Alert: Hepatitis C screening could be critical
Treatment is available if you test positive.

The Centers for Disease Control and Prevention (CDC) is recommending that everyone born between 1945 and 1965—the so-called “baby boomer” generation—be tested for hepatitis C. The CDC reports that about two million American adults know they have hepatitis C, and 75% of them are baby boomers. Another 1.5 million baby boomers are likely infected, but aren’t seeking treatment because they’re unaware of their condition. That could be life threatening. “You have to understand that hepatitis C advances very silently. If it’s discovered once the liver fails, then it’s too late to save the liver. Screening is so easy,” says Dr. Stanley Rosenberg, a gastroenterologist at Harvard-affiliated Beth Israel Deaconess Medical Center (BIDMC).

Why it’s vital
Hepatitis C is a viral infection that attacks the liver and can lead to cirrhosis, which leaves the liver scarred and functioning poorly. In some cases, hepatitis C can ultimately result in liver cancer or liver failure. Unfortunately, the number of hepatitis C cases is on the rise, as is the number of deaths related to the disease, according to the CDC.

BIDMC has had to add physicians in recent years just to meet the demands caused by the infection. “Hepatitis C is the biggest single item that we treat,” says Dr. Michael Curry, medical director for liver transplantation at BIDMC. “It outnumbers the vast majority of diseases coming in to us. It’s the most common reason for liver transplants in our program.”

While the new CDC guidelines are aimed at everyone born between 1945 and 1965, it’s particularly important that people with known risk factors be screened. The most common risk factors include a history of intravenous drug use, multiple sex partners, and having had a blood transfusion before 1992, when the blood test for the hepatitis C virus was first available to blood banks.

Testing
The initial screening for hepatitis C is a simple blood test. Your primary care physician can order the test as part of your usual bloodwork or as an independent screening. The screening test looks for antibodies to the virus. “If it comes back positive, indicating the likely presence of an infection, you’ll be instructed to get a viral load test,” Dr. Rosenberg explains. That’s a test for the amount of the virus circulating in the blood.

A “low” viral load indicates an infection that will be easier to treat, and possibly to cure. A “high” viral load will be more difficult to treat, and harder to cure even with aggressive treatment.

continued on p. 7
Shin splints at any age

Q I'm an older runner, and I've developed shin splints. What causes them, what are the treatments, and how can I prevent them from coming back?

A Shin splints involve injury of the muscles in the inner part of your lower leg. The exercise that causes shin splints most often is running. And the thing that most often leads to running-related shin splints is putting those muscles to a test that they're not yet ready for. Running much faster or longer than before, or on a different surface, is what most often causes the injury.

The best way to prevent shin splints is to warm up thoroughly before running. Build up slowly to your goal. Don't increase the intensity or the duration of your running by more than about 10% per week.

The treatment for shin splints is RICE.

R for rest: 7–10 days of rest.
I for ice on the injured area.
C for compressing the muscle with an elastic bandage.
E for elevating the injured leg as often as possible.

After the period of rest, don't return to running. Start with walking. If the shin pain returns, rest again. You want to be pain-free for several days before running again. Finally, over-the-counter pain pills like acetaminophen (Tylenol) and NSAIDs may help. If you treat your injured muscle properly, and don't push too hard or too fast after you return to running, you can protect yourself against getting shin splints again.

Canola oil and prostate health

Q I use a lot of canola oil in cooking, because it's heart-healthy. My husband has prostate cancer, and I just heard that canola oil might make it worse. Is that really true and should I stop using it for cooking?

A No, it's not true. Canola oil contains fat, and dietary fat has indeed been linked to prostate cancer. But a large study done here at Harvard 20 years ago and published in the Journal of the National Cancer Institute found that while a diet rich in animal fats (saturated or "bad" fats) raised the risk of prostate cancer by over 60%, there was no increased risk with fats from plant sources (generally "good" fats), like canola oil. Many subsequent epidemiological studies have found that diets typical in Japan and the southern Mediterranean area—diets rich in good fats—also protect against prostate cancer (and many other diseases). In addition, a study published in 2011 in the journal Carcinogenesis found that adding canola oil to the diet of mice decreased the risk of prostate cancer.

As we’ve said many times in these pages, diets rich in vegetables, fruits and fish are linked to lower rates of many types of cancer and cardiovascular disease. I advocate healthy eating with all my patients. When a patient is at particular risk for heart disease or cancer, including prostate cancer, I make a special effort to convince him to eat healthy. Your husband need not worry about canola oil.
Protect your brain from stroke
Reducing your salt intake may help.

You’ve heard for years that too much salt can raise your blood pressure and is dangerous for the heart. A new study finds that salt may also be a threat to your brain. The study, published in the journal Stroke, finds that among older adults, a high-sodium diet can significantly raise the risk of stroke. “The findings are associations and don’t prove causality,” says Dr. Helen Delichatsios, assistant professor of medicine at Harvard Medical School. “But I don’t think the concerns about excess salt intake are overrated.”

Stroke and salt
A stroke occurs when an artery that supplies blood to the brain becomes blocked or bursts. Without blood, brain cells go without oxygen and begin to die.

In the study, people who consumed the greatest amounts of sodium were about three times as likely to suffer a stroke as those who kept within the American Heart Association recommendations of 1,500 milligrams (mg) of sodium per day. While the stroke risk rose as intake started to rise above 1,500 mg, the most serious stroke risk was only established once sodium consumption reached around 4,000 mg, which is more than what most people consume in a day.

Counting calories to keep your heart young
New research finds it effective, but is it safe?

What’s the secret to staying young at heart? A new study published in Aging Cell found that restricting your calorie intake may keep your heart acting like one that’s 20 years younger. “Restriction of calories leads to weight loss over time. Weight loss is associated with several well-known medical benefits, such as reduced risk of diabetes, high blood pressure, and high cholesterol—all risk factors for the development of heart disease,” explains Dr. Deepak Bhatt, an interventional cardiologist and associate professor at Harvard Medical School.

The study focused on just one aspect of heart health, albeit an important one—heart rate variability, which is a measure of how the heart responds to changing needs. A healthy heart has much greater variability than a poorly functioning heart. For example, a person whose heart rate climbs with physical exertion, but drops quickly back to a normal rate once the activity stops, would be said to have a healthier or “younger” heart.

Researchers found that the typical age-related deterioration of heart rate variability slowed down when participants consumed 30% fewer calories than normal. So would it work for you? “While this study suggests that improvement in the heart rate’s ability to respond to various stresses could indeed lead to longer life in humans, ideal calorie intake depends on size, gender, and level of physical activity,” says Dr. Bhatt.

“As a science it’s fascinating,” says Dr. Eric Rimm, associate professor of epidemiology and nutrition at the Harvard School of Public Health, “but it may be too difficult, even dangerous, for most people to take on a large calorie reduction for the long term.”

But calorie reduction can improve your health if you’re overweight. Your doctor may be able to prescribe the services of a dietitian to help you cut back on calories and make a safe and reasonable transition in your eating style.

Salt substitutes
If you can’t give up your salt shaker, try salt substitutes. These are made with potassium chloride, which tastes similar to salt. “Salt-free” means the product is 100% potassium chloride. “Lite” salt replaces up to half the table salt with potassium chloride. People with diabetes or kidney disease, or who take certain blood pressure medications (potassium-sparing diuretics, ACE inhibitors, or angiotensin-receptor blockers), should discuss potassium-based salt substitutes with their doctor before using them.

Fighting back
Reducing dietary sodium can help reduce blood pressure and reduce edema. Try to limit your daily salt intake to 1,500 mg per day if you’re 51 or older, or at any age if you are African American or you have hypertension, diabetes, or chronic kidney disease.

Reduce salt in your diet by eating more fresh food and less salt-heavy restaurant and prepackaged foods. Read food labels to hunt for hidden sodium. Most of us are getting excessive salt from breads, pizza, pasta, cold cuts, chicken, and cheese. Track your salt intake and stop eating salt-rich food when you reach 1,500 mg each day. And finally, liven up your food with lemon or vinegar and spices such as oregano, pepper, garlic, sage, rosemary, or tarragon.
Easier way to help your hip?
Choose wisely when considering surgical options.

When it’s time to do something about the unbearable arthritis pain in your hip, you’ll likely hear about an alternative to total hip replacement called hip resurfacing. The two procedures appear to have similar short-term results with regard to function and activity level, according to a new study in the journal BMJ. But be careful. “The long-term benefits haven’t been shown at all,” says Dr. Donald Reilly, assistant clinical professor of orthopedic surgery at Harvard Medical School.

Replacement vs. resurfacing
The hip is a ball-and-socket joint, where the thigh bone (femur) meets the pelvis bone. The ball is at the top of the femur, known as the femoral head, below which is the neck of the femur. The socket is the acetabulum, part of the pelvis bone. In a total hip replacement, the surgeon removes the damaged surface of the socket, the femoral head, and the neck of the femur, then replaces them with prosthetic components. In a hip resurfacing, the surgeon places a prosthetic cap on the femoral head, preserving the neck, and replaces the acetabulum. Resurfacing preserves the femur, which may make future hip surgeries easier. Insurance pays for both procedures and recovery time is the same: three days in the hospital, followed by 4–6 weeks of physical therapy. In the study published in BMJ, researchers found no difference in hip function one year after study subjects underwent either a hip replacement or a hip resurfacing. Dr. Reilly says that doesn’t tell us much. “Other studies show that after two years there’s a higher failure rate in resurfacing—femoral neck fracture and loosening.” Dr. Reilly says that 90% of total hip replacements are functioning well after 15 years.

Is it right for you?
Dr. Reilly says hip resurfacing is popular among younger people because it’s touted as having a more natural feel. But, he says, plenty of people ages 50 and older undergo resurfacing as well. So which is right for you? “The anatomy of the hip allows you to do a total hip replacement on anyone who needs it,” says Dr. Reilly. “But not everyone has the right anatomy for hip resurfacing.” That includes small women with poor bone quality and people with certain femoral head anatomies that make femur fractures more likely. Bottom line: “Because of the track record, total hip replacement is best for people over 65,” says Dr. Reilly.

Can coffee help you live longer?
Certain compounds in the brew are beneficial.

You may think of coffee as just a part of your morning routine. But it may be part of a longer, healthier life. A study published in The New England Journal of Medicine found that among older adults, those who drank coffee (caffeinated or decaf) had a lower risk of dying from diabetes, heart disease, respiratory disease, and other medical complications than non-coffee drinkers. “I think the evidence is pretty substantial now; it seems to be beneficial across the board,” says Dr. Eric Rimm, associate professor of epidemiology and nutrition at the Harvard School of Public Health.

What they found
Researchers looked at survey responses regarding the coffee habits of more than 400,000 older men and women. After adjusting for the effects of other risk factors such as alcohol consumption and smoking, scientists concluded that two or more cups of coffee per day equated to a 10% reduction in overall death for men and a 15% reduction in overall death for women, when compared with non-coffee drinkers. It’s not a cause-and-effect relationship, but researchers say there is a strong association between drinking coffee and living longer.

Brew benefits and risks
We don’t exactly know why this little bean has such big benefits, since coffee has hundreds of compounds. But we do know that one compound, chlorogenic acid, functions as an antioxidant (which helps our body fight oxidative damage). Chlorogenic acid may also turn on genes that increase insulin sensitivity and reduce the risk of developing type 2 diabetes.

But beware: Filtered coffee, no matter which kind, is associated with health benefits. Unfiltered (pressed) coffee allows the compound cafestol into your cup. “After five or six cups a day that are unfiltered, the cafestol intake may raise your cholesterol,” says Dr. Rimm. And caffeinated coffee may have risks if you’re on certain medications.
Best options for prostate surgery

*Traditional versus robot-assisted procedures.*

A diagnosis of prostate cancer that hasn’t spread comes with treatment options such as watchful waiting, hormone therapy, and radiation. But if your doctor recommends prostate removal, you have one very important decision: trust your surgery to human hands or to robotic arms controlled by your surgeon. A study led by researchers at Harvard-affiliated Massachusetts General Hospital (MGH) and published in the *Journal of Clinical Oncology* found little difference in the outcomes. “Yes, the two are basically the same in outcomes,” says Dr. William DeWolf, professor of surgery at Harvard Medical School and urologist-in-chief at Beth Israel Deaconess Medical Center. “I don’t see any difference between the two, nor should there be, based on technique.”

**Surgeries and outcomes**

Researchers looked at the two most common methods of radical prostatectomy (removal of the prostate and nearby tissue, such as lymph nodes). During robot-assisted radical prostatectomy, the surgeon sits at a console and controls robotic arms that have long, thin, laparoscopic-type instruments. Small keyhole incisions are made across the abdomen, and the prostate is removed in its entirety. The surgery typically lasts about four hours.

In contrast, during traditional open radical prostatectomy, the surgeon holds the instruments in his or her own hands, makes a four-inch incision in the abdomen, and then removes the prostate. It lasts about two hours.

Researchers found no significant differences in side effects for either surgery. Overall, about 88% of men in the study had trouble with sexual function and about 31% had incontinence following surgery. The study didn’t look at other side effects, but Dr. DeWolf says pain and infection risk are the same for both procedures. Importantly, he says, both procedures remove cancer effectively.

**Which is right for you**

While traditional open surgery usually doesn’t require blood transfusions, Dr. DeWolf says robot-assisted surgery has less blood loss.

“So the procedure is better for men who are on aspirin therapy due to a heart condition or a history of stroke,” he explains. The small incisions of robotic surgery also allow for a slightly faster recovery, enabling men to get back to heavy lifting in one or two weeks.

However, Dr. DeWolf says, robot-assisted surgery doesn’t work well for men who have a large prostate or abdominal scarring from previous surgeries. Traditional open surgery is better in those cases, as well as for men whose cancer may have begun to spread, which requires some exploration.

And when it comes to finding a surgeon, Dr. DeWolf recommends asking about expertise, not methodology.

“It’s the person doing it, not the equipment. How many surgeries has he performed? Go to the doctor who’s done the most and you’ll get the job done,” he says.

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**WOMEN’S HEALTH**

**Protect your brain with “good” fat**

“Bad” fat may affect memory and cognitive function.

If you need further proof that what contributes to a healthy heart also makes for a healthy brain, a Brigham and Women’s Hospital study published in *Annals of Neurology* offers evidence. Researchers found that one bad dietary fat in particular—saturated fat, found in foods such as red meat and butter—may be especially harmful to your brain.

Compared with those who consumed the least amount of saturated fat, “women who had the highest consumption of saturated fat had the worst memory and cognition over time,” says Dr. Olivia Okereke, lead author of the study and assistant professor of psychiatry at Harvard Medical School.

**How it works**

Researchers analyzed food surveys of over 6,000 older women and the results of their cognitive testing over time. Total fat intake didn’t seem to affect women’s brain function, but the type of fat did. Women with the most saturated fat in their diets performed worst; women with the most monounsaturated fat in their diets—from foods such as olive oil, nuts, or avocado—performed best. Trans fat and total polyunsaturated fat did not appear to have any effect on cognitive function. Dr. Okereke says we don’t know precisely how fats affect cognition biologically, but it may be similar to the way different fats affect heart health. Saturated fat is believed to cause inflammation and artery damage. Monounsaturated fat may lower inflammation levels. “It could be that higher inflammation may affect cognitive functioning in aging,” she explains.

**What you can do**

Banning bad fats from your diet isn’t easy, since some foods contain varying amounts of different fats. “Don’t make it about this food versus that food. Make it about less versus more,” she says, “less butter and red meat, more olive oil and fish.” Use nutrition labels to help reduce your saturated fat intake and find foods higher in monounsaturated fat.

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*www.health.harvard.edu*
Tips for living with tinnitus
Strategies to combat that constant ringing in your ears.

Do you hear a constant ringing in your ears? You may be among the millions of Americans living with tinnitus, a sound that may annoy you or even interfere with daily living. “While most patients are aware of their tinnitus without a negative impact on their overall quality of life, I do have patients who can’t concentrate at work or sleep at night because they’re always hearing their tinnitus,” says Dr. Felipe Santos, an otolaryngologist at Massachusetts Eye and Ear Infirmary and an instructor at Harvard Medical School.

Causes
Aging, loud noises, or certain medicines (such as high doses of aspirin) can damage the hearing apparatus (bones and nerves) in our ears. Some people experience temporary tinnitus triggered by migraines or caffeine consumption. Evidence shows hearing centers in the brain can malfunction, creating “sounds” that aren’t there.

Treatment
An audiologist can evaluate you for tinnitus. There’s no cure, and most treatments aim to minimize the symptom. “Put simply, it’s trying to make the tinnitus less annoying. For example, there is cognitive-based therapy and tinnitus retraining therapy,” says Dr. Santos. “Those aim at deemphasizing the negative connotations of the sound.”

For people who find those treatments successful, the tinnitus is always there, but it goes into the background.

There are a number of medications available for tinnitus, but Dr. Santos says their effectiveness isn’t well established. He recommends that you speak with your doctor about them first.

Simple strategies to mask tinnitus
Try background noise, such as soft music. Stress can make tinnitus worse; use relaxation techniques such as meditation or walking. Avoid caffeine and cut back on alcohol consumption. Protect your ears from loud noise exposure; your tinnitus will increase with more hearing loss. For help sleeping, use a bedside sound machine or a fan.

New ways to treat varicose veins
Simple procedures can eliminate the condition.

Varicose veins are more than just unsightly. They raise your risk of skin ulcers and superficial blood clots if left untreated. Fortunately, there have been some real breakthroughs in treatment in recent years. “Treatment used to be very involved, requiring general anesthesia and a trip to the operating room, but now it’s just an office procedure,” says Dr. Sherry Scovell, a vascular surgeon and instructor in surgery at Harvard Medical School.

Problem veins
Varicose veins appear mostly in the legs of both men and women. They are different from small “spider veins,” which are dilated capillaries that don’t pose a risk. Varicose veins are large, bulging, purple veins just under the surface of the skin. “You don’t need these superficial leg veins because you have another set of veins, the deep veins, which take 90% of your blood back to the heart,” explains Dr. Scovell.

All veins have small valves that open as blood flows toward the heart and close to keep blood from flowing backward. These valves can wear out with pressure from pregnancy, obesity, or age. When that happens, gravity may pull blood back down through the worn-out valves. The blood then pools in the veins, causing your legs to feel tired or achy and your ankles to swell. “Over time, the swelling can lead to increased pigment in the skin around the ankles.”

Once that happens, the skin is no longer healthy, and is more easily injured: tiny cuts can turn into ulcerations very easily,” says Dr. Scovell.

Treatment and prevention
Fortunately, treatment is fairly simple. It starts with ultrasound imaging of the veins, then compression stockings. “If the stockings work, we know the patient will get a good clinical result from a procedure,” says Dr. Scovell.

To remove varicose veins, doctors no longer make an incision and pull the veins out. They just thread a small catheter through the vein and use heat to make the vein collapse. It requires no general anesthesia, just a relaxant and some numbing medication. Afterward you’ll have to wear a compression stocking and gradually increase your activity.

To help prevent varicose veins, wear compression stockings and elevate your feet if you have a standing occupation. You can also reduce your risk by exercising to improve your circulation and by maintaining a healthy weight.
What you should know about: Probiotics

When you consider ways to stay healthy as cold and flu season approaches, consuming live bacteria may not be at the top of your list. But not all bacteria are bad for you. In fact, “good” bacteria found in food and dietary supplements may help you ward off illness this winter and throughout the year. The supplements are called probiotics. “Probiotics have been shown to secrete protective substances which turn on the immune system and prevent pathogens from taking hold and creating major disease,” says Dr. Allan Walker, director of the Division of Nutrition at Harvard Medical School and a world-renowned expert in the probiotics field.

The bacteria balance
Your lower gastrointestinal tract is home to 100 trillion microbes, most of which help digest food, fight harmful bacteria, and regulate your immune system. Such helpful microbes are “good bacteria.” An imbalance of the good and bad bugs in your gut can make you sick. For example, germ-killing antibiotics may disrupt the balance, leading to diseases that cause diarrhea. Imbalances may also lead to certain autoimmune diseases and allergies.

Probiotics to the rescue
You can help restore the bacteria balance by beefing up your inventory of good bugs with probiotics. They are live colonies of good bacteria found in dietary supplements and in foods. The most commonly used species (among a potential 3,000 or so) are in the Lactobacillus and the Bifidobacterium families. These are routinely used to treat a variety of gastrointestinal conditions, vaginal and urinary tract infections, and oral health problems. Dr. Walker says there’s also evidence that probiotics as a supplement can reduce the number of colds you’ll have in a year.

Side effects and dosing
Probiotics are generally thought to be safe, and Dr. Walker says they have no side effects. People who have an immune deficiency or who are being treated for cancer should not use probiotics.

Foods that contain probiotics include yogurt, a fermented dairy drink called kefir, and fermented vegetables such as pickles and sauerkraut. Dr. Walker says foods may be effective for treatment, but at this time, we only have evidence showing that dietary supplements are effective. Perhaps the strongest evidence is in treating diseases caused by bad gut bacteria that lead to severe diarrhea. “When these good organisms coat the surface of the colon, then bad bacteria are blocked from attaching to and invading the wall of the colon. It’s like a physical barrier,” says Dr. Walker.

Supplements usually contain freeze-dried bacteria that warm up and come to life in your digestive system. You can find them in most drugstores and supermarkets, as capsules or tablets to swallow and loose powder to sprinkle on food. You’ll want a product that’s labeled for viability through the end of shelf life, not at the time of manufacture.

Dosages vary by product, so no general dosing recommendation can be made. However, common dosages for adults range from 5 to 10 billion colony-forming units per day, in a single daily dose, with or without food.

Hepatitis C... continued from p1

Treatment
Treatments for hepatitis C are improving every year. A key to determining the right medications is understanding the infection’s particular genotype. A genotype is essentially just the type of virus, and hepatitis C has six main types, Dr. Curry says. Genotype 1 is the most common, followed by genotypes 2 and 3.

“Types 2 and 3 are responsive to standard treatment of interferon and ribavirin, whereas genotype 1 is less responsive to those drugs,” he explains. “Treating genotype 1 now includes the use of one of the new protease inhibitors, such as telaprevir (Incivek) or boceprevir (Victrelis), plus interferon and ribavirin (Copegus, Rebetol). Interferon is injected once a week, while the other medications are pills taken every day. The addition of those medications has significantly increased the success rate in treating genotype 1. Boceprevir and telaprevir were approved by the FDA in 2011.”

The duration of treatment is based on an individual’s response. “If you respond well and quickly, then treatment is for 24 weeks,” Dr. Curry says. “But if not, it’s for 48 weeks. Once you complete therapy you’re assessed again with the viral load test. The possible outcomes are that you will remain negative for the virus, and if there is no detectable virus in the blood for three months after stopping therapy, that’s called ‘sustained virological response’ and that’s considered a cure. I see that in genotype 1 patients about 70% of the time, and in genotypes 2 and 3, between 80% and 90% of the time.”

For those who don’t respond well to treatment, Dr. Curry says, additional testing for cirrhosis and liver dysfunction will occur. These individuals will have to learn to live with the disease, though he adds that in people with cirrhosis, there is an 80% chance of living another 10 years. However, he says that dozens of new medications are in the testing phase and some may be FDA-approved in the next two to five years.
Living alone linked to higher risk of cardiovascular death

Older people who have heart disease may die sooner if they live alone. That’s the result of a new Harvard Medical School study published online June 18 in *Archives of Internal Medicine*. Brigham and Women’s Hospital cardiologist Dr. Deepak Bhatt and his team of researchers found that living alone raised the risk of dying among adults between the ages of 45 and 79 who had unstable plaque in the arteries of the heart. Researchers surmised that for adults age 45 to 79, living alone may be a stressful psychosocial situation, whereas living alone at ages 80 or older indicates independence and self-sufficiency. In addition, someone healthy enough to live into his 80s or 90s may be better able to survive on his own, while an adult ages 45 to 79 who already has heart disease may have more health problems than others that age.

Prediabetes is associated with stroke risk

People with higher-than-normal blood glucose levels but who do not have diabetes—a condition known as prediabetes—may still be at a higher risk of stroke, according to a study published June 7 in the medical journal *BMJ*. The researchers, who examined 15 previous studies involving more than 760,000 people, found that prediabetes is associated with an elevated stroke risk. The percentage risk varied slightly, depending on the criteria used to define “prediabetes,” but the takeaway message was clear: if you are diagnosed as prediabetic, you should take that as a warning to better manage your diabetes risk factors, such as weight and blood sugar levels, to help protect against stroke.

Fewer eyesight problems reported among older adults

Vision troubles are common as we age, but new research suggests that improved preventive behaviors and more effective treatments are actually reducing the number of eye health problems faced by older adults. A report in the June 8 online issue of *Ophthalmology* noted that the prevalence of functional visual impairment among people ages 65 and older declined greatly between 1984 and 2010. In 1984, an estimated 23% of adults ages 65 and older had self-reported functional visual impairment—eyesight problems that interfered with daily activities. By 2010, that number had dropped to about 10%. Researchers who analyzed these data suggest that possible explanations include declining numbers of older smokers (which reduces the cases of age-related macular degeneration), improvements in cataract surgery, and improvements in the treatment of diabetes-related eye problems. Having a comprehensive eye exam now can help you avoid serious functional visual impairment down the road. Even if you don't notice any problems with your vision, some eye diseases like glaucoma can slowly cause lasting eye damage. An eye exam can catch glaucoma early.

Vegetables may help prevent pancreatitis

A diet rich in vegetables may help lower your risk of developing sudden inflammation of the pancreas (acute pancreatitis), according to a study published June 27 in the medical journal *Gut*. Researchers examined the dietary habits of more than 80,000 adults for more than 11 years and found that those who ate at least four servings of vegetables per day were 44% less likely to develop pancreatitis than people who ate less than one serving per day. Researchers also studied fruit intake, but found that fruit consumption had little impact on pancreatitis risk. Researchers focused on fruits and vegetables in order to determine what kind of effect their antioxidant properties might have on non-gallstone acute pancreatitis. Vegetables in the study included, but were not limited to, spinach, broccoli, leafy greens, peas, tomatoes, beets, cauliflower, and carrots.

What’s coming up:

► **Pump iron at any age.** How boosting muscle strength helps your overall health.
► **New hope for women with breast cancer.** A drug for those who’ve run out of options.
► **The calcium debate.** Should you get your bone builder from food or a supplement?
► **Ounce of chocolate, pound of prevention.** How dark chocolate helps your heart.