

# MAYO CLINIC HEALTH LETTER

Reliable Information for a Healthier Life

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## Antioxidants

### Reap the benefits from food sources

Your grocery list includes oranges, apples, raspberries, kiwi and strawberries — ingredients for a tasty fruit salad. Beyond flavors, that's also a nice mix of fruits for a healthy and nutritional cocktail that packs an antioxidant punch.

Substances with antioxidant properties are found in a wide variety of foods, particularly in plant-based foods. Antioxidants — in the form of certain vitamins, minerals or plant chemicals (phytonutrients) that act like antioxidants — may prevent, delay or repair some types of cell damage.

Making the most of foods that bring together a variety of antioxidants not only contributes to a healthy diet but also may provide cellular level reinforcements that researchers are continuing to identify and chronicle.

By comparison, some high-dose antioxidant supplements — including beta carotene, vitamin A and vitamin E — have been associated with health risks, including an increased risk of overall mortality.

### Radicals, stress and repair

Natural cell metabolism is a round-the-clock process. It occurs as you breathe, when you exercise and as your food is being converted to energy. But along with cell metabolism comes the formation of unstable byproducts, called

Phytonutrients may support:	Food sources include:
Eye and prostate health	Apricots, cantaloupes, citrus fruits, kiwis, papayas, red fruits — such as tomatoes, guava and watermelon — asparagus, broccoli, carrots, corn, kale, pumpkins, spinach, sweet potatoes, Swiss chard, winter squash
Healthy brain function and heart health	Apples, berries, cranberries, cherries, citrus fruits, grapes, broccoli, onions, chocolate, cinnamon, cocoa, peanuts, red wine, and black, oolong and green teas
Eye and heart health	Apples, citrus fruits, pears, coffee
Menopausal health; bone, immune and heart health; brain function	Broccoli, cauliflower, carrots, soybeans and soy-based foods, lentils, seeds and nuts, flaxseed, rye
Heart, immune, digestive health; may help detoxify undesirable compounds	Cruciferous vegetables, garlic, onions, leeks, scallions

free radicals. Free radicals also are encountered in the environment, such as from exposure to sunlight, air pollution and cigarette smoke.

The problem with free radicals is that many can trigger cell and tissue damage — and even damage to DNA and RNA that regulate your cell reproduction — through a process called oxidation. Cell damage or changes due to oxidative stress may play a part in development of many different diseases — among them are cancer, cardiovascular diseases, diabetes, Alzheimer's disease, Parkinson's disease and some eye diseases, including cataracts and age-related macular degeneration.

Among the more familiar antioxidant vitamins that appear to neutralize free radicals are beta carotene, lycopene, lutein, vitamin C and vitamin E. Trace minerals, such as selenium, copper, zinc and manganese, act as antioxidants, as do other phytonutrients.

### Good eats and drinks

Daily food choices present opportunities to score some healthy, flavorful and antioxidant-positive nutrition points. Among these opportunities are:

■ **Coffee** — Several hundred chemicals are in a cup of coffee with substantial amounts of those chemicals — including caffeine — behaving as antioxidants. Antioxidant activity associated with coffee has been linked to protective effects on multiple diseases, including cancer and cardiovascular diseases. Evidence suggests coffee can reduce risk of developing type 2 diabetes and developing gallstones as well as decrease the risk of a rare liver disease that causes scarring of bile ducts in the liver. Drinking caffeinated tea or coffee is also associated with a decreased risk of Parkinson's disease.

■ **Tea** — Whether you drink black, oolong or green tea, they're all produced from the leaves of the *Camellia sinensis* bush. Tea leaves from *C. sinensis* are loaded with flavonoids and other polyphenols, which work as antioxidants. Some evidence suggests

drinking black tea may lower the risk of heart attack and atherosclerosis and reduce kidney stone risk in women. Drinking green or black tea may reduce the risk of developing several cancers, including bladder, esophageal and pancreatic cancers. Drinking black, oolong or green tea appears to lower the risk of ovarian cancer.

■ **Berries** — Colorful berries, in particular blueberries and strawberries, are rich in anthocyanins that appear to have heart-healthy effects. Research suggests they may lower blood pressure and positively influence blood vessel (endothelial) health. While blueberries seem to get a lot of press, all berries offer high levels of antioxidants. One recent study found that women who ate three or more half-cup servings of anthocyanin-rich berries in a week were 34 percent less likely to have heart attacks than were women who ate the fewest berries.

■ **Pomegranate** — Antioxidant activity of polyphenols in pomegranate juice may be several times greater than that of green tea or red wine. Preliminary data suggests the juice may slow progression of atherosclerosis, promote endothelial elasticity and possibly reduce systolic blood pressure. Early research suggests drinking pomegranate juice may slow progression of prostate cancer, but it's still too early to consider it effective. Other clinical trials looking into this are underway.

■ **Curcumin** — This substance is found in the spice turmeric, which is the main spice in curry. Curcumin is thought to have antioxidant properties, as it may decrease swelling and inflammation. Some preliminary research suggests that curcumin may prevent cancer and possibly slow the spread of cancer. It's being studied in numerous clinical trials for possible use in many types of cancer.

■ **Cruciferous vegetables** — These members of the cabbage family include vegetables such as broccoli, cauliflower, Swiss chard, Brussels sprouts, kale and turnips. These vegetables contain gluco-

sinolates, a group of substances that give them their pungent aroma and bitter flavor and break down into active phytonutrients. Much of the research on these low-calorie, nutrient-rich foods demonstrates their protective effects in preventing certain types of cancer, including prostate, colorectal and lung cancers. These foods may also support heart health by reducing low-density lipoprotein (LDL), the "bad" cholesterol.

■ **Corn** — Corn gets a bad rap as a starchy vegetable, but yellow corn does feature especially high concentrations of the carotenoids lutein and zeaxanthin. Even dried corn in the form of cornmeal maintains high levels of these carotenoids. As for popcorn, preliminary data finds the crunchy hull features a concentration of polyphenols, including ferulic acid, which is known for its strong antioxidant and anti-in-

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inflammatory activity. Best to skip the butter and salt, though, and air-popped corn is optimal if you regularly snack on popcorn.

■ **Beans (legumes)** — These are great protein substitutes for meat, plus they offer phytonutrients. The thin coating on black beans that gives this bean its color is actually a great source of anthocyanin flavonoids. A variety of phytonutrients with antioxidant and anti-inflammatory properties make black beans a likely ally in supporting cardiovascular health. Preliminary studies also indicate black beans may be able to help lower cancer risk and possibly inhibit development of certain cancers, particularly colon cancer.

■ **Tomatoes** — Lycopene is what gives tomatoes their red color. Once raw tomatoes are processed using heat, lycopene is more readily absorbed by your body. Generally, much of the data on lycopene's possible role in supporting health is inconclusive. There are epidemiological studies that suggest eating foods with lycopene may reduce the risk of prostate cancer. But there's also a large-scale epidemiological study that reported there was no association between dietary lycopene and prostate cancer risk.

You also may have heard about acai (ah-sigh-EE) berries. These berries are harvested from palm trees in South America and widely promoted as a superfood by the popular press. Although acai may be a good source of antioxidants, research is limited, so any true attributes concerning health benefits have yet to be proved.

### Tip of the iceberg

Food chemistry is complex stuff. The typical diet includes more than 25,000 microcomponents that may or may not interact with each other during the digestive process. But when you eat an orange, you're probably not thinking about the more than 170 different phytonutrients in that piece of fruit, not to mention how your body will make use of all of them.

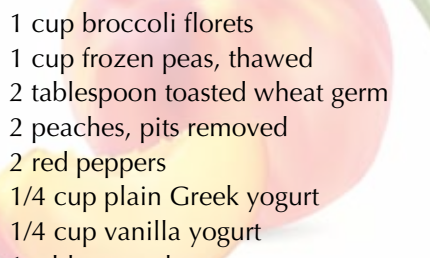
When it comes to a choice between foods or dietary supplements, keep in mind that foods offer a complexity of phytonutrients that can't be reproduced in a dietary supplement. In addition, unlike antioxidant supplements, no concerns have been raised about the safety of antioxidants consumed in foods.

There's overwhelming evidence that a diet rich in plant-based foods — fruits, vegetables, legumes, nuts, seeds and whole grains — offers health benefits in addition to antioxidant content.

Those benefits include being high in fiber, protein, and other vitamins and minerals and low in saturated and trans fats. In contrast, dietary supplements haven't shown much benefit at all with regard to improved health outcomes. In fact, a 2011 study found 17 percent more cases of prostate cancer among men who took vitamin E supplements compared with men taking placebos.

For an antioxidant boost, try this smoothie recipe:

### Orange peach smoothie

- 
- 1 cup broccoli florets
  - 1 cup frozen peas, thawed
  - 2 tablespoon toasted wheat germ
  - 2 peaches, pits removed
  - 2 red peppers
  - 1/4 cup plain Greek yogurt
  - 1/4 cup vanilla yogurt
  - 1 tablespoon honey
  - 1/2 teaspoon lemon extract
  - 1 1/4 cup unsweetened orange juice

Roast and peel the red peppers. Put all ingredients into juicer and process. Pour into 4 frosted glasses and enjoy.

**Nutrition analysis per 10-oz. serving, or about 1 1/4 cups: 175 calories, 1 gram (g) total fat (trace saturated fat, trace mono-unsaturated fat), 0 mg cholesterol, 95 mg sodium, 34 g total carbohydrate (5 g dietary fiber), 7 g protein**

**Daily Value analysis per serving: 186% vitamin C, 54% manganese, 46% vitamin A, 9% zinc, 8% copper, 2% vitamin E and selenium; also contains lutein and zeaxanthin (no requirements have been established). □**

## Health tips

### Altered taste

Many medical conditions and treatments can lead to an altered or diminished sense of taste. Respond to changing taste buds by:

■ **Adding pizzazz** — Enhance dishes with herbs, spices, meat marinades, mustards, ketchup, vinegar, wine or barbecue sauce. Add chopped onions, green pepper, garlic, parsley or cilantro. Try brown sugar, maple syrup or honey. Use flavor extracts, such as almond, pecan, rum or vanilla, from your grocer's baking section.

■ **Toning down salty** — If food seems too salty, add a little sugar.

■ **Bumping up salty** — Don't add more salt. Instead, include foods with natural savory or meaty flavors. These include fish sauce, sundried tomatoes or tomato paste, Parmigiano-Reggiano and cheddar cheeses, and mushrooms, especially shitake.

■ **Reducing sweetness** — Add a little salt or citrus juice. Dilute sweet beverages with water or select less sugary beverages such as milk, coffee, a sports drink or iced tea. For dessert, have yogurt, custard, or pumpkin pie in place of sugary foods.

■ **Substituting for things that taste bad** — Red meat and eating with silverware can cause a metallic taste. Try nonmeat proteins such as fish, eggs, beans, lentils, nuts or quinoa. Use plastic utensils in place of metal.

■ **Talking to your doctor** — Ask if your change in taste could be related to a medication. Common culprits include some antibiotics, drugs to lower cholesterol or blood pressure, cancer medications, or antidepressants. □

## News and our views

### Exercise important in Parkinson's prevention and treatment

Drugs are the cornerstone of treatment for Parkinson's disease. But accumulating evidence suggests that regular exercise also can be important when it comes to maintaining health and independence with Parkinson's.

In a Mayo Clinic review of research published in the July 19, 2011, issue of *Neurology*, it was noted that exercise appears to reduce Parkinson's disease risk. In one cited study, those who had been physically active at midlife or in the previous 10 years had a 35 percent or greater reduced risk of developing Parkinson's compared with inactive people.

There's accumulating, indirect evidence that this protective effect may extend to slowing disease progression in those who continue to exercise. Exercise appears to improve cognitive and motor skills — and increase longevity — in those with Parkinson's.

Whether disease progression is slowed or not, exercise plays an important role. Parkinson's disease progresses slowly, and there's plenty of time for other diseases to develop that threaten your health. High blood pressure, heart disease, diabetes, osteoporosis, depression and anxiety are among the many problems regular exercise may prevent or treat.

In addition, exercise reduces the risk of dementia and Alzheimer's disease. It may even improve cognition in those who have dementia. This may be important, as many people with Parkinson's are at higher risk of dementia.

Mayo Clinic experts strongly advocate stretching, exercise and physical fitness as key for Parkinson's management. Effective minimum exercise levels appear to consist of about 150 minutes a week — or 30 minutes a day, five days a week — of exercise that increases the heart rate and is roughly equivalent in intensity to brisk walking. If you have balance problems, pool exercises or a stationary bike may help. □

### Avoid sleep difficulties associated with mobile devices

Today's mobile tablet devices and smartphones make it easy to read in a dimly lit or dark room. Convenient as that is, there's also a downside — those glowing screens can disrupt sleep. The bright glow from light-emitting diodes in mobile devices is thought to interfere with secretion of the hormone melatonin, which normally helps control your natural sleep-wake cycle.

Findings from a recent Mayo Clinic study suggest that there's a practical way to get around the problem. During their study, researchers measured the amount of light emitted at various settings from several mobile devices and at various distances from a person's face. They found that only when these devices were set at their brightest setting was the light strong enough to potentially affect melatonin levels. In addition, they discovered that when brightness settings were lowered and the devices were held at least 14 inches from the user's face, it reduced the risk that the light would be strong enough to suppress melatonin secretion and disrupt sleep.

Mayo Clinic sleep experts advise mobile device users to lower brightness settings on their devices when in dark or dim settings. They note that the mid- to low-brightness settings are still bright enough to use mobile devices, plus your sleep won't be disrupted — unless of course you leave the sound switched on while you're asleep. That's a different problem. □

## Biofeedback

### Your brain vs. chronic pain

With chronic pain that comes and goes at will — or that never goes away — it's understandable that you may become jaded over time and feel as though your pain has total control over your body and life. Energy-sapping emotions such as hopelessness, anger, guilt and frustration — coupled with poor sleep and physical deconditioning — only make things worse.

Breaking the cycle of chronic pain often requires a comprehensive approach that encompasses medication management, physical therapy, treatment of other conditions, counseling and stress management.

One tool in this process can be a therapy called biofeedback. This involves using a device to monitor your physical reactions to stress, which in turn often cause or worsen the sensation of pain. That input is displayed on a screen or as a sound, and you gradually train your brain to control and calm these physical reactions, thus starving pain of the fuel it uses to escalate.

The goal is to eventually be able to calm the unhelpful physical reactions on your own without the aid of a biofeedback device, enabling a greater measure of control over your pain.

### Stress test

Pain and stress go hand in hand. The constant fear of pain is stressful in itself, and chronic pain often amplifies ordinary, day-to-day stressors.

Stress may cause physical reactions — including a faster heartbeat, increased blood pressure, quickened breathing, muscle tension and increased perspiration — that can cause or worsen your pain. In short, this can become a vicious cycle where pain causes stress and stress intensifies pain.

Learning to manage stress is typically a cornerstone of chronic pain

management. There are many approaches to managing stress including:

- *Proactively reducing stress-causing events* — Avoiding situations or triggers that cause undue stress — or tackling those situations in manageable amounts — such as by planning your day, simplifying your schedule, getting more organized and learning to say no to added commitments.

- *Improving overall resiliency* — Maintaining good health and stamina by eating a healthy diet, getting good sleep and regular exercise, and learning to take breaks.

- *Managing your reaction to stress* — Learning how to relax, such as with deep-breathing techniques, progressive muscle relaxation, meditation, massage or through relaxing, calming exercise such as yoga or tai chi.

Essentially, biofeedback therapy for chronic pain is a systematic, machine-assisted way to help you learn how to manage your reaction to stress. It's typically used in conjunction with other therapeutic approaches to chronic pain, including relaxation techniques.

### Several sensors

Biofeedback therapy is typically performed by a trained therapist. The therapist may start by evaluating the characteristics of your chronic pain and how you view and cope with it. Therapists usually try to provide education and a rationale on how biofeedback therapy may be helpful.

You may then be connected to electrical sensors that measure your physical state. Sensors that may be used include:

- *Electromyography (EMG)* — This involves electrodes that are placed on the skin. They measure muscle tension so that you can practice relaxing tense muscle groups. EMG is commonly used for back or neck pain, tension headaches, jaw (temporomandibular joint) pain, and fibromyalgia-type pain.

EMG biofeedback gathers information from you to enhance your learning experience. It doesn't send electrical impulses to you, as happens with EMG

testing. It's not painful.

- *Temperature (thermal)* — Sensors attached to your fingers or feet measure your skin temperature. Hand or foot temperature often drops with stress due to less blood flow, and learning to warm the hands or feet can lead to a relaxation response. This may help facilitate relaxation with many types of pain, but it's been demonstrated that the blood flow component may be especially beneficial for migraines.

- *Electrodermal (galvanic) skin response* — Sensors measure the activity of your sweat glands and the amount of perspiration on your skin, alerting you to anxiety and stress.

- *Heart rate variability* — A clip is placed on a finger or ear lobe that measures the pulse of blood with each heartbeat. The goal is achieving a paced and even heart rate characteristic of relaxation, rather than chaotic spikes and dips associated with stress. Improvement may be seen in blood pressure, breathing, stress and anxiety.

An interface displays the output of the sensors. It may be graphs, images or games on a monitor, or some kind of sound output. As your body changes — such as a muscle becoming tense or relaxed — the result is displayed in real time. The therapist can help guide you — or you may self-guide — toward controlling body responses by watching how your thoughts and actions change the display.

Biofeedback sessions typically last 30 to 60 minutes. The goal is to gradually become proficient in reducing physical responses to stress without the aid of a biofeedback device. The number of sessions you need will vary from a single session to 10 or more. You may be able to begin with therapist sessions, then continue training on your own with a home device.

### Does it work?

The advantages of biofeedback therapy for pain include that it:

- Doesn't involve taking a drug or having a procedure performed and is

therefore considered very safe.

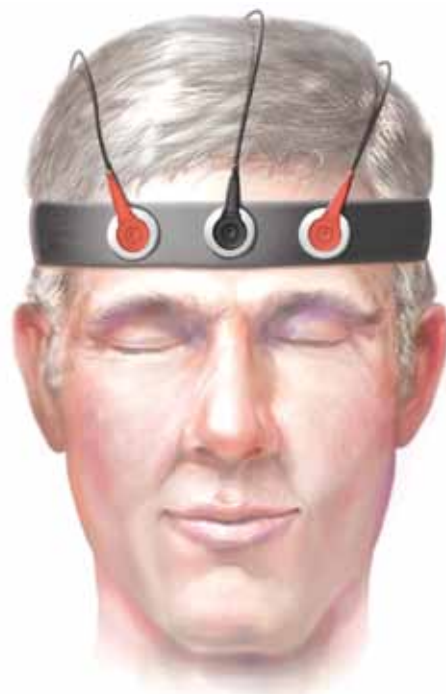
- May reduce or eliminate your need for certain medications and may help you avoid other treatments.

- Helps people take charge of their health.

Using biofeedback therapy for migraines, tension headaches, and temporomandibular joint pain has the strongest evidence of benefit.

With other types of pain, such as abdominal pain, fibromyalgia, or back or neck pain, the evidence of benefit isn't as strong. In part, this may be because research simply hasn't been done yet. Still, biofeedback is commonly prescribed for these conditions because doctors often see benefits in the clinic.

However, biofeedback may not work well in those who have heart rhythm problems or certain skin conditions. In addition, the cost may not be covered by insurance, so you may want to first check with your carrier. In some cases, biofeedback may be no more effective than other simpler, less expensive relaxation techniques. □



**Electromyography involves placing electrodes on the skin. These measure muscle tension so that you can practice relaxing tense muscle groups.**

# Confronting hoarding

## A path to safe living

Over the years, you've probably accumulated at least a few unnecessary items that you nevertheless have an attachment to and can't bring yourself to donate or throw out. But for people with a hoarding disorder, the urge to accumulate — and an inability to discard — spirals out of control.

At its extremes, hoarding results in cramped, often unsanitary living conditions with only narrow passageways winding through stacks of clutter. Possessions may cover the stove, fill the bathtub, stack up on sleeping areas and stairways, block the refrigerator, cover heating and cooling vents, and possibly spill into the garage or yard. This makes it all but impossible to live a healthy, productive and fulfilling life.

### Accumulations

A key distinction between a hoarder and a collector — or someone who is messy or disorganized — is when the haphazard accumulation of stuff begins to interfere with social life and the ability to do necessary work. As possessions accumulate over time, the health, safety and well-being of the hoarder — and even of neighbors or loved ones — may be put at risk, as well.

Hoarders may save items they believe will be needed or have value in the future, or that have important emotional significance. Hoarders may also save random items they encounter in their daily life — such as napkins, magazines and containers. Occasionally, hoarders may collect numerous pets, which greatly escalates the health hazard to humans and animals. The risks of hoarding to health and well-being include:

- Increased risk of falls and fires
- Poor health due to lack of hygiene, difficulty preparing food and getting good sleep

- Social isolation, loneliness, family conflict or estrangement, and conflicts with local authorities
- Difficulty keeping a job and with finances
- Having heat or electricity cut off, a home forcibly cleaned or condemned, or evictions

### Origins

Signs of hoarding often emerge as early as the teens and become more severe by middle age. Hoarding tends to run in families. For some, the problem may not rise to a concerning level until later in life. The death of a spouse, a divorce, children moving away, past traumas and health problems are among the things that may tilt an older adult to the extremes of the behavior.

About 75 percent of the time, hoarding occurs in conjunction with other mental issues, such as depression, obsessive-compulsive disorder, alcohol dependence, dementia or anxiety.

Still, for some, hoarding is a distinct syndrome. In this group, hoarders often have low levels of insight into their problem. They may not experience much, if any, embarrassment, worry, stress or negative effect from hoarding. In fact, a more prominent fear may be that someone will try to take things away.

### Gradual treatment

Those who recognize their hoarding as a problem are often ready to seek treatment. Even then, it's hard to change, and it may be a challenge to stick to goals such as following through with therapy, connecting with friends and family, or clearing space to facilitate hygiene, safety and proper nutrition. Therapy for an underlying mental disorder may be an initial step, which may also reduce hoarding impulses. The urge to accumulate and compulsive buying should be addressed simultaneously.

For those with less insight, successful intervention typically works best when a team of professionals, loved ones and possibly friends work to build trust and help the hoarder gain insight

into the need to clear living space. Dwellings that are cleaned up without consent of the hoarder won't address the underlying problem. Moreover, it's distressing to the hoarder and may make the hoarder more tightly cling to possessions or be more suspicious of future treatment. In addition, dwellings are often quickly refilled with new possessions. Assistance provided by the support team will be more effective if guided by the following:

- Gently prompt the person to remain focused. People with hoarding often are easily distracted.
- Express compassion and empathy. It's not helpful to act like a drill sergeant.
- Remind the person to follow new rules about whether to keep, donate or throw away clutter. Ask: "Is it better in the long term to let this item go?"
- Manage your own tolerance for working with the person with a hoarding problem. Usually it's best to set specific time limits on how long you will coach.

The primary treatment for hoarding is cognitive behavioral therapy. This is individual or family counseling that seeks to understand existing thinking, then gradually challenges faulty thinking and modifies unhelpful behaviors.

Home visits by family, therapists or other professionals are often performed to help identify steps people can take and to coach them on the skills necessary to make needed changes. Antidepressant medications can sometimes be an option, but the effect may be modest at best.

Therapy can be time-consuming, involving incremental progress and setbacks. Expectations of a neat and tidy home usually aren't realistic. However, sticking with a treatment plan over time can result in better control over hoarding behavior, clearing of at least enough possessions to allow for a safe, comfortable living environment, and improved health and well-being. For resources on hoarding disorder, visit the International OCD (Obsessive Compulsive Disorder) Foundation website at: [www.ocfdoundation.org/hoarding/](http://www.ocfdoundation.org/hoarding/) □

# Diabetes and foot care

## Not to be neglected

Living well with diabetes means paying attention to things many people take for granted. Regularly checking your blood sugar (glucose) levels and keeping them in check can slow the progression of damage to your blood vessels, nerves, heart, kidneys and eyes. The need for skin care — especially foot care — is yet another concern.

Following daily foot care routines and wearing the right shoes are important factors in avoiding potentially dangerous complications.

### The state of your feet

Foot health takes on an added dimension when you have diabetes. High blood sugar can cause damage to the nerves in your feet and reduce blood flow to your feet. When nerve networks in your feet are damaged (neuropathy), sensation in your feet may be altered. As a result, you may not feel an injury such as a blister or cut.

Nerve changes due to diabetes can also change the condition of the skin on your feet. When the nerves that control oil and moisture in your feet no longer work, skin can become very dry and may even peel and crack.

Diabetes also can narrow arteries, reducing blood flow to your feet. With less blood to nourish tissues, it's more difficult for sores, wounds, minor injuries or infections to heal.

Unless you pay regular attention to your feet and properly care for them, a small injury can develop into an open sore (ulcer) that can be difficult to treat. Ulcers typically occur on the ball of the foot, on the heel or on the bottom of the big toe. Shoes that don't fit properly may result in ulcers on the sides of the foot or where there's pressure on the skin. Neglecting to care for a foot ulcer is an open invitation for infection

and potentially more-serious complications, including amputation.

### Daily necessities

Carefully examine each bare foot every day. A mirror may help, or you may want to ask a family member or friend to check for:

- Blisters, cuts and bruises
- Cracking, peeling or wrinkling
- Nail problems, such as an ingrown toenail or redness around nails
- Redness, red streaks and swelling
- Feet that appear pinker, paler, darker or redder than usual

If you note any of these changes — or your foot feels less sensitive or hurts — check with your health care team. In addition, make a point to:

■ *Keep your feet clean and dry* — Cleanse your feet daily in lukewarm water, but don't soak them. Use a soft washcloth or sponge and a mild soap. Wash with a gentle, massage-like motion. Dry your feet carefully by patting or blotting the skin — don't rub. Be sure to dry between your toes to help prevent fungal infection.

■ *Moisturize dry skin* — Dry skin can itch and crack, increasing risk of infection. To help keep your feet soft and moist, rub a thin coat of skin lotion — such as Vanicream or an equivalent product — over the tops and bottoms of your feet. Avoid putting lotion between your toes, because this might cause infection. If you have corns or calluses, ask your health care team about the best way to care for them.

■ *Trim toenails regularly* — If you can see, reach and feel your feet, trim your toenails with a nail clippers after you've washed and dried your feet. Cut straight across, and use an emery board or nail file to carefully smooth the corners — doing so helps prevent nails from growing into the skin. A foot specialist (podiatrist) or member of your health care team can help trim your nails if you can't, if your nails are thick or yellowed, or if they curve and grow into the skin. Skilled podiatry care is generally more appropriate than is visiting a nail salon.

■ *Protect your feet* — Never walk barefoot — it's too easy to step on something that may cause an injury that you may not feel. Always wear shoes and socks to avoid getting blisters and sores. Choose lightly padded socks that fit well, with no seams. Avoid socks with tight elastic bands that reduce circulation or that are thick or bulky. Wear socks made from breathable fibers. Keep your feet warm and dry. Wear loose socks to bed. Don't use heating pads or hot water bottles on your feet, as you may injure or burn your skin.

### If the shoe fits

Walking shoes and athletic shoes are good choices for daily wear. Shop for shoes toward the end of the day when your feet are larger. Have your feet measured each time you buy shoes — feet change in shape and size as you age.

Look for shoes that have deep toe boxes and don't crowd your toes. The tip of your shoe should extend at least 1/4 inch beyond your longest toe. Soft leather tops are best in shoes as leather lets air circulate to your feet. Avoid shoes with pointed toes or high heels. Low-heeled shoes are less damaging to feet. Switch the shoes you wear daily to give them a chance to dry out and regain their shape. □



**Cut toenails straight across, and use an emery board or nail file to carefully smooth the corners.**

# Second opinion

## Q What's a Baker's cyst?

**A** A Baker's cyst — also known as a popliteal (pop-luh-TEE-ul) cyst — is a fluid-filled sac in the knee that may cause swelling behind the knee, a feeling of tightness or stiffness in the joint, and difficulty fully flexing the knee. Some people experience pain. Activity may make symptoms worse, but so can just standing for a long time.

These cysts are named after William Baker, the surgeon who first described them. They're usually the result of a knee joint problem — most commonly osteoarthritis, rheumatoid arthritis or a meniscus tear — that sets off production of too much lubricating fluid (synovial fluid) in the joint. This fluid collects in a sac behind the knee.

Usually, your doctor can detect a Baker's cyst by looking at and feeling the back of your knee. Swelling usually softens or disappears when you partially bend your knee.

Diagnostic imaging — such as X-ray, ultrasound and magnetic resonance imaging (MRI) — may be done to verify the diagnosis and determine if there's any other condition present.

Rarely, the cyst may burst. This can cause a sharp pain in the back of the knee and upper calf, swelling, and a feeling of water trickling down the lower leg as synovial fluid leaks into the calf region. These symptoms closely resemble those of a blood clot in a leg vein, so it's important to seek prompt medical care to rule out this potentially serious cause.

A Baker's cyst may disappear on its own. If the cyst is caused by an under-



**A Baker's cyst is a fluid-filled sac that may cause swelling behind the knee.**

lying condition, then treatment of that condition is typically necessary.

If the cyst is large and causes a lot of pain, your doctor may use a needle to drain fluid from the cyst and joint (needle aspiration). To reduce inflammation and help prevent recurrence, a corticosteroid may be injected into your knee. In some cases, surgery may be an option.

If arthritis is the cause, your doctor may advise you to rest, ice the knee, wear a compressive wrap or sleeve, and elevate the leg when possible. □

## Q Lately my hair seems to be falling out fairly quickly. Is this just normal with aging?

**A** Hereditary hair loss with age is the most common cause of hair loss. It usually occurs gradually and in predictable patterns — a receding hairline and bald spots in men and thinning hair in women.

However, it may be worth talking with your doctor, since hair loss can signal an underlying problem. If the prob-

lem is addressed, the hair loss may stop and even regrow over time. Underlying causes may include:

■ **Medical conditions** — Thyroid problems, anemia, certain skin diseases and a disease in which your immune system attacks hair follicles (alopecia areata) can cause hair loss, as can a disorder in which you have an irresistible urge to pull out hair.

■ **Medications** — Chemotherapy and radiation are well-known causes of hair loss, but other drugs may cause less pronounced hair loss. These include drugs for arthritis, depression, heart problems or high blood pressure. High doses of vitamin A also can cause hair loss. Your hair may thin if your diet contains inadequate iron or protein, even if low iron hasn't yet caused anemia.

Other causes include poor nutrition and significant weight loss. Thinning may also occur several months after a high fever or surgery. □

### Have a question or comment?

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