Neck pain

Good posture, exercises help

The human head typically weighs between 6 and 10 pounds, which is quite a lot of weight to keep balanced on the top of a body. The job of doing just that falls mainly to the muscles, spine bones and other tissues that make up the neck. Given this duty, it’s no wonder that at any given time, it’s estimated 10 percent of adults have neck pain.

Neck pain can be mild to severe and can have a wide variety of causes. Most cases involve a sharp or dull pain in the neck area, or neck stiffness. This may be an annoying discomfort — or it may interfere with your daily tasks — but it’s usually not related to a serious problem and will often go away with time and self-care.

Pain in the neck

Muscle tension and strain is one of the most common causes of neck pain. This can be triggered by overuse and typically occurs at the back of the neck and upper back. A primary cause is too many hours hunched over with tasks such as driving, computer work, handcrafts or a project at a workbench. Tension, poor posture and stress can cause muscle fatigue and strain, as can seemingly minor things such as reading in bed or gritting your teeth. Muscles of the neck can also tighten up in response to an underlying problem such as arthritic joints of the spine.

Additional common causes of neck pain may include:
- Worn joints — The neck is made up of seven vertebrae, which are connected by ligaments and joints called facet joints. Just like in any other joint, wear and tear over time can result in the development of osteoarthritis. Oth-
Seek immediate care

Neck pain related to a serious or life-threatening problem is uncommon. However, certain rare situations warrant seeking immediate medical care, including:

■ Severe pain or pain related to a head or neck injury. Rear-end auto collisions often result in injuries, as can sports injuries or falls.

■ Pain that radiates to the shoulder or arm, leg weakness, or walking difficulty. Occasionally, the nerves exiting the spine can be compressed or irritated by a bulge from a ruptured (herniated) disk — or from a bony outgrowth from a worn joint.

■ Pain that worsens at night or occurs with fever or weight loss, which may indicate infection or another serious condition.

■ Neck pain that throbs, which may be related to a heart problem.

■ Neck pain before or with a headache, which may indicate a stroke.

what exactly is causing your pain based on an exam or by using imaging tests. Even if an X-ray reveals arthritis in a joint, for example, there’s no way to know if that’s the cause of pain or if the actual cause is something else.

During the first four to six weeks of common neck pain, a hands-off approach is usually best in terms of medical care. Most people will experience a complete recovery during this time. In addition to gentle stretching exercises, self-care steps that may help speed your recovery include:

■ Staying active — If your neck hurts, the natural inclination is to rest it. However, so long as a serious problem has been ruled out, staying active is one of the best ways to speed healing. Still, be sure to pace yourself, and if you feel you need it, take 10- to 15-minute breaks throughout the day to rest your neck.

■ Improving posture — Keeping your head upright in a neutral position is key to good posture. You can do this simply by practicing sitting or standing tall with relaxed shoulder muscles. Also, avoid positions that cause your head to lean to one side or tilt downward for extended periods of time. This may include avoiding talking on the phone with the receiver tucked between your head and shoulder, working too long at a desk or computer, or sleeping on your stomach.

Adjust your posture when at the computer, in the workshop or doing handcrafts so that you’re not hunched over or tilting your head back for a better view. (See “Computer ergonomics,” page 4). In addition, pay attention to tension in your neck muscles and visualize keeping them relaxed. If you can’t avoid leaning or hunching, take frequent breaks to relax your neck or use your neck in another way.

■ Relaxation — Tense muscles may benefit from stress-reduction techniques such as deep breathing, meditation and progressive muscle relaxation. A heating pad on tense neck muscles or a warm bath or shower also may facilitate relaxation, as may a gentle massage.

■ Nonprescription pain medication and ice packs — Short-term use of a pain medication such as acetaminophen (Tylenol, others) may offer pain relief to help you feel better and stay active or gently exercise neck muscles. In the first few days after a strain, using an ice pack wrapped in a towel for up to 20 minutes several times a day may help relieve pain and reduce inflammation.

Pain that nags

If neck pain doesn’t respond to self-care within four to six weeks, additional treatment options may include:

■ Physical therapy — Targeted stretching and strengthening exercises and manual therapy techniques can help restore muscle function and endurance, improve posture, and reduce muscle tightness. Once learned, you can usually perform exercise routines at home.
Improving fitness and function with physical therapy is the only known way to reduce the frequency, severity and duration of neck pain recurrences. In short, fitness often determines how much pain you’ll have in the future.

- Prescription medications — Pain medications, muscle relaxants or certain antidepressants may help relieve pain and help you get better sleep.
- Injections and needling — Trigger point injections into an area of muscle tightness can be helpful. These can be done with a needle only, with an injection of an anesthetic, or with an injection of an anesthetic and an inflammation-suppressing corticosteroid. In cases of arthritis, an injection of an anesthetic or corticosteroid drug near a facet joint may help relieve pain.
- Chiropractic manipulation — It’s not known how chiropractic adjustment works, but it appears to lead to swift pain relief in some people with neck pain. Manipulation that doesn’t involve quick, forceful motions of the neck is preferred. In very rare instances, forceful manipulation can cause damage to blood vessels that deliver blood to the brain. Although rare, such damage to the blood vessels can lead to stroke.
- Other options — After a neck injury, short-term neck immobilization of no more than one to two weeks with a soft neck collar may help relieve pain by taking pressure off your neck and allowing soft tissues to heal. A number of other therapies with limited evidence of effectiveness may provide some temporary pain relief, including acupuncture and massage.

Gentle stretching for self-care

Gentle stretches can help restore or sustain neck range of motion and stretch tense muscles. With a muscle strain, it’s usually helpful to wait until pain subsides before beginning these. With arthritis or disk problems, there’s a balance between maintaining range of motion and aggravating the problem.

Start slowly and gently with stretching exercises. Generally, you’ll want to hold each stretch for at least 30 seconds. Make sure your physical therapist or an appropriate care provider instructs you in the proper stretching exercises and techniques.

- Neck rotation — Slowly rotate your face from side to side, keeping your chin level as you turn. For added stretch, use your fingertips to gently press your chin in the direction of the stretch. Don’t force the movement and don’t cause pain.
- Neck tilting — Tip the head to one side, then the other, moving your ear closer toward each shoulder.
- Neck bending — Bend your neck forward as if trying to touch your chin to your chest.

Addressing chronic pain

When neck pain lasts longer than a couple of months despite appropriate treatment, cognitive behavioral therapy may be added. This may be particularly helpful when psychological issues such as depression, anxiety, and poor life or job satisfaction are present. Cognitive behavioral therapy may help change how you think and behave toward life’s stresses and in particular the stress of chronic neck pain. It’s usually coupled with continued physical therapy.

Heartburn relief

Heartburn occurs when stomach acid backs up into your esophagus. The following lifestyle changes may eliminate or reduce the frequency of your symptoms:

- Avoid your triggers — Most people have specific foods and beverages that trigger heartburn. Common offenders are fried or fatty foods, chocolate, mint, alcohol, coffee, carbonated beverages, onions, tomato-based and spicy foods, and citrus foods and juices.
- Lose excess weight — Excess pounds put pressure on your abdomen, which crowds your stomach and can cause acid backup.
- Avoid tightness at your waist — Reduce pressure on your abdomen by loosening your belt or by not wearing control-top stockings or body-shaping undergarments.
- Eat smaller meals — Doing so reduces pressure from the stomach on the lower esophageal sphincter and makes it less likely stomach acid will escape into your esophagus.
- Don’t lie down after a meal — Wait two to three hours after a meal before you lie down. If you nap, try doing so in a more upright reclining chair.
- Don’t use tobacco — Tobacco interferes with function of the lower esophageal sphincter.
- Raise the head of your bed — If you’re bothered by heartburn in the night, elevate the head of your bed 6 to 8 inches using blocks under the legs.

An appointment with your doctor is warranted if these lifestyle changes don’t relieve your symptoms or if you have heartburn more than twice a week.
News and our views

Early study points to hearing loss turnaround
Researchers have identified a potential use for a drug that was developed for treatment of Alzheimer’s disease, but found ineffective for Alzheimer’s. The drug is a gamma secretase inhibitor. A recent study indicates this chemical may open the door to partial restoration of hearing loss in mammals.

Normally, the brain “hears” sounds thanks to sensory hair cells in the inner ear that convert sound into electrical signals. When hair cells are damaged — due to noise, infections, normal aging or even certain drugs — serious hearing loss may occur. Although sensory hair cells don’t regenerate in mammals, they do in birds and fish. Scientists have been on a quest to find a substance that might prompt sensory hair cell growth in mammals. In the Jan. 9, 2013, issue of Neuron, researchers reported using the drug to prompt inner ear hair cell growth in deaf mice, which resulted in partial hearing recovery.

While these findings are of value, Mayo Clinic researchers say the idea of restoring hearing loss through hair cell regeneration is still in the very early stages of research. Major challenges remain, including concerns related to toxic side effects observed during the laboratory studies. It’s too soon to predict when, if ever, human clinical trials may be started to test the safety and effectiveness of a drug that might restore hearing loss.

Metal-on-metal hip implants: Recognizing symptoms
If you received a metal-on-metal hip replacement — meaning the surfaces of both the ball and socket are made of metal — you may be at risk of a unique problem sometimes referred to as an “adverse local tissue reaction” or as an “adverse reaction to metal debris.” This means that as the ball and socket slide against each other, tiny metal particles can wear off. For most, the metal particles — if present — don’t cause a problem. But for some, they can cause an allergy-type reaction in soft tissues around the implant. Metal particles may also get into the bloodstream and cause symptoms elsewhere.

Those at highest risk include women, people with devices in both hips, and those who are very overweight or who perform high levels of physical activity. Risk of reaction is highest in those receiving high doses of corticosteroids or other immune-suppressing medications, people with kidney problems, and those with suspected metal sensitivity.

If you have a metal-on-metal hip implant, Mayo Clinic doctors recommend following these guidelines from the Food and Drug Administration:

■ Contact your orthopedic surgeon right away if you develop new or worsening hip symptoms such as pain, swelling, numbness, trouble walking, or noises such as popping, grinding, clicking or squeaking.

■ If you experience changes in your health, let your doctor know that you have a metal-on-metal implant. Health issues that may be related to a metal-on-metal implant include skin rash; nerve problems including changes in vision or hearing; diminished kidney function; psychological issues including depression; and symptoms of thyroid trouble, such as fatigue, weight gain or feeling cold. However, it’s important to note that many of these symptoms may result from other sources besides prosthetic hips.

If your problems are believed to be related to metal particles, replacing your implant with a metal-on-plastic device is occasionally required.

Computer ergonomics

Set up for comfort
Communication with family in far-flung places has changed in recent years. Long phone conversations are often “face-to-face” events using a computer or tablet device. For many, emails have replaced handwritten letters. You can manage your money, pay bills, order personal necessities or gifts, and play your favorite games — even with others — all in a single session at your computer.

Given the time spent using your desktop computer, laptop or tablet device, it’s worth the effort to pay attention to how you position your body and equipment. An ergonomic setup can help you avoid neck, shoulder, wrist and hand pain, eye and back strain, and even constricted circulation to your legs.

Essential points
If you use a laptop computer or tablet device, you may want to make some adaptations to your setup. One might be to use a separate wireless keyboard and mouse. The built-in keyboards on portable devices can be small and tightly configured. Some find the laptop built-in mouse or track pad difficult to use as each tends to rely on small maneuvers with one or more fingers.

With a wireless keyboard and mouse, you’re also free to position your laptop or tablet screen at the proper viewing level. Commercial risers are available to elevate a laptop screen to a sitting eye level. As an alternative, a thick book may serve the same purpose.

If computer use is limited due to issues affecting your hands and wrists, you may find voice recognition software of value. These programs can be very useful for emailing and writing. Voice recognition software generally requires time and practice. The program has to “learn” how you speak, and it generally improves as you correct it.
Chair
Choose a chair with adjustable armrests, height, lumbar support and seat depth. Your chair should support your spinal curves. Adjust the height so that your feet rest flat — whether on the floor or on a footrest — and your thighs are parallel to the floor. To avoid constricting blood flow in your legs, adjust the seat depth so that you can freely fit the width of three fingers behind your knees without touching the seat edge.

Monitor
Place your monitor about an arm’s length away and directly in front of you. The top of the screen should be at or slightly below eye level. If you wear bifocals, adjust the screen so that it’s 1 to 2 inches below eye level. For optimal illumination, choose a light background for your monitor screen and dark lettering for text. To reduce glare, your brightest light source — such as a window or lamp — should be to the side of your monitor, not directly in front of the monitor or behind you.

Arm and wrist position
When typing or using your mouse, keep your wrists straight, your upper arms close to your body, and your hands at or slightly below the level of your elbows. Chair armrests can be adjusted to offer light support to your elbows and shoulders.

Desk
Your desk should be high enough so that your knees and thighs have clearance underneath the desk. If the desk is too high, raise your chair and use a footrest as needed to support your feet.

Mouse and keyboard
Your mouse and keyboard should be within easy reach, side by side on the same desk surface. Use a standard-size keyboard — and if you don’t need the keyboard number pad, select a keyboard without it. The desk space saved allows for closer placement of your mouse to the actual keyboard area you’ll use. When choosing a mouse, fit the mouse to your hand. Roller ball models may be more comfortable, as they tend to fit into your hand’s naturally cupped resting position and only require movement of your fingers, while an optical mouse requires movement of the entire arm.

Footrest
Ideally, your feet should rest flat on the floor. But if desk or chair adjustments don’t allow for that, use a footrest. You may find a small stool or stack of sturdy books suits your need.
Wheat sensitivity

A hard-to-define problem

For some time now, you’ve dealt with annoying irritable bowel syndrome (IBS) signs and symptoms, including gas, bloating, constipation, diarrhea and abdominal discomfort. After testing, you were told the problem isn’t celiac disease or a wheat allergy.

Nevertheless, when a friend suggested cutting wheat and gluten from your diet, you decided to try it. Sure enough, after a few weeks, you’re much improved. What’s going on?

What may be going on is an emerging condition often called wheat or gluten sensitivity. However, the medical community doesn’t have a reliable way to test and diagnose this condition. Some people who have IBS may experience a triggering of IBS signs and symptoms — such as abdominal pain, bloating and gas — after eating wheat, even though they don’t have celiac disease or a wheat allergy. In addition to these typical IBS symp- toms, some people with wheat or gluten sensitivity report headaches, rashes, a “brain fog,” fatigue and other symptoms.

In the absence of celiac disease or wheat allergy, many with IBS-like symp- toms experiment with wheat-free or gluten-free diets — and for some, it appears to reduce or stop problems.

What’s in a name?

It’s likely that you’ve heard of wheat or gluten sensitivity, since wheat- or gluten-free diets are popular. Avoiding wheat or gluten can sometimes fall into the “fad diet” category, as some people do this for general health even though they don’t have gastrointestinal problems when eating wheat or gluten.

But for people with celiac disease or wheat allergy, avoiding wheat or gluten is critical to health. Celiac disease damages the small intestine and has serious long-term health consequences. Wheat sensitivity doesn’t appear to cause harm, aside from uncomfortable signs and symptoms. It appears, too, that those who develop IBS-like problems when eating wheat are another category of people who could potentially benefit from avoiding wheat or gluten.

Gastroenterologists are reluctant to apply a definitive label to the condition for two key reasons:

- It’s not known what causes wheat or gluten sensitivity symptoms — Research has convincingly shown that some people develop signs and symptoms from eating wheat, but it’s not clear what part of the wheat is causing the problems, and why.

- Gluten — a protein found in wheat and many other foods — is usually blamed as the cause of wheat sensitivity. However, there are other substances in wheat, including other proteins or sugars, that may cause the problems.

In addition, consideration must be given to a fairly new dietary tool that’s gaining increasing credibility for helping to identify IBS triggers. This involves removing from the diet certain fermentable sugars — including lactose, fructose, fructans, sorbitol, xylitol, mannitol and galactans — for a brief period. If IBS signs and symptoms improve, these sugars are then reintroduced to see whether IBS problems worsen.

For some people, IBS signs and symptoms are triggered or worsened by fructans — which also happen to be a sugar found in wheat, onions and artichokes. It’s possible that a gluten-free diet works for some because they’re inadvertently avoiding fructans.

- There’s no diagnostic test — It’s not known what part of wheat triggers symptoms. There’s suggestion that there may be some type of immune activation. Poor absorption of fructans could be a cause, or there could be other causes or a mixture of causes.

Unlike celiac disease where blood tests and biopsy of the small intestine can reveal a definitive diagnosis, there’s no diagnostic test for wheat sensitivity. That is, other than eliminating wheat and gluten from the diet and reintroducing them to see if they cause signs and symptoms. Researchers are working to understand what happens in the body in cases of wheat sensitivity.

Check for celiac

Doctors generally seek to make diagnosis and treatment recommendations on the basis of scientific evidence. Sensitivity to wheat presents a quandary because scientific guideposts are unavailable. Still, there are some people who have IBS signs and symptoms that may be related to wheat intake.

In this setting, an important first step is to rule out celiac disease. Celiac disease is an immune reaction to gluten that damages the inner lining of your small intestine and interferes with absorption of nutrients. Over time, this may lead to illnesses, such as anemia, osteoporosis, seizures, lymphoma or cancer of the small intestine. Diagnosis of celiac disease — and following a gluten-free diet — is critical to health.

No harm trying

Once celiac disease and a few other less common digestive problems such as wheat allergy have been ruled out, you may be diagnosed with IBS. At this point, it may be reasonable to do a trial of a gluten-free diet. For people with wheat or gluten sensitivity symptoms, there are at present no known long-term health risks associated with continued wheat consumption. If eliminating wheat and gluten from your diet makes your digestive system more agreeable, it may be a step worth taking.

In adopting a gluten-free diet, be sure to get balanced nutrition, including adequate fiber. Sometimes a switch to a gluten-free diet reduces fiber intake, which can lead to signs and symptoms such as constipation, bloating and gas. On the plus side, going gluten-free may help you adopt a healthier lifestyle by cutting back on processed foods, which often are calorically dense, and eating more fresh fruits and vegetables.

Frozen shoulder

Making the thaw better

You figured the achy pain in your shoulder might be related to spring gardening. So you babied your shoulder for a few weeks, protecting it from any strenuous activity. But the pain kept getting worse.

What you thought might be an overuse injury turned out to be frozen shoulder (adhesive capsulitis). Although recovery can take a year or more, a variety of treatments may help improve your shoulder’s range of motion.

Capsule quandary

Your shoulder joint is made up of bones, ligaments and tendons. Surrounding the joint is strong connective tissue called the shoulder capsule. Normally, the capsule and joint are lubricated by synovial fluid.

Frozen shoulder occurs when the capsule thickens and tightens around the shoulder joint. Stiff tissue bands (adhesions) may develop, and there may be less synovial fluid in the joint. Usually, just one shoulder is affected.

It’s unclear what triggers the change. Women are affected more often than are men, and it’s also more likely to occur in adults 40 and older. A prolonged period of shoulder immobility or reduced mobility may increase your risk. Immobility may be related to various factors, such as rotator cuff injury, a broken arm, recovery from surgery or a stroke. Your risk may also be greater if you have certain medical problems. Frozen shoulder is five times more common in people who have diabetes. Other conditions that may increase risk include thyroid disease, cardiovascular disease and Parkinson’s disease.

Frozen shoulder usually develops slowly, progressing through three stages:

■ Painful stage — During this period, shoulder pain occurs with any movement and is usually worse at night. Pain is often significant whether your shoulder is at rest or in use, so the tendency is to use the arm less. The joint’s range of motion starts to become limited as your shoulder gradually stiffens.

■ Frozen stage — Pain may begin to diminish, particularly when the joint isn’t being used. Range of motion decreases notably as your shoulder becomes even stiffer. Daily living activities, such as combing your hair or putting on a belt, may become nearly impossible.

■ Thawing stage — Range of motion in your shoulder begins to improve, but often pain lingers.

Treatment approaches

A diagnosis of frozen shoulder can be distressing, especially given the length of time it may take for resolution of the pain and stiffness. Whether treated or not, the majority of frozen shoulders improve on their own over the course of 12 to 18 months. Without treatment, return of motion generally is gradual, but normal, full-range motion may never return. Most people experience improvement from relatively simple treatments.

To help reduce pain and inflammation, your doctor may recommend nonprescription pain relievers, such as aspirin and ibuprofen (Advil, Motrin IB, others). If needed, your doctor may prescribe stronger anti-inflammatory drugs. A corticosteroid injection into your shoulder joint during the first stage may be of particular benefit for pain relief, and some studies suggest that repeated injections in the early stages may help hasten recovery.

Most treatments involve moving and stretching the shoulder — just the opposite of what you might think to do when your shoulder begins to hurt and stiffen. Your doctor may recommend simple exercises that you can begin right away to help prevent further loss of shoulder function. A physical therapist may teach you stretching exercises to help you maintain and eventually regain as much mobility in your shoulder as possible. As the joint thaws, you may be given exercises to help strength-

Some find transcutaneous electrical nerve stimulation (TENS) useful as an alternative approach to pain relief. TENS delivers small electrical impulses through electrodes placed on the shoulder.

If your symptoms remain persistent, your doctor may suggest other procedures. These may include:

■ Injecting sterile water into the joint capsule to expand the tissue and make more room for joint movement.

■ Arthroscopic surgery to remove scar tissue inside the joint. This is done through small incisions around the joint.

The following exercises may help.

Shoulder pendulum

Support yourself as shown and let your arm hang down loosely like a pendulum. Gently swing it back and forth or in circles that get progressively bigger as the joint improves over time.

Wall-creeping stretch

Standing arm’s length from a wall, walk your fingers up the wall, stepping forward toward the wall as you reach higher. Don’t arch your back. Walk your fingers back down as you step back.
Q I've read that chamomile tea is a sleep aid — is that true?

A Chamomile is commonly used as a bedtime tea. Some use it as a folk remedy for sleeplessness. Although there’s very little scientific data to support its effectiveness in aiding sleep, that same data also indicates that there’s no difference between chamomile and a placebo in terms of safety.

Several small studies also have looked at chamomile’s possible effect in reducing stress and anxiety. Results indicate that there may be a mild effect.

The chamomile plant’s flowering tops are used to make teas as well as liquid extracts, capsules and tablets. Chamomile may also be used as a mouth rinse or as a cream or ointment for skin. In addition to sleeplessness and anxiety, chamomile’s folk remedy applications include gastrointestinal problems, such as upset stomach, diarrhea and gas. Early studies indicate chamomile may be helpful for mouth ulcers caused by chemotherapy or radiation.

Chamomile hasn’t been well studied in people, so there’s little scientific data to support its use for any condition.

Some people experience allergic reactions — such as skin rashes and throat swelling — to chamomile products. Chances for an allergic reaction are more likely if you’re allergic to related plants in the daisy family such as ragweed, chrysanthemums and marigolds.

Q I’ve heard that symptoms of urinary tract infections and bladder cancer are very similar. My wife has been treated numerous times recently for urinary tract infections. Could bladder cancer be a possibility?

A Multiple, recurrent urinary tract infections (UTIs) warrant further evaluation to both understand why these are recurring, as well as to make sure there’s not some more serious underlying problem, including bladder cancer. In this situation, a visit with a urologist is advised. It could indeed be repeated UTIs, but bladder cancer is also a possibility, as are other problems.

If you have a UTI — most commonly, a bladder infection — it’s common to experience frequent urination or burning with urination. Less commonly, you may also experience fever and chills.

If you have symptoms of UTI, a urinalysis as well as a urine culture is typically performed. Blood cells in the urine that can be seen only with a microscope may be detected — which is a sign of UTI — and a urine culture can identify if an infection is present. Symptoms and test results that indicate UTI help guide initial treatment.

However, follow-up urine testing to make sure that blood in the urine has gone away after treatment for UTI is important. That’s because bladder cancer also can cause microscopic blood in the urine. Blood in the urine after your UTI is gone warrants a follow-up exam with a urologist.

Recurrent UTI symptoms — or symptoms that don’t go away with appropriate UTI treatment — also warrant greater scrutiny. An aggressive but uncommon form of bladder cancer that has invaded the muscle layer of your bladder (carcinoma in situ) can cause urinary frequency and burning with urination, just as a UTI can. Fever and chills can occasionally be associated with bladder cancer, as well.

In addition, repeated urine cultures are important in people with recurrent symptoms to see if it’s the same infection or another infection — or to make sure that the cause of the symptoms is an infection and not something else.

A UTI and bladder cancer can occur at the same time, so a diagnosis of UTI isn’t always straightforward. The bottom line is that if you have blood in your urine and are treated for UTI, have your urine tested again after treatment is over. If blood is again found in your urine — or if you see blood in your urine — see a doctor. If UTI symptoms are recurrent or don’t go away, a visit with a urologist may be warranted.

Have a question or comment?
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