Asthma in older adults

Tricky to diagnose

Many people think of asthma as a breathing problem affecting kids. However, more than half of all those with asthma are adults. In addition, the risk of developing asthma for the first time is just as great in adults over age 65 as it is in just about any other age group except early childhood.

Fortunately, by working in partnership with your doctor, asthma is usually a very manageable disease at any age. Most people respond well to appropriate treatment, allowing them to lead active lives.

Airway obstruction

Asthma occurs when airways (bronchial tubes) in the lungs become constricted and inflamed. Constriction occurs as muscles around the bronchial tubes tighten. Inflammation causes bronchial tube swelling, further reducing bronchial tube space, and extra mucus production blocks your airways. The combination of smooth muscle constriction (bronchospasm), inflammatory bronchial thickening and mucus obstruction all contribute to obstructed airflow.

Classic signs and symptoms of asthma include wheezing, coughing,
shortness of breath and chest tightness. However, older adults may not have all these classic signs and symptoms. There may be only one symptom or several, and the signs and symptoms can be mild or severe and can occur most of the time or may come and go. In older adults, coughing is a common sign, and it can be the only sign.

There are many potential triggers for asthma attacks. In adults who develop asthma late in life, most experience their first symptoms in conjunction with — or after — an upper respiratory viral infection.

Additional triggers of initial or ongoing asthma attacks may include airborne allergens, exercise or gastroesophageal reflux disease (GERD), which can occur “silently” without causing heartburn.

Other triggers include strong emotions, preservatives called sulfites, and certain medications, including aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs) and beta blockers.

Is it asthma?

Diagnosis of asthma generally starts with a physical examination, and a discussion of your symptoms and what seems to trigger them. Further evaluation may include breathing tests, a chest X-ray, blood tests or allergy tests. More specific asthma testing may include:

- **Lung function test** — At your doctor’s office, you may breathe in and out through a device called a spirometer to measure lung capacity. If your lung capacity is below normal for your age, it may be a sign of narrowed bronchial passages.
- **Bronchodilator test** — If your lung function is found to be below normal, you may be asked to inhale a drug (bronchodilator) to open your airways. If your lung function improves, you may have asthma.
- **Methacholine (meth-uh-KOL-eh) challenge test** — If a diagnosis isn’t clear, you may be asked to inhale a dose of methacholine. If you have asthma, the drug typically causes a temporary, measurable decrease in airway function.
- **Nitric oxide test** — Elevated nitric oxide levels in exhaled air may indicate airway inflammation. Taking an inhaled corticosteroid may reduce these levels if you have asthma.
- **Sputum eosinophils** — Studying a sputum specimen for a particular type of cell called an eosinophil can be helpful in an initial diagnosis of asthma. However, due to issues with the technique, the test isn’t widely used.

Managing asthma involves treating, limiting or avoiding triggers — and taking medications properly.

Work closely with your doctor to determine which medication or combinations of medications are best for you. Drug choice and dosages vary depending on asthma severity and how well your asthma is controlled. As you gain control of your asthma, your doctor may be able to reduce or “step down” the amount of medicine you need.

**Asthma action plan**

Work with your doctor to develop a plan — often called an asthma action plan — for managing your asthma. Learn how to monitor your lung function at home, and make sure you know what to do if your lung function decreases.

**MAYO CLINIC HEALTH LETTER**

**Are LABAs dangerous?**

If you use a long-acting beta-2 agonist (LABA) for long-term asthma control, you may have seen reports — or even the warning on your prescription — highlighting the potential danger of increased fatal asthma attacks among those using this class of drugs.

However, Mayo Clinic asthma experts believe that LABAs are an effective medication for many with both asthma and chronic obstructive pulmonary disease (COPD). When used properly, they’re as safe as alternative treatments, and more effective. Proper use involves two key elements:

- For asthma, LABAs should always be taken along with inhaled corticosteroids.
- The LABA salmeterol shouldn’t be used alone as a “rescue” medication for relief of an asthma attack. The LABA formoterol is also long acting, but has a faster onset of action. Some specialists feel it can be useful for quick relief of symptoms.
### Drugs to control asthma

<table>
<thead>
<tr>
<th>Category</th>
<th>Drug names</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quick-relief (rescue) drugs</td>
<td>Short-acting inhaled bronchodilators: Short-acting beta-2 agonists such as albuterol (Proventil, Ventolin, others); levalbuterol (Xopenex); pirbuterol (Maxair)</td>
<td>Act within minutes to stop symptoms or an acute attack. May also be used to prevent an attack when used before exercise, before exposure to cold or when self-monitoring of airway flow tests are below normal.</td>
</tr>
<tr>
<td></td>
<td>Oral and intravenous corticosteroids: Prednisone, others</td>
<td>Typically used for short-term treatment of acute asthma or ongoing for very severe asthma. Must be used carefully because of side effects.</td>
</tr>
<tr>
<td>Systemic corticosteroids</td>
<td>Inhaled corticosteroids: Fluticasone (Flovent); budesonide (Pulmicort); others</td>
<td>Typically the foundation for long-term control. May take two to six weeks of use before reaching maximum benefit.</td>
</tr>
<tr>
<td>Long-term asthma control (usually taken one or more times daily)</td>
<td>Long-acting inhaled bronchodilators: Long-acting beta-2 agonists (LABAs) such as salmeterol (Serevent); formoterol (Foradil)</td>
<td>Used only as add-ons to inhaled corticosteroid regimen for persistent asthma. Never to be used alone for asthma, due to reported increased deaths. Helpful for nighttime symptoms. Not FDA approved as rescue drug to stop sudden shortness of breath.</td>
</tr>
<tr>
<td></td>
<td>Steroid combinations: Fluticasone and salmeterol (Advair); budesonide and formoterol fumarate (Symbicort)</td>
<td>Combined corticosteroid and LABA bronchodilator. LABAs must be used with inhaled corticosteroid for safety. These ensure combined use.</td>
</tr>
<tr>
<td></td>
<td>Corticosteroid alternative: Cromolyn</td>
<td>Used to modify inflammation or to prevent asthma attacks due to exercise or allergies. Drugs in this class aren’t considered to be asthma controllers.</td>
</tr>
<tr>
<td></td>
<td>Oral drugs: Leukotriene modifiers such as montelukast (Singulair), zafirlukast (Accolate), zileuton (Zylo) and theophylline (Theochron, others)</td>
<td>Useful in intermittent asthma and as add-on or combination therapy with inhaled corticosteroids. Drugs in this class are considered to be asthma controllers.</td>
</tr>
<tr>
<td></td>
<td>Biologics: Omalizumab (Xolair)</td>
<td>Humanized mouse antibody, used for frequent attacks of allergic asthma. Prescribed by asthma specialists.</td>
</tr>
</tbody>
</table>

### Health tips

#### Hot dog hierarchy

When it comes to nutrition, hot dogs deserve their bad reputation. A typical 2-ounce, all-beef frank contains 14 to 16 grams (g) of fat, between 150 and 180 calories, 25 to 40 milligrams (mg) of cholesterol, and over 500 mg of sodium.

But if hot dogs are a non-negotiable summertime treat, enjoy them sparingly and consider trying one that’s:

- **Fat-free or has less than 2 g of fat** — Made of beef, turkey or a mixture of meats, these can deliver a decent-tasting hot dog for 50 calories or less. They have little or no fat and 10 to 15 mg of cholesterol. Still, they typically have well over 400 mg of sodium.

- **Reduced fat** — Made of beef, chicken or turkey, these contain between 7 and 10 g of fat, about 100 to 120 calories, 25 to 55 mg of cholesterol, and typically over 400 mg of sodium. Their taste isn’t necessarily better than that of very low-fat hot dogs. All-poultry hot dogs allow you to avoid red meat, which has been linked to colon cancer when eaten in large quantities.

- **Meatless** — These typically are soy based with between 0 and 6 g of fat, no cholesterol, and 200 to 400 mg of sodium. Taste is subjective, but condiments may be needed to liven up their flavor.

Cook hot dogs by boiling or microwaving. Grilling can cause charring and other changes that have been linked to cancer.
News and our views

Avoiding the emergency department

Editor’s note: This is the first in a series on how you can stretch your health care dollars during these difficult economic times.

Serious medical problems happen. That’s what the emergency department is for. But the emergency department is also one of the most expensive options for medical care. And, depending on the circumstances, you may have a long wait for care.

Some signs and symptoms almost always require a visit to the emergency department, including, for example, significant severe shortness of breath or chest pain, sudden weakness of part of the body, or uncontrolled bleeding. With conditions such as these, it’s vital to get to the emergency department as soon as possible.

For other, perhaps less severe signs and symptoms, the following tips may be useful to help you avoid the cost and inconvenience of an emergency department visit:

- **Call a nurse line if you’re not sure** — Find out if your insurer provides you access to a 24-hour nurse line, where you can talk to a nurse trained in directing people to appropriate medical care. Keep the number near the phone. If you don’t have access to a nurse line, a call to your doctor or to the emergency department can help you make the best choice.

- **Plan ahead for an attack** — If you have a condition that can suddenly worsen — such as heart disease, migraines, diabetes, back pain or asthma — work with your doctor to develop a plan of action for what to do in case of an attack. Have any needed medications on hand to deal with an attack.

- **Have a primary care doctor and seek care there when possible** — Many minor urgent care issues can be handled in a doctor’s office or urgent care center, including stitching up smaller cuts, attending to a minor injury, getting a tetanus shot, or dealing with sinus, lung or bladder infections. Some primary care doctors offer treatment for certain common problems over the telephone or the Internet.

- **Identify drop-in or “minute” clinics and urgent care centers in your area** — Minute clinics are often located in grocery stores or shopping centers. These clinics are usually open after-hours and on weekends and can handle many minor urgent care issues. Urgent care centers may be another option for you to consider before going to an emergency department.

- **Take precautions** — Some of the most common reasons for adult emergency department visits include falls, auto accidents, fever, and chest and abdominal pain. Taking steps to reduce the risk of falls around the house, driving sensibly, getting your annual flu shot, and properly cooking and storing food are just a few of many ways that you can avoid getting hurt or ill.

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Obsessive-compulsive disorder

Difficult, but treatable

Everyone has quirks. Perhaps you pay close attention to the precise order of your music or movie collection. Before leaving the house, your husband always double-checks the stove to be sure it’s off. Whether personal preferences or personality quirks, no harm’s done.

However, personality quirks or preferences can become harmful when thoughts, behaviors or habits interfere with your daily routine.

Obsessive-compulsive disorder (OCD) affects more than 2 million U.S. adults. Those who have it experience unreasonable thoughts and fears (obsessions) that lead to performing repetitive behaviors (compulsions) to control the anxiety produced by their thoughts and fears.

What it is

OCD is a type of anxiety disorder. People who have OCD may:

- **Experience repeated thoughts, images, impulses or urges** — Often, these are related to a fear of germs, contamination or dirt. Others have a fear of violence, or of harming loved ones. Some may be troubled by sexual thoughts. For others, the problem involves concerns about being excessively neat and orderly.

- **Perform rituals repeatedly** — Rituals such as hand washing may be performed until the skin is raw. Others count in certain patterns. Some keep unneeded items for fear they may be needed. Extreme interest in order may be expressed by lining up and realigning canned goods.

The behaviors or rituals may provide brief relief from the anxiety caused by the thoughts. Ultimately,
though, these actions become unpleasant, burdensome and time-consuming. A feeling of distress and of being powerless to stop the urges typically results in embarrassment.

People who have significant symptoms of OCD devote one hour or more on most days to their obsessions and compulsions. The disorder can eventually consume hours each day, even though most adults with OCD recognize that what they’re doing makes no sense.

OCD symptoms often diminish for people who take medications that enhance serotonin action.

The importance of treatment

Left untreated, OCD may lead to other health problems, such as depression, other anxiety disorders, alcohol or substance abuse, and even suicidal thoughts.

If you suspect OCD is affecting your life, make an appointment with your doctor. Primary treatments are:

- **Talk therapy (psychotherapy) with a mental health specialist** — Cognitive behavioral therapy (CBT) is the most effective form of psychotherapy for both children and adults with OCD. Essentially, you learn to retrain thought patterns and routines, making compulsive behaviors no longer necessary. One CBT approach is called exposure and response prevention. It gradually exposes you to whatever it is you fear — for instance, dirt — and teaches you healthy methods of coping with the associated anxiety. Done over time and with regular practice, exposure and response prevention can provide significant and lasting relief.

- **Medication** — Most commonly, antidepressants approved to treat OCD may help. These include clomipramine (Anafranil), fluvoxamine (Luvox), fluoxetine (Prozac, others), paroxetine (Paxil, others), sertraline (Zoloft) and citalopram (Celexa, others). Anti-anxiety drugs — such as the benzodiazepines lorazepam and clonazepam — also may be helpful for short-term use to reduce anxiety in general, although they’re unlikely to specifically reduce symptoms of OCD.

Although medications may provide more immediate relief, OCD symptoms will return when they’re discontinued. In contrast, the skills taught through psychotherapy may take longer to master, but the benefits are longer lasting. Research indicates that the most relief may be achieved through a combination of medication and psychotherapy, particularly if OCD symptoms are severe or accompanied by significant symptoms of depression or another anxiety disorder.

Although treatments for OCD may not offer a cure, they can help you bring your symptoms under control and put you back in charge of your daily life.

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**Compulsive hoarding syndrome may occur with obsessive-compulsive disorder**

Periodically, stories appear in the news about a recently discovered home where the occupants lived amidst piles of newspapers, mail, magazines and even garbage. Sometimes, there are dozens of pets, as well.

This is an extreme example of compulsive hoarding syndrome, which is distinct from obsessive-compulsive disorder (OCD), but tends to happen along with OCD. Hoarding involves:

- Excessive collecting and saving of items that have limited or no value
- The inability to discard many of these items

As a result, living spaces become so cluttered that activities such as eating at the table or sitting on the couch are interrupted.

People with hoarding behavior often have firm and specific beliefs that cause them to save items. For example, they may collect because it’s thought the items will be needed or have value in the future, or they worry about not having the items on hand. They may worry about creating waste or being irresponsible, or feel emotionally attached to their possessions, regarding them as sentimental.

For some, the piles become a source of comfort. Many also have difficulties with attention, concentration, memory and decision making.

Hoarding ranges from mild to severe, and there’s thought to be a strong genetic component. Hoarding often begins in the second decade of life and gradually becomes more severe, with the majority entering treatment for the disorder in their 40s, 50s or 60s.

Treatment can be challenging. Many people with hoarding don’t initially want treatment, fearing they will be forced to throw away their possessions. Often, people enter treatment at the insistence of family members, landlords or other housing authorities, or when physical health limitations make it impossible to continue living in such cluttered environments.

Treatment options include cognitive behavioral therapy (CBT) and medications. CBT may include learning how to remove clutter from the home, and then doing it. Medication success is mixed.
Preventing recurring attacks

The intense pain from your first attack of gout woke you from your sleep. The joint of your big toe was swollen and felt like it was on fire. Since then, you’ve had several more attacks and your doctor says that it’s time to take preventive action.

Gout is a disorder often characterized by sudden, acute inflammation, frequently — but not always — occurring in the large joint of the big toe. Some people have an attack of gout and never have another. Others have recurring attacks and may be at risk of additional problems. For these people, lifestyle changes and medications can usually reduce or eliminate the attacks.

Crystal accumulation

The pain and swelling of gout is the body’s response to uric acid crystals in or around the affected joint. Uric acid is formed when your body breaks down molecules called purines. Some foods are high in purines, but the breakdown of your body’s naturally occurring purines is the main source of uric acid.

High uric acid levels can predispose you to developing gout or other conditions such as kidney stones. In some, urate crystals may build up over several years and form large deposits called tophi (TOE-fi). Tophi deposits look like lumps under the skin and typically appear near affected joints.

Elevated risk

Gout can strike for no apparent reason. Men tend to be more susceptible than women. Factors that put you at higher risk of gout or of high levels of uric acid include:

- Taking certain medications, such as low doses of aspirin, the organ transplant anti-rejection drug cyclosporine, or diuretics, which are commonly used to treat high blood pressure (hypertension)
- Being overweight, having high blood pressure, diabetes or undesirable cholesterol levels
- Consuming excessive amounts of red meat, seafood, lentils, alcohol and high-fructose corn syrup

Easing the pain

If you experience sudden pain in a joint, contact your doctor. Immediate care is warranted if the joint pain is accompanied by a fever, which may indicate a joint infection.

Prescription-strength nonsteroidal anti-inflammatory drugs (NSAIDs) — such as indomethacin (Indocin) — are the mainstay treatment for a gout attack. NSAIDs can reduce pain and inflammation until the attack subsides, usually in about five days or so.

In those who can’t take NSAIDs, oral corticosteroids or corticosteroids injected into the inflamed area may be recommended. Another drug, colchicine, may be used, but is most effective when taken immediately when the gout attack occurs.

Once your gout attack resolves, a blood test may be done to check for elevated levels of uric acid. If you have high uric acid levels — or if you have recurring attacks of gout or the presence of tophi or kidney stones — the amount of uric acid in your blood may need to be lowered.

Essential first steps include:

- Limiting or eliminating foods that may raise uric acid levels
- Drinking plenty of water
- Maintaining a healthy weight

Drugs that can help

In addition, drug therapy may be needed to reduce the amount of uric acid in your blood.

Allopurinol (Zyloprim, others) is the most widely used. It gradually reduces uric acid levels over months. Allopurinol can cause serious side effects. In those with kidney disease, it should be used cautiously and started at lower doses. Another drug, probenecid, helps kidneys excrete extra uric acid, but doesn’t work in those with kidney disease.

A new drug called febuxostat (Uloric) was recently approved and may offer another option for lowering uric acid levels, especially in those allergic to allopurinol. Febuxostat appears to work as well as allopurinol at lowering uric acid.

Another drug nearing FDA approval is pegylated uricase.

Stick with it

Anytime uric acid levels rise or fall, you’re more likely to experience gout attacks. Because of this, you may actually experience an increase in gout attacks for six to 12 months after you start taking a uric acid-lowering drug. It’s important to stay on the drug through this potentially painful period.

Your doctor may prescribe a low dose of colchicine, NSAIDs or, rarely, a low dose of a corticosteroid to help ease the gout attacks during the transition.
Hot flashes

Turning down the heat

Hot flashes during the day were annoying, but tolerable. But now they’re disrupting your sleep and something has to be done.

Hot flashes are common among women going through menopausal transition — as many as three out of four women experience them. They can range from mild warmth to intense heat that spreads through your upper body and face, lasting anywhere from a minute or so to 30 minutes. Hot flashes can occur day or night. You may become flushed, and possibly experience a rapid heartbeat. Some women break out in a sweat. Nighttime hot flashes can literally wake you from sound sleep.

Depending on the frequency and severity of your hot flashes, there may be ways to minimize and reduce their impact on your life.

On the mild side

Some women have a few mild hot flashes a day that don’t interfere with normal activities or sleep. These can often be managed with simple lifestyle adjustments, such as becoming aware of your triggers. Triggers are generally things that increase your core body temperature. If hot or spicy foods seem to trigger hot flashes, avoid them. Caffeinated drinks and alcohol also may be triggers for some, and smoking is linked to increased hot flashes.

Other steps you might take include dressing in layers, using a fan to keep air flowing or even sipping on a cool drink. In addition, make a point of keeping your stress under control. You may find yoga, meditation, relaxation or other stress-reducing techniques helpful.

Certain dietary supplements have been thought to help relieve hot flashes, but evidence suggests otherwise. Vitamin E has been shown to have little benefit, and may have risks. A carefully done clinical trial funded by the National Institutes of Health found the herb black cohosh to be no better than an inactive agent (placebo).

Studies have yet to prove if estrogen-like compounds (isoflavones) in soy and red clover might reduce hot flashes. Flaxseed also might be helpful, but further study is needed.

Troublesome flash points

Drugs that may help include:

- **Antidepressants** — Low doses of certain antidepressants — selective serotonin reuptake inhibitors (SSRIs) or serotonin and norepinephrine reuptake inhibitors (SNRIs) — moderately decrease hot flashes. These include venlafaxine (Effexor, others), paroxetine (Paxil, others), fluoxetine (Prozac, others) and citalopram (Celexa, others). Side effects may include nausea, dizziness and weight changes. Women taking the cancer-preventive drug tamoxifen shouldn’t use paroxetine or fluoxetine due to drug interactions that may reduce tamoxifen’s effectiveness as a breast cancer therapy.

- **Gabapentin (Neurontin, others)** — This anti-seizure drug is moderately helpful. Side effects may include drowsiness, dizziness, nausea, imbalance and swelling.

- **Clonidine (Catapres, others)** — This high blood pressure med-

ication, in pill or patch form, may provide some relief from hot flashes. Its side effects may include dizziness, drowsiness, dry mouth and constipation.

Historically, estrogen therapy was an effective treatment for moderate to severe hot flashes. However, study results in 2002 raised concerns about its safety for general use. For some, though, the benefits of short-term estrogen hormone therapy may be appropriate.

In rare instances, women who can’t take estrogen due to breast cancer or an increased risk of cancer are prescribed progesterone alone to help control their hot flashes, though this may also increase breast cancer risk.

Future possibilities

Research is ongoing to find new and better ways to reduce hot flashes. One avenue being considered is a stellate ganglion nerve block. A small pilot study demonstrated that anesthetizing this nerve in the neck appeared to affect areas of the brain responsible for temperature regulation. The result was a substantial decrease in hot flashes. However, more study is needed to confirm the results. Another consideration is the cost of the procedure, which can range from $1,000 to $3,000.

Mayo Clinic is studying whether paced-breathing exercises might help decrease hot flashes. Another upcoming study at Mayo Clinic will evaluate whether hypnosis combined with a low dose of an antidepressant might help. There’s also work being done to develop a clinical trial to look at the possible influence of flaxseed on hot flashes.

Small studies have suggested beneficial effects on hot flashes from treatments including acupuncture, hypnosis and yoga. Larger controlled trials are under way across the country to better define whether these approaches reduce hot flashes.
Questions and our answers

Q: Is there any consideration made for health issues if you’re called to serve jury duty?

A: Yes. If you’re concerned that personal health issues may impair your ability to serve jury duty, talk with your doctor. A letter from your physician outlining health limitations that would interfere with a juror’s typical duties generally is sufficient evidence to excuse an individual from a call to jury duty. However, don’t assume that you have been excused from jury duty unless the judge or court administrator informs you that your participation isn’t required.

In general, health limitations would include any conditions that would prohibit you from physically being able to sit through a trial — such as pain. Some psychological health conditions also are reason for exclusion. In addition, exclusion from jury duty is reasonable if there’s a health issue that interferes with a person’s ability to understand and comprehend the proceedings.

Q: I’ve heard that blood in the stool is always black. Why is that?

A: Actually, that’s not true. Blood in stool can also be bright red or maroon, which often indicates bleeding from the lower gastrointestinal tract, namely the colon or rectum. Bleeding from hemorrhoids or pouches in the colon (diverticula) are common causes. Less common but more-alarming causes include colon polyps, cancer, Crohn’s disease or ulcerative colitis. Bleeding of the stomach or upper small intestine may appear red in the stool if the bleeding is heavy and passes through your system quickly.

Black, sticky stools that often resemble tar are the result of blood being broken down by the digestive process. That generally implies slow bleeding from a point higher up, such as the stomach, small intestine or first part of the colon. Black stool can also be caused by bismuth subsalicylate (Pepto-Bismol), black licorice or iron pills.

If you notice blood in your stool or in the toilet bowl, talk to your doctor promptly.

Q: I have moderately high triglycerides. If I can’t lower my levels with some lifestyle changes, my doctor wants to prescribe a drug called Lovaza, which is a type of concentrated fish oil. Rather than take a prescription drug, couldn’t I just take fish oil supplements instead to lower my triglycerides?

A: Unlike nonprescription fish oil supplements, Lovaza contains substantially higher amounts of fish oil. As a result, far fewer capsules are needed in a day than if you were taking fish oil supplements.

Typically, you can expect Lovaza — at four tablets a day — to lower triglycerides approximately 30 percent. That’s equivalent to about 12 fish oil capsules a day, which could cause you to encounter side effects, such as potentially severe diarrhea.

Most elevated triglycerides are present because of excess weight, unhealthy diet and lack of exercise. To drive triglycerides down and lose excess pounds, drop sugar from your diet and alter the carbohydrates you eat — avoid white breads, potatoes, rice, pasta, pastries of all varieties, ice cream, desserts, alcohol and most low-fiber breakfast cereals.

Instead, aim for a more Mediterranean-style diet that includes an abundance of whole grains, a variety of fresh fruits and vegetables, legumes, and fish in place of red meats. In addition, aim for 30 to 60 minutes of moderate physical activity at least four days a week.

Lifestyle changes with exercise, diet and weight loss are critical components in reducing triglycerides. However, if high levels persist, talk with your doctor. A next step may be to take a prescription version of the B-vitamin niacin or Lovaza under your doctor’s direction.

Have a question or comment?
We appreciate every letter sent to Second Opinion but cannot publish an answer to each question or respond to requests for consultation on individual medical conditions. Editorial comments can be directed to:
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