsp black pepper

Salmon and walnut coating

- 1 lb salmon fillet
- ⅔ cup walnuts, roughly chopped
- 2 Tbsp coarse ground mustard
- 3 Tbsp maple syrup
- 1 Tbsp olive oil, divided
- ½ tsp paprika
- ⅛ teaspoon salt
- ⅛ teaspoon black pepper

Vegetables: Preheat oven to 425°F and line a rimmed baking sheet with parchment paper.

Toss sweet potatoes, apples, Brussels sprouts, and shallots with 1 Tbsp olive oil. Spread on sheet pan and sprinkle with salt and pepper. Place in oven and cook for 15 minutes while you prepare the salmon.

Salmon and walnut coating: Rinse salmon and pat dry. Set aside. In a small bowl, stir together walnuts, ground mustard, maple syrup, olive oil, paprika, salt, and pepper. Remove sheet pan with the vegetables from the oven after 15 minutes.

Vegetables and salmon: Toss the vegetables and push them to the edges of the pan to make room for the salmon. Place salmon in the center of the pan and spoon walnut mixture on top. Return pan to oven and cook for 15-18 minutes or until fish is flaky.

Yield: 4 servings. **Nutrition, per serving:** 747 calories, 38 g total fat, 5 g saturated fat, 37 g protein, 66 g carbs, 13 g fiber, 171 mg cholesterol, 576 mg sodium. Source: California Walnut Board





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Q I recently turned 75, and I've heard that I should take vitamin D supplements. Why is it so important, and how much is needed for good health?

A Vitamin D is essential to many bodily functions. Most notably for older adults it's needed to maintain strong bones. It helps the body absorb calcium and phosphorous, which are both vital bone-building minerals. Vitamin D also plays a role in muscle movement. For example, the nerves need the vitamin to carry messages between the brain and body. Another reason why older adults may need to supplement is because of their increased risk for vitamin D insufficiency. Sunshine is the most effective way to get optimal levels of vitamin D, and aging skin is less efficient at producing vitamin D absorbed through sun exposure. Also, some older people may not spend enough time outdoors. A poor diet may also be partly to blame for vitamin D insufficiency. The Food and Nutrition Board, a national group of experts, advises that adults ages 70 and older aim for 800 IU. With sun as the primary source of the vitamin, there may be concerns about skin cancer and other skin conditions that arise from excessive sun exposure. It doesn't take a lot of sun exposure to get what's needed. Several studies show optimal levels of vitamin D can be obtained midday in just a few minutes. Based on a study of 120 Caucasian adults (ages 20 to 60) researchers in the United Kingdom concluded that 13 minutes of midday exposure to summer sun three times a week was enough to sufficiently maintain vitamin D at recommended levels. Sitting near a sunny window does not help, as the sun's ultraviolet rays don't effectively penetrate through glass. As for nutritional sources, they pale in comparison to the sun, but the best food sources of vitamin D include fatty fish, such as tuna, salmon and mackerel. Beef liver, cheese and egg yolks also provide small amounts, as do some mushrooms that have intentionally been exposed to ultraviolet radiation. Foods fortified with vitamin D include milk (dairy as well as nut milks), breakfast cereals, and some brands

of orange juice. Supplements of both vitamin D₃ (at 700-800 IU/day) and calcium (500-1,200 mg/day) have been shown to reduce the risk of bone loss and fractures in elderly people ages 62 to 85. While several studies in the past few decades have found that people with some diseases (e.g., cancer, heart disease and diabetes) have lower levels of vitamin D, no study has shown that having low levels of vitamin D in the blood causes these diseases. The best way to check your levels is through a blood test ordered by your doctor, and then supplement, if needed.

Q It's been recommended that my husband see a geriatric neurologist. What do they do?

A Neurologists specialize in disorders of the nervous system, which includes the brain, spinal cord, and peripheral nervous system. They treat a wide variety of symptoms, such as poor coordination, balance problems, muscle weaknesses, confusion, dysfunctions in touch, vision, or smell, headaches, tremors, numbness, and consequences related to strokes, and neurodegenerative diseases such as Parkinson's, multiple sclerosis, and Alzheimer's. Like pediatricians attend to the unique needs of children, geriatricians specialize in older adults. Geriatric physicians, including geriatric neurologists, understand the complex health needs of older people, many of whom have a variety of conditions, take several medications, and can have overlapping problems from various disorders. They are trained to disentangle age-related changes from conditions that need treatment. For example, it can take older adults longer to process information compared to when they were younger, and balance problems become more prevalent with age. A neurologist can help determine what may be causing these symptoms. A first time visit to a neurologist typically includes in-office tests of muscle strength, reflexes, and coordination. If needed, other tests may be ordered to further narrow down a diagnosis. For example, an electroencephalogram (EEG) measures electrical activity in the brain by applying electrodes to the scalp. ■

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