

MAYO CLINIC HEALTH LETTER

Reliable Information for a Healthier Life

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Fibromyalgia

Taking your life back

Fibromyalgia is a term many people know, but it's much less common for people to truly understand the disorder. Fibromyalgia doesn't make you look any different. There's no one test that can say for sure that you have it. In addition, there is a wide range of symptoms, which can vary from person to person. You may have heard that fibromyalgia is not a "real" disease or that the symptoms are "all in a person's head" or that people with fibromyalgia are hypochondriacs or simply depressed or stressed.

Make no mistake: Fibromyalgia is a real, long-term health condition that

science is just starting to understand. The core symptom is widespread pain occurring throughout much of the body at about the same level for at least three months — with no other explanation for the pain. Improvements in brain imaging and pain testing in recent years have helped doctors gain critical insight into its cause. In particular, fibromyalgia is now understood to be caused by changes in the central nervous system — a disorder called central sensitization, which is linked to many other chronic pain disorders.

With better understanding of fibromyalgia has come improved treatment strategies that allow for an individualized, whole-person approach to address the pain and many other symptoms that can be at play in addition to pain. ▶

Regions:

- 1- Left jaw, shoulder and arm
- 2- Right jaw, shoulder and arm
- 3- Left hip, buttock and leg
- 4- Right hip, buttock and leg
- 5- Neck, back, chest and abdomen



The core symptom of fibromyalgia is widespread pain in at least four of five regions of the body — as depicted above — and having had pain symptoms at about the same level for at least three months, with no other discernable cause.

At the heart of many therapy options and lifestyle steps is the goal of retraining the brain and nervous system so that the “shouting” of pain signals grows quieter, allowing more pleasant signals to be heard as one works to change and gain control over the pain experience.

Turned up, rewired

Your body is covered in sensor cells, which keep track of every sensation in your body and send that information through your spinal cord to the brain. The brain decides what to do with this information. Too cold? Put on a sweater. Thirsty? Have a drink of water. With central sensitization, communication of signals from sensor cells through the spinal cord gets amplified. Over time, the entire nervous system gets turned up to high alert and the brain starts to think that ordinary sensations — such as a light touch or a digestive grumble — are painful.

In addition to nerve amplification, pathways within the brain change for the worse. With newer brain-imaging techniques, researchers can see that in those with central sensitization, more of the brain is recruited over time to focus on amplified pain signals. It’s

as if a place with a mix of many highways, rural roads and side streets were paved over with a few large freeways to more quickly transport pain signals to your brain.

The concept of a turned-up nervous system explains how people with fibromyalgia can feel so many different symptoms, and why these symptoms can affect one’s life so deeply. Adding to this can be issues that coincide with fibromyalgia, or stem from it, such as lack of sleep, deconditioning from lack of physical activity, stress related to many factors — including finances or relationships — substance misuse, or overlapping diseases.

Full-body symptoms

As knowledge of fibromyalgia has improved, experts have identified a symptom profile that can help doctors diagnose fibromyalgia. This starts with a medical history, a discussion of symptoms, a physical exam and testing to rule out other problems.

If fibromyalgia is suspected, questionnaires such as the widespread pain index and the symptom severity scale may be used to calculate an overall “score.” In addition, other criteria —

such as pain in at least four of five regions of the body and pain at about the same level for at least three months with no other cause — help form the basis of a fibromyalgia diagnosis.

There are many other possible symptoms, with the added potential for overlapping diseases and disorders to complicate the picture. Commonly, these include fatigue lasting months or years, stiffness, migraines, memory problems or cloudy thinking (“fibro fog”), sleep problems, pelvic, bladder or bowel pain, weakness, balance problems, and depression or anxiety.

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Do’s and don’ts for family members

These tips can help you support a loved one with fibromyalgia.

| Do | Don’t |
|---|--|
| <i>Ask how you can help.</i> Needs may change as symptoms change. | <i>Assume.</i> What you think might be helpful may be hurtful or stifling. |
| <i>Be responsive.</i> This helps you provide the right kind of support. | <i>Try to do it all.</i> Allow your loved one to do manageable tasks. |
| <i>Have fun and laugh together.</i> This helps foster family support and can distract from pain. | <i>Hunker down.</i> Life isn’t over, though you may need to adapt, adjust and be flexible to make things work. |
| <i>Take care of yourself.</i> Take time for your health and well-being and share your struggles and problems. Fibromyalgia doesn’t prevent a loved one from supporting you in return. | <i>Push your own needs aside.</i> This can deplete your emotional and physical reserves. Nurture your own health and continue to explore your interests. |

Changing the pain experience

With fibromyalgia, pain messages take over your nervous system so that they drown out messages about more-pleasant experiences or sensations. Eventually, it's almost as if your brain isn't hearing about anything else but pain and discomfort.

One key goal of fibromyalgia treatment is to reverse this trend. This is done by remapping nerve pathways that tell your brain about pleasant or non-pain-related sensations, while trying to make the pathways channeling pain messages grow quieter.

Cognitive behavioral therapy (CBT) is a specific approach to therapy that's the most effective and most common way to manage fibromyalgia symptoms. CBT helps you develop the skills you

need to be in charge of living your life, rather than having the symptoms run your life. The cognitive part of CBT involves learning to challenge your negative thoughts and adopt more realistic ways of thinking about your pain — and change how it makes you feel. The behavioral part of CBT addresses the active part of living with fibromyalgia. This includes learning how to:

- Gradually increase your physical activity so that you can perform 30 minutes of low- to moderate-intensity exercise most days. Getting moving may seem daunting at first, but it's one of the most important ways to manage fibromyalgia. If done appropriately, it can lessen your pain, ease depression, reduce fatigue, prevent fibro fog, decrease stress and anxiety, and help promote good sleep.
- Relax and quiet the mind, using techniques such as guided imagery, meditation, deep breathing and progressive muscle relaxation.
- Establish good sleep habits, as getting a full night's sleep and more restorative sleep can lessen pain and fatigue.
- Balance your time and energy with pacing and daily structure.

For a more detailed look at fibromyalgia, try our new book *Mayo Clinic Guide to Fibromyalgia*, found at [Marketplace.MayoClinic.com](https://www.mayoclinic.com/Marketplace)

- Set goals to help with motivation and to measure progress on the road to getting your life back.

- Improve your mood by managing stress and anxiety — and seeking help or treatment if you have depression or other mental health conditions.

- Communicate better about your fibromyalgia and overall health with your doctors, family and friends — and gain and maintain social support.

- Eat a healthier diet that includes a variety of minimally processed plant foods such as whole grains, vegetables, fruits, beans and legumes, nuts, herbs, and spices. Keep portions moderately sized, drink plenty of water, and limit caffeine and alcohol consumption.

- Understand the role of medications in your management plan. While several

types of drugs may be used to help manage fibromyalgia, they are rarely recommended as the only treatment.

In addition, most people find that non-

drug management strategies are actually more effective than drug therapies. Still, depending on your circumstances, the use of one or more drugs may help dial down pain, boost your mood or reduce fatigue. Careful discussions with your care team can help you weigh the benefits of a drug against the downside of possible side effects.

Working toward these goals involves numerous integrated steps, and a comprehensive plan is often ideal. This can be done with the help of an understanding primary care provider, and preferably involving a health professional with expertise in cognitive behavioral strategies. If symptoms are severe and more structure would be helpful, talk to your doctor about an interdisciplinary pain management program, sometimes called a chronic pain rehabilitation program. These programs involve working with a team of experts to improve your quality of life, manage pain and other symptoms, and achieve goals you set for yourself. □

Health tips

Medication reminders

Prescribed medications don't work if you don't take them. There are many barriers to faithfully taking your medications, with one being just plain forgetting. To help you remember to take your medications, try to:

- *Keep it simple* — Work with your doctor and pharmacist to keep your drug regimen to the fewest pills possible. Ask for clear instructions on when to take your drugs and why you need them.

- *Create a routine* — Try to take drugs at the same time each day and connect it with a part of your routine. For example, keep medications in the kitchen if you're supposed to take them with meals or by your bedside table if they're supposed to be taken at night.

- *Keep track* — Write a complete list of current medications, including doses and how often you take them. Check the list for accuracy with your health care provider. Keep it in your wallet or purse for quick, easy reference.

- *Use reminders* — Pill containers can help you organize your medications and help you remember to take them. Large pill containers with more than seven compartments may be helpful if you take a medication multiple times a day. There are a number of apps, email and text reminders, and more that can further enhance pill container use.

- *Travel smart* — Pack extra medication when traveling in case your trip is extended or delayed. For flights, place medication in your carry-on to protect it from the cargo hold temperatures and to prevent losing it. □

News and our views

No chemo for many women with breast cancer

According to a recent large-scale study called TAILORx, doctors can now more confidently recommend forgoing chemotherapy for many women with the most common type of early-stage breast cancer. The study was published in *New England Journal of Medicine* and focused on about 10,000 women with breast cancer that was hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2) negative and axillary node negative.

Cancer experts often use a gene expression test of a tumor to gauge the likelihood of cancer recurrence after surgery and then recommend anti-estrogen therapy, chemotherapy or both. Recurrence risk is scored from 0 to 100. Women with scores 10 and below have low recurrence risk and receive only anti-estrogen therapy. Women with scores over 25 have higher recurrence risk, making it necessary to receive both anti-estrogen therapy and chemotherapy.

The TAILORx study focused on women with scores in the middle range of 11 to 25 and randomly assigned these women to a treatment of either anti-estrogen therapy alone or chemotherapy with anti-estrogen therapy. There was very little difference in the rates of cancer recurrence and survival between the two groups five and nine years later.

Mayo Clinic experts say this study has already changed how patients are treated. In the past, doctors tended to err on the side of offering chemotherapy to women with a middle-range recurrence score. But this study showed that about 70% of women with the type of breast cancer described above — including all those with low scores and most with midrange scores — can likely be spared from chemotherapy. □

Heart failure risk and artificial intelligence

The left ventricle provides most of your heart's pumping power. A decline in this pumping power — called left ventricular dysfunction — is a potential precursor to heart failure. Sometimes, this decline occurs without causing any noticeable symptoms early on. This is a difficult-to-detect condition known as asymptomatic left ventricular dysfunction (ALVD). It's present in an estimated 9% of older adults, and treating it can help prevent heart failure.

New research from Mayo Clinic cardiologists — published in *Nature Medicine* — shows how artificial intelligence may increase the ability to accurately diagnose and treat the condition before heart failure can occur. A large set of electrocardiogram (ECG) data was used to develop a type of artificial intelligence with which patterns could be recognized. A set of rules (algorithms) developed from this data had a high level of accuracy in detecting people with left ventricular dysfunction as confirmed by follow-up testing.

Notably, one subset of study participants whose ECGs were flagged as abnormal by the algorithms were found to have normal ventricular function in follow-up testing. However, in the years after, this “false-positive” group was found to have a fourfold risk of developing future left ventricular dysfunction. This suggests that the algorithms may be able to detect very early abnormalities.

While this use of artificial intelligence is not part of standard medical practice, Mayo Clinic experts say it could one day be an easy, inexpensive screening tool for ALVD, with the potential to reduce heart failure risk. □

Resistance bands

A simple way to gain strength

You'd like to try some strength training, but you're intimidated by the dumbbells and weight machines at the health club. Plus, you'd like something you can do at home.

If that's the case, you may want to try resistance bands or tubes, which are available at sporting goods stores, from online retailers or in most gyms. They come in different tensions and are usually color-coded. They're much easier to transport and store than weights.

Strength training can provide many health benefits, such as better bone health, balance, and ability to perform everyday tasks such as unloading groceries, carrying a suitcase and mowing the lawn. Try to strength train at least twice a week, making sure to exercise all major muscle groups.

The exercises on the next page can help you start a strengthening routine using exercise bands. Remember to:

- **Check first** — If you have health problems, talk with your doctor.
- **Start slow** — Mayo Clinic experts say to start with one set of 10 repetitions or fewer for each exercise with a lower tension band. As you get stronger, you can make exercises harder by doing more repetitions — such as one or two sets of 10 to 15 repetitions — or progressing to a band with greater tension.
- **Stay in control** — Count to three as you push or pull the band where you want it to go, hold it there for one second, then count to three as you ease back to the start. Don't thrust or allow the band to jerk you back. Exhale during the more difficult part of the exercise and inhale during the less difficult part.
- **Tie simple knots** — If you need to tie the band in a loop, it's easier to untie if you use a shoelace knot. □

Resistance band exercises you can try at home

Standing hip abduction —

Tie the band in a loop. Loop the band around one of your ankles, then step on the other side of the band. Move the looped foot out to the side and slightly back, with toes pointed straight ahead. Return to the starting position. If needed, rest your hands on a countertop or back of a chair for balance. You should feel this exercise in your buttocks and the outside of your hip.



Bent-over row —

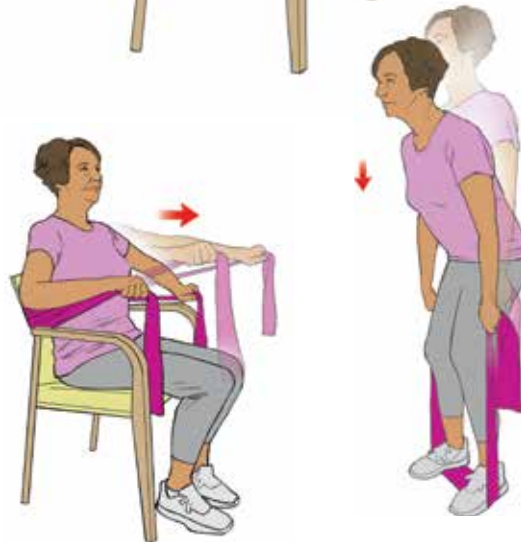
Holding one end of the band in each hand, step on the band with both feet shoulder-width apart. Bend forward with knees slightly bent, keeping your back neutral. Slowly bring your elbows back, then return to the starting position. You'll feel as if your shoulder blades are coming together. You should feel this exercise in the back of your shoulders.

Dead lift —

Holding one end of the band in each hand, step on the band with both feet. With arms at your sides, there should be tension in the band. Slightly bend your knees and slowly bend forward at the waist — keeping your back straight — so you can send your hands downward, tracing the outer portion of your thighs to your knees. Return to the starting position. You should feel this exercise in your lower back, your hips and the back of your thighs.

Chest press —

Put the band around the back of a chair. Sit in the chair. With elbows bent and forearms parallel to the floor, hold one end of the band in each hand, keeping the band taut. Push straight forward with both hands, fully extending your arms. Return to the starting position. You should feel this exercise in your arms and chest.

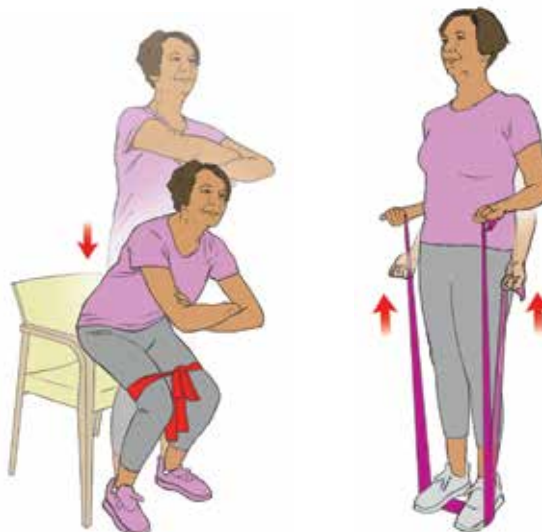


Bicep curl —

Holding one end of the band in each hand, step both feet on the band. Start with arms at your sides and no slack in the band. Keeping your elbows in, slowly curl the band up by bending your elbows. Then return to the starting position. You should feel this exercise in your upper arms.

Squat —

Tie the band in a loop around your knees so that there is a little tension in the band when you stand with your feet shoulder-width apart. Stand in front of a chair. Slowly begin to sit, bending through the hips, knees and ankles. Stop when you are about to sit, and return to the standing position. You should feel this exercise in your upper legs and buttocks.



High-altitude travel

Effects on your health

Planning a trip to the Rocky Mountains or South America? You may want to talk with a doctor first.

Not only can ascending quickly to high altitudes make you temporarily feel sick, it can also affect existing health conditions such as lung or heart disease or sleep apnea. And on rare occasions, it can lead to dangerous or life-threatening problems.

Most people will feel the negative effects of altitude at around 8,000 feet, and this can become a problem in popular vacation destinations such as:

- Places close to 8,000 feet, such as Santa Fe, New Mexico (7,000 feet), Mexico City, Mexico (7,400 feet), and Machu Picchu, Peru (7,700 feet)
- Places over 8,000 feet, such as Breckenridge, Colorado (9,600 feet), Quito, Ecuador (9,400 feet), and Bogota, Colombia (8,700 feet)

- Places near or over 11,500 feet such as Jungfrauoch, Switzerland (11,400 feet), La Paz, Bolivia (12,000 feet), Lhasa, Tibet (12,000 feet), and Pikes Peak, Colorado (14,100 feet)

Adapting to altitude

As altitude increases, the pressure in the atmosphere drops. When you inhale, this pressure drives oxygen from your lungs to your blood and tissues. This is why high altitudes can result in an insufficient amount of oxygen in the body (hypoxia).

It's normal to feel the effects of hypoxia when visiting higher altitudes. You may feel short of breath, notice an increased heart rate, develop a headache, sleep poorly for two to three nights or urinate more frequently.

There's also a chance you'll experience altitude sickness. Anyone can get altitude sickness — particularly if the ascent happens quickly — but people who have experienced significant altitude sickness in the past are at higher risk of experiencing it again.

The best ways to prevent altitude sickness are to slowly ascend so your

body can adjust, sleep at lower elevations when possible, and avoid alcohol and intense physical activity in the first few days at higher altitude. Drugs such as the diuretic acetazolamide may also help prevent altitude sickness.

Acute mountain sickness is a form of altitude sickness that can cause signs and symptoms such as nausea, headache, vomiting and fatigue. To treat it, stop ascending and rest. Ideally, try to go to a lower altitude. Nonprescription pain relievers such as acetaminophen (Tylenol, others) or ibuprofen (Advil, Motrin IB, others) can help headaches. Acetazolamide may also help alleviate altitude sickness by helping the body acclimate to altitude.

If your symptoms don't improve after a couple of days, it's best to descend to a lower elevation. More rarely, high altitudes can cause:

- *High-altitude cerebral edema* — This excess fluid and swelling in your brain can cause signs and symptoms such as confusion, profound lethargy and a “drunken” stumbling walk.
- *High-altitude pulmonary edema* — This is caused by excess fluid in the lungs. Signs and symptoms include weakness, cough, difficulty breathing and shortness of breath.

Both of these rare but severe conditions can quickly become fatal. Immediate medical evaluation and treatment are very important, with the best treatment being immediate descent until you find symptom relief.

Existing conditions

High altitudes may also have unique effects on existing illnesses and conditions. If you have health conditions — such as sickle cell anemia, chronic obstructive pulmonary disease (COPD), heart failure or pulmonary hypertension — you may be advised not to visit high altitudes. Other times, if the disease is well controlled, your doctor can address these concerns and recommend steps to relieve the detrimental effects of high altitude on your health. □

| Disease | Things to consider |
|-------------------------|---|
| Obstructive sleep apnea | Bring your CPAP machine, especially if your apnea is moderate or severe. You also may need a prescription for acetazolamide. |
| Heart disease | If you're active, your heart disease is stable and you've had no events in the past 90 days such as a stroke or heart attack, you may be able to safely travel to higher altitudes. Go easy on exercise at first, and monitor your blood pressure and heart rate. |
| Liver disease | If you have cirrhosis, get tested for hepatopulmonary syndrome and portopulmonary hypertension, as these conditions could increase the risk of a life-threatening form of altitude sickness. Those with cirrhosis shouldn't take acetazolamide. |
| High blood pressure | If your blood pressure is well controlled, check it after reaching a high altitude and possibly modify medications. Some blood pressure drugs may not work as well at high altitudes, so make adjustments with your doctor before you travel. |
| Asthma | If your asthma is well controlled, there's probably no need for concern if you're traveling to less than 20,000 feet. If it's not well controlled, traveling to high altitudes isn't recommended. |

Improving foot pain

Finding the perfect shoe

To improve your fitness, you started taking daily brisk walks around your neighborhood. But after just a few days, you can't continue. Your feet ache, and you think you're developing a corn. How can you stay healthy if your feet hurt every time you try to exercise?

As you age, changes to your body and feet can make foot pain more likely. This can make daily activities more difficult and even increase your risk of falls. However, foot pain is often avoidable by modifying or switching your shoes.

As foot issues develop, seek medical attention. You may need to see a podiatrist — a doctor specializing in foot and ankle care — to get a prescription for special footwear or foot support such as orthotics. Still, much of managing and preventing foot pain can come down to proper footwear. Here's a look at common challenges that occur with aging, along with footwear solutions.

Challenge: Changing foot size

Your feet may change in size and shape, usually getting wider and longer.

Solution — Ask to have your feet measured — including the width — at a shoe store. Keep in mind that one foot can be slightly larger than the other, so you should buy for the larger foot. Wear the socks you would normally wear with the shoes, as this will affect the fit. Try shoes on near the end of the day when your feet are at their largest.



Challenge: Less support and cushion

The natural fat pads on the bottom of your feet can thin over time, reducing the padding that absorbs the shock of steps. In addition, your arches may become lower and you can develop flat feet. This can contribute to the development of foot pain or pain around the inside of the ankle.

Solution — Supportive, cushioned shoes with shock-absorbing outer soles can help cushion and protect your feet. It's best to limit heels to an inch, or lower if you have foot problems. A semirigid, prefabricated or custom-made shoe insert that provides arch support and cushioning may help improve pain. A podiatrist may recommend a brace to help stabilize the foot and ankle.



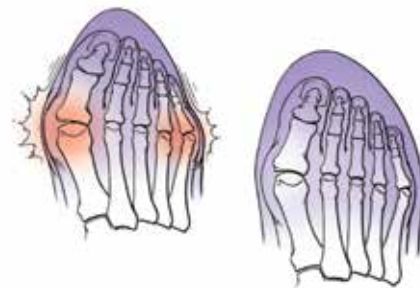
Challenge: Poor shoe quality and selection

Shoes can be expensive, and it's tempting to select a low-cost shoe that doesn't fit great or provides minimal support. Wearing old, worn-out shoes that have quit providing support or tread grip also can be a problem in terms of foot health and safety.

Solution — When buying shoes, opt for a stiff heel that doesn't give way when pressing on it, a toe box that is semi-flexible and a shoe that does not twist in the middle when you try to twist it.

Challenge: Bumps or protrusions

These can be caused by hammer-toes, corns, bunions and bone spurs. Shoes that don't fit properly can further irritate bumps and protrusions by rubbing or pressing against them. Ill-fitting shoes, hammertoes and bunions can also cause pain at the ball of the foot (metatarsalgia).



Solution — The front of the shoe (toe box), should be roomy, with a half inch between the end of your longest toe and the end of the shoe. Never buy shoes that are too tight. You can also have shoes professionally stretched in areas of irritation. For metatarsalgia, metatarsal pads or cushions may help ease impact on the affected joint, as can appropriate footwear.

Challenge: Risk of falls

Over 25% of adults 65 and older fall every year. Falls are a major cause of injury for seniors and can be fatal. Improper footwear is one factor that contributes to falls.

Solution — Avoid walking barefoot, in poor fitting slippers or in socks, as these have been linked with an increased risk of falls. Wear shoes with laces or straps, as these can keep the shoes from slipping off. Also avoid shoes such as flip-flops and backless sandals, and look for sturdy shoes with nonskid soles.



Challenge: Getting shoes on and off

As you age, it may be more difficult to get shoes on and off.

Solution — Elastic laces or Velcro straps allow you to slip shoes on and off without tying and untying. A long-handled shoehorn also can help. □

Second opinion

Q I have a clogged heart artery. My doctors said it's stable and prescribed medications for it, but it still causes discomfort when I exercise, and I'm worried about having a heart attack. Should I ask about getting a stent?

A When one or more arteries supplying the heart with blood have narrowed, poor blood flow can result in ongoing pain or discomfort in your chest (angina). Stable angina means the pain and discomfort are predictable and the angina maintains generally the same pattern. It occurs with certain circumstances, usually with exercise, and is relieved by rest or with a medication.

It's true that under some circumstances, people with persistent stable angina may be good candidates for stent placement — where small mesh tubes are placed in a narrowed artery to widen it — especially if they have more serious heart disease.

However, for many people with mild to moderate heart disease, stable angina can be effectively treated with lifestyle changes and daily medications. Even when stable angina persists, moving on to placing a stent isn't a surefire decision. Stent placement may reduce the frequency of chest discomfort immediately after the procedure. However, it's unlikely to reduce your risk of a future heart attack or impact longevity. On the other hand, stents can be very effective in relieving symptoms if the angina is more severe or if medications aren't completely effective or well tolerated.

After stent placement, you still need to take medications regularly, including anti-clotting drugs such as baby aspirin. There are also certain risks — though

small — associated with stent placement. During the first few months after placement, a few people experience bleeding due to the anti-clotting medications or occasionally develop a blood clot in the stent that leads to a heart attack. Some people may need another stent placed if the artery re-narrows.

If you're considering a stent for stable angina, go over the pros and cons carefully with your doctor. If you opt for the stent, seek out a heart specialist who's experienced in performing the procedure and who operates at a hospital with a high volume of the procedure. □

Q I used to consistently experience itching all over my body after meals. Then I started carefully reading nutrition labels and cutting food additives such as artificial flavors and colors out of my diet, which seems to help. Does this mean I'm allergic or sensitive to food additives?

A According to the Food and Drug Administration (FDA), food additives are any ingredients or substances — such as preservatives, vitamins, minerals, artificial sweeteners, antioxidants, spices, flavors and colors — that are added to food. All food additives must be approved by the FDA. This means the FDA has found that these additives meet its standard of "reasonable certainty of no harm."

It's common to confuse allergic reactions and intolerances. A food allergy causes an immune system reaction that affects numerous organs in the body. A food allergy can be severe or life-threatening and require immediate medical care. By contrast, symptoms of

food intolerance are generally less serious and limited to digestive problems, such as nausea or cramping.

It is possible to develop an intolerance — sometimes called a sensitivity — to a food additive, but this appears uncommon. There also have been rare reports of true allergic reactions, but it's more common to have an allergic reaction to foods — such as peanuts or seafood — than a food additive.

A few additives have more well-established associations with negative reactions. For example, sulfites are used to preserve dried fruit, canned goods and wine, and can trigger asthma attacks. The dye FD&C Yellow No. 5 — also known as tartrazine — may rarely cause hives. The red food dye carmine and other additives have been linked to a severe allergic reaction called anaphylaxis. □

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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