

# Harvard Health Letter

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## Over-the-counter hearing aids: What we know so far

*You don't need a prescription for these FDA-regulated hearing aids. But they're not right for everyone.*

After years of anticipation, FDA-regulated over-the-counter (OTC) hearing aids are finally showing up online and in stores. About a dozen of the gadgets have made it to market, and more are expected. Here's what we know about OTC hearing aids at this point, and what to keep in mind if you're interested in buying a pair.

### They're hassle-free

Unlike the process of getting prescription hearing aids, you don't have to go to a doctor or an audiologist for OTC hearing aids. That means you don't need a formal hearing evaluation, fittings, or a prescription for the devices. You can just buy a pair at your convenience and use them as soon as you open the package.

### There are two types of OTC hearing aids

Some OTC hearing aids are "self-fitting," meaning that device settings can be programmed to suit the user's hearing needs. "You'll know it's self-fitting if the product description talks about putting the device in your ear and completing a hearing test, either online at the manufacturer's website or on an app, so you can adjust the controls and fine-tune the devices," says Meaghan Reed, director of Clinical Audiology at Harvard-affiliated Massachusetts Eye and Ear.

Other OTC hearing aids are not self-fitting. They come with volume control and a few pre-determined settings.

### The FDA regulates them

The new OTC hearing aid category requires manufacturers to register the devices with the FDA and follow specific regulations.



Look for an over-the-counter hearing aid that comes with a trial period and customer support services.

For self-fitting devices, manufacturers must demonstrate to the FDA that the hearing aids have been tested and shown to be safe (with volume control and output limits, for example) and effective for adults with mild to moderate hearing loss. Packaging must explain who might benefit from the devices and when it makes sense to see a doctor for hearing loss. These hearing aids can use the words "FDA cleared" on packaging and ads.

Non-self-fitting OTC hearing aids must be registered with the FDA, but device makers are not required to demonstrate that the devices are safe. The registration is essentially a claim that the device meets FDA standards.

### They're still pricey

"OTC hearing aids start at about \$500 to \$1,000 per pair. Self-fitting devices are more expensive. Both types cost less than the bundled price of prescription hearing aids, which start at \$4,000 per pair and include the services of an audiologist for a few years," Reed says. "But \$500 is still costly. It's our hope that

*continued on p. 7* ▶▶

## INSIDE

**Ask the Doctor . . . . . 2**  
▶ Does COVID-19 damage the brain?

**The warning signs of four dangerous conditions . . . . . 3**

**Why you keep waking up to go to the bathroom . . . . . 4**  
▶ AND: Avoid nighttime falls

**Tips to cope with medical test anxiety . . . . . 5**

**Time for a new knee? . . . . . 6**  
▶ AND: What to ask about knee replacement surgery

**News briefs . . . . . 8**

- ▶ Shingles linked to increased risks for heart attack and stroke
- ▶ Watch out for bogus supplement claims
- ▶ Hearing aids: Can they help protect your brain, too?

## FIVE THINGS TO DO THIS MONTH

**1 Learn the signs of a ministroke.** They signal major danger ahead. (page 3)

**2 Get some night lights.** Install them along the path to the bathroom. (page 4)

**3 Try exercising on an elliptical machine.** It takes pressure off the joints. (page 6)

**4 Get the shingles vaccine.** It's recommended for adults ages 50 or older. (page 8)

**5 Schedule a hearing test.** Find out if a hearing aid might help you. (page 8)

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## ASK THE DOCTOR

by ANTHONY L. KOMAROFF, M.D., *Editor in Chief*

### Does COVID-19 damage the brain?

**Q** How does COVID-19 damage the brain, and can the damage be permanent?

**A** When the pandemic started in early 2020, doctors didn't know much yet about COVID and did not think it affected the brain. Boy, were we wrong!

We now know that, unfortunately, COVID can damage the brain in many ways. When people first become sick from the virus, they may develop encephalitis—inflammation of the brain—causing confusion, difficulty concentrating, and memory problems. COVID also can trigger the onset of new psychological disorders such as severe depression or anxiety. It can even cause people to become psychotic—to see and hear things that aren't there and to believe things that aren't true. It often damages the brain's autonomic nervous system, leading to abnormalities in heart rate and blood pressure.

In addition, the virus that causes COVID can infect and injure the linings of blood vessels and make blood clot more easily. These two things can lead to strokes and heart attacks, even in young people. A perfectly healthy 30-year-old son of a friend of mine experienced multiple strokes when he got COVID. COVID-related strokes can cause permanent difficulty in speaking or understanding speech, weakness on one side of the body, and other symptoms.

Even if people escape brain damage during the initial attack of COVID-19, they remain at considerably greater risk of various brain conditions, including strokes, depression, anxiety, and psychosis for the next several years.



The virus that causes COVID-19 can attack and damage the brain.

People who were initially severely ill with COVID are at much greater risk for cognitive decline after they recover. Even people who were less severely ill remain at a somewhat greater risk. A large study of MRI scans taken before and then again after people got COVID showed that COVID can actually shrink the brain somewhat.

Finally, the lingering symptoms of fatigue, pain, and difficulty thinking that can last for several years after COVID—called long COVID or post-acute COVID syndrome—may well be caused by ongoing low-grade brain inflammation caused by the virus.

Fortunately, most people who get COVID don't suffer damage to the brain. But some do, and even people who initially get just mild COVID symptoms are vulnerable. So COVID's potential to damage the brain is just one more reason to do everything we can to avoid getting this disease. Masks and social distancing still are important, in crowded, indoor public spaces. In particular, vaccines have not only greatly reduced the risk of getting COVID and of becoming seriously ill from COVID; they also reduce the risk of suffering long-term damage from COVID, including damage to the brain. ♥



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Because of the volume of correspondence we receive, we can't answer every question, nor can we provide personal medical advice.

# Spot the warning signs of 4 dangerous conditions

*Don't overlook symptoms of a stroke, heart attack, atrial fibrillation, or pulmonary embolism.*

**W**e rarely think life-threatening conditions, like a heart attack, can happen to us. And we tend to miss signs that such conditions are brewing. “You think, ‘I’m too young’ or ‘too healthy’ for it to be true, and you can ignore important symptoms,” says Dr. Emily Lau, a cardiologist at Harvard-affiliated Massachusetts General Hospital.

Protect yourself by learning the warning signs of the following conditions, and taking action if you recognize them.

**1 Heart attack** A heart attack occurs when something blocks blood flow to a part of the heart muscle. It can be fatal. The typical symptom is extreme pain or pressure in the middle of the chest. Chest pain that comes and goes, especially with exertion, is one early warning sign. But other symptoms also can be warning signs, such as new shortness of breath; fatigue; nausea or vomiting; or sudden pain in the abdomen, back, jaw, or shoulder, even without chest pain. “Women are more likely to have these other symptoms in addition to chest pain, but men can also have them,” Dr. Lau says.

How can you tell it's a heart attack and not something else? Ask yourself two questions: is the symptom new, and is it recurring or not going away? “For example, if you could walk up a flight of stairs yesterday without any issues, and now the same level of activity is very hard for you, then something is wrong,” Dr. Lau says. Or if you experience a pain in your abdomen, back, jaw, or shoulder when you exert yourself, especially if it recurs or isn't going away, contact your doctor promptly.

**2 Stroke** A stroke occurs when blood flow to the brain is blocked or a blood vessel in the brain bursts. It can be fatal. A major stroke can cause sudden difficulty speaking or understanding someone, numbness or weakness on one side of the body, blurry vision, dizziness, or a severe headache. Any one of those warrants an immediate call to 911.

In some cases, the first warning of an impending major stroke might be a ministroke (transient ischemic attack, or TIA). It has the same symptoms as a major stroke, but they last only briefly and are easy to brush off. For example, you might lose vision in one eye for a minute, and maybe think it's because you were looking at your smartphone screen too long. But a TIA is often the harbinger of a bigger stroke. The symptom may go away, but the next episode could cause permanent damage. “If a stroke symptom of any kind occurs suddenly, even if it goes away, call your doctor's office immediately,” Dr. Lau says.

**3 Atrial fibrillation** Atrial fibrillation (afib) is the name for rapid, abnormal contractions of the heart's upper chambers (the atria). Instead of squeezing in concert, the atria quiver, which can make the blood inside them pool and form clots. The clots then can travel to the brain, heart, or other parts of the body and cause life-threatening damage.

Many people with afib don't have any symptoms. “But you might detect afib if you experience palpitations—a feeling that your heart is beating unusually rapidly or irregularly, even when you're resting. You might also feel faint or experience sudden fatigue,” Dr.



Sudden fatigue or pain in the chest, shoulder, abdomen, back, or jaw can signal a heart attack and the need to take action.

Lau says. “And some people recognize it by wearing smart watches that track heart rhythms. The technology isn't perfect, but it is pretty good at recognizing afib.”

If you suspect you're having afib symptoms, write down how often they occur, and when, and see your doctor as soon as possible.

**4 Pulmonary embolism** A pulmonary embolism occurs when a blood clot forms in a leg, then travels upward and lodges in a lung. The clot can reduce your body's supply of oxygen-rich blood and damage the lung. Sometimes it's fatal: “It can cause blood to back up in the heart, and even cause your heart to stop,” Dr. Lau says.

The main symptoms of a pulmonary embolism—extreme fatigue and shortness of breath, chest pain, or passing out—will probably get your attention. But you might not connect other symptoms to a pulmonary embolism. For example, it can cause flu-like symptoms such as a cough, fever, dizziness, wheezing, or heart palpitations. If you have blood clots in the deep leg veins (called deep-vein thrombosis, or DVT), you might have pain, swelling, or redness in one leg. “If you're not sure if you have symptoms, think of your risk factors. Have you been sitting for long periods? Are you on a medication that can cause clotting? Do you have a family history of DVT? All of these can cause blood clots in the legs. If you have both suspicious symptoms and these risk factors, call your doctor promptly,” Dr. Lau says. ♥

# Why you keep waking up to go to the bathroom

*Frequent nighttime waking has many causes. Correcting it takes lifestyle change and possibly medical treatment.*

**W**aking up to go to the bathroom in the middle of the night happens to most of us, especially after age 50. If it's a rare occurrence, you might think of it as little more than an inconvenience. If it's a regular routine that includes one or more bathroom trips per night, it could signal a health problem called nocturia that might impair the quality of your sleep or set you up for a dangerous fall in the dark.

## Lifestyle or age-related causes

Nocturia is common with age in both men and women. Sometimes lifestyle is to blame. For example, it could be that you drink caffeinated beverages too late in the day. Caffeine increases your kidneys' production of urine. Or maybe you're drinking a lot of fluids close to bedtime. "The kidneys never stop making urine, and many people make urine more efficiently when they're lying flat than when they're sitting or standing," says Dr. Michael O'Leary, a urologist at Harvard-affiliated Brigham and Women's Hospital.

Age-related hormone changes can also lead to nocturia. "An important hormone that helps you hold on to fluid in the night, called antidiuretic hormone, decreases naturally with age," says Dr. Mallika Anand, a urogynecologist at Harvard-affiliated Beth Israel Deaconess Medical Center.

## Underlying conditions

Underlying conditions often cause nocturia. In pregnancy, the weight of the fetus puts pressure on the bladder, producing the urge to urinate sooner, and there is increased urine production. In older women, an overactive bladder that results in a larger number of urinations is common, particularly after

menopause. In men, an overactive bladder is frequently caused by an enlarged prostate (benign prostatic hyperplasia, or BPH). "That reduces urine flow from the bladder, which makes the bladder muscle walls more likely to be overactive," Dr. O'Leary says.

Both men and women can experience nocturia due to various medical conditions. "For example," Dr. Anand says, "in individuals with type 2 diabetes, the kidneys remove the extra sugar that's in the blood, and produce more urine to carry that waste out of the body. Also, people with diabetes tend to drink more fluids because of increased thirst. In people with sleep apnea, the brain recognizes it isn't getting enough oxygen at night. To increase oxygen circulating in the blood, the brain signals the kidneys to increase blood volume, and tells the heart to pump faster. That increases urine production."

Other reasons for nocturia include kidney disease; taking diuretics and other medications to control blood pressure; or varicose veins that lead to daytime retention of fluid, which shifts from the legs to the blood and kidneys at night.

## Nocturia risks

Nocturia has several risks. If it keeps you from sleeping well, your mood and concentration may suffer, or you may develop greater risks for obesity, high blood pressure, heart disease, diabetes, stroke, cognitive decline, and premature death. And your brain may not have enough time to properly clear out toxins associated with dementia.

Nocturia also increases the risk of falls if you're getting up frequently and walking to the bathroom in the dark.



## Avoid nighttime falls

Frequent trips to the bathroom increase your risk for falls. Reduce the risk by following these tips:

- ▶ Install night lights to illuminate your path to the bathroom.
- ▶ Keep pathways free of trip hazards such as electrical cords, throw rugs, and loose carpeting.
- ▶ Install handrails in hallways and grab bars in bathrooms.
- ▶ Consider using a bedside commode if it's hard to get to the bathroom safely.

## What you can do

Treating nocturia starts with lifestyle changes. "Try to stop drinking fluids several hours before bed, and eliminate caffeinated beverages 10 hours before bedtime," Dr. Anand advises. "And limit evening alcohol intake, since alcohol promotes nocturia."

Also, ask your doctor if you need to be tested for the various possible diseases that can cause nocturia which may not yet have been diagnosed. If you have some of these diseases, ask your doctor if increasing the treatment might reduce your nocturia.

Medications can sometimes help ease nocturia. In men with BPH, this could include drugs (alpha blockers) that improve the flow of urine, helping empty the bladder before bedtime. "But you won't go from getting up five times a night to zero times. It might just go from five to two," Dr. O'Leary says.

For women, bladder medications may help ease nocturia. But the drugs have possible side effects, and Dr. Anand says the risks and benefits have to be weighed carefully.

Pill-free approaches include pelvic floor exercises, injections of botulinum toxin (Botox), or nerve stimulation. ♥

## Tips to cope with medical test anxiety

*Here are some ways to push past the fear and take control of your health.*

It's normal to be apprehensive about having a medical test, particularly one that can cause discomfort or pose some other risk. Even a simple blood test involves a moment of discomfort. Some people faint at the sight of the approaching needle; this intense fear of needles is called trypanophobia, and it leads some people to avoid blood tests, medication infusions, or vaccinations.

Some people worry about getting other medical tests, such as x-rays and CT scans, because they involve exposure to radiation. And being moved into the cramped confines of an MRI machine can spark panic for someone with claustrophobia (fear of being inside an enclosed space).

People with a different phobia, called iatrophobia, are afraid to see a doctor, even a doctor they know and like. For others, a medical exam can feel like an invasion of your privacy, and some parts of the physical examination may be uncomfortable. Perhaps most of all, people fear the visit to the doctor will bring bad news.

Fortunately, there are ways to cope with these anxieties, and important reasons why you should.

### Sources of anxiety

The source of medical test anxiety depends on the test and what you think you'll experience. Here are examples.

**Pain and discomfort.** "Needles hurt, and a lot of procedures are uncomfortable or unpleasant. Past experience with the procedure can also activate traumatic memories," says Justin Gillis, a clinical therapist at Harvard-affiliated McLean Hospital.

**Bad news revealed in a test.** Even if we're not worried about discomfort from a test, we can be very worried about the test result bringing bad news.

So we can be tempted to avoid having the test: no test, no bad news.

**Test complications.** Exposure to harmful levels of radiation, reactions to contrast dye in imaging tests, or a punctured colon during a colonoscopy are real risks; they're just very small. In ordering these tests, doctors have weighed the benefit from the information provided by the test against the very small risks.

### Consequences

Avoiding medical tests or doctor visits can have serious repercussions. "If you put off testing, you might not find out about problems that we can catch early and get under control. If you wait, the condition can worsen to the point where it's hard to treat," says Dr. Suzanne Salamon, associate chief of gerontology at Harvard-affiliated Beth Israel Deaconess Medical Center. "For example, problems with memory are not always signs of impending dementia that you can do little about. Sometimes, they're signs of an easily curable condition such as B12 deficiency or a low thyroid. But the only way to know is to get the tests," Dr. Salamon says.

In some cases, putting off tests can be a matter of life or death. "I had a patient who was at increased risk of breast cancer who would not get regular mammograms, despite my urging. Then we discovered a very large lump in her breast. She died late last year," Dr. Salamon says.

### What you can do

To decide if skipping a test is a bigger problem than getting it, talk it over with a loved one or doctor, and try the following.

**Change your perspective.** "Avoiding a test won't change the possibility that there might be a health problem. And



If you're worried about pain from a shot, ask your doctor about medication to numb the skin.

if there is a problem, knowing that as soon as possible will give you more treatment options, and possibly a cure," Gillis says.

**Arm yourself with information.** Talk to your doctor to get more information about a test and its risks. Or do some research on trusted websites such as Harvard Health Publishing ([www.health.harvard.edu](http://www.health.harvard.edu)) or the National Library of Medicine ([www.medlineplus.gov](http://www.medlineplus.gov)).

**Make the test more comfortable.** Tell your provider about your concerns. "We can prescribe medication to numb the skin before a shot," Dr. Salamon says, "or we can prescribe a tranquilizer to ease the fear of an imaging test such as a mammogram." If you're claustrophobic, ask for an "open" MRI, which takes place in a machine that is open on the sides (unlike a standard MRI).

### Coping in the moment

To better cope when you're getting a test, use these strategies.

**Bring a buddy with you.** The buddy can hold your hand and comfort you during the experience.

**Try relaxation exercises.** Do some deep breathing. Or focus on a happy experience: How did things look, taste, smell, or sound?

**Look away from the needle.** You'll focus on pain if you watch the needle go into your arm. Instead, look away and try to distract yourself.

**Focus on something fun.** "Have something arranged that you can look forward to after the test, like watching a new movie," Gillis says. "It will help you get through the experience and provide a nice reward afterward." ♥

## Pondering a new knee? Try this as you gear up for the decision

*It's not too early to start preparing your body for the possibility of replacement surgery, even if you're just investigating it.*

**W**hen you have knee osteoarthritis, you can reach a difficult crossroads. The cartilage that once cushioned the bones in the joint can become so worn, and movement so painful, that it's hard to get around. But the treatment—replacing damaged knee cartilage and bone with artificial parts, followed by weeks of rehabilitation—is a major commitment you might not be ready to make. What should you do?

Don't worry—knee replacement isn't a surgery to rush into. And there are a number of steps you can take as you consider it. Here are some suggestions.

**Try a last-ditch pain reducer.** A few things may enable you to go a little longer without a knee replacement. One is getting injections of steroids (to reduce inflammation) or hyaluronic acid (to supplement fluid that naturally lubricates the joints). These temporary fixes may (or may not) reduce pain enough

so that you can strengthen your leg muscles, which helps absorb pressure you place on the knee and reduces pain for longer periods.

Wearing a medial unloader brace might also help if arthritis damage is on the inside of the knee. "It's a long brace, worn from mid-thigh to mid-calf. It uses force and counterforce to take pressure off the inside of the knee and transfer it to the outside," says Janice McGrail, a physical therapist at Harvard-affiliated Spaulding Rehabilitation Hospital.

These options are available only by prescription, and you'll have to see an orthopedic surgeon or pain management doctor if you're interested.

**Modify activities that aggravate knee pain.** Some activities are harder on the knees than others. If you're a runner, you might need to switch to walking or using an elliptical machine for aerobic exercise. If going up and down stairs is painful, try taking them one at a time,



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using this strategy: "When going up the stairs, lead with your good knee, which needs to be strong to pull you up. When going down, lead with your bad knee. The leg that stays on the higher step does all the work to lower you down," McGrail explains.

If kneeling down to clean, garden, or play with grandkids is painful, sit on a small stepstool during the activity.

**Lose weight.** Every pound of your body weight places 4 to 6 pounds of pressure on the knee. That means losing just 5 pounds can take 20 to 30 pounds of pressure off the joint. But weight loss (if you need it) isn't easy, and it won't last if you try a crash diet. Instead, aim for gradual weight loss with exercise and a healthy diet. Get rid of processed, sugary foods, and eat a diet rich in fruits, vegetables, legumes, nuts, seeds, and lean proteins such as fish or poultry. As we reported in January 2023, eating meals within a certain time window daily—such as eight hours—is associated with weight loss, especially if the window ends earlier in the day (such as 9 a.m. to 5 p.m.).

**Exercise more.** Among its many health benefits, exercise plays an important role in weight loss and weight control. But knee arthritis can make exercising painful. One workaround is to modify your preferred activities, as mentioned earlier. Another is to do a seated workout (see YouTube for lots of free seated workout videos). In addition, consider exercising in a pool. "You're buoyant in the water, and your knees don't take a pounding. And the

### What to ask about knee replacement surgery

Knee replacement surgery removes damaged cartilage and bone and replaces it with artificial parts. You might need only a partial knee replacement (on just one side of the joint) or a total knee replacement (on both sides of the joint). Either way, it's a major surgery, and you'll want to learn as much as possible if you're considering the procedure. Here are some questions to ask when you visit an orthopedic surgeon.

- ▶ Which parts of my knee need to be replaced, and why?
- ▶ Which surgical approach would you take, and why?
- ▶ What are the risks of this surgery, and what can be done to minimize them?
- ▶ Which type of prosthetic is best for me, and how long will it last?
- ▶ How much will this cost? What will my insurance cover?
- ▶ How long will I be in the hospital?
- ▶ What can I do to prepare mentally and physically for surgery?
- ▶ Is there any special equipment I should get in advance for my recovery?
- ▶ How painful will this be, and what kind of pain medications will you prescribe?
- ▶ When will I begin physical therapy?
- ▶ How long will I need to do physical rehabilitation when I leave the hospital?
- ▶ How long will it be before I can return to an active lifestyle?



Move of the month photos by Thomas MacDonald

pressure of the water helps reduce knee swelling,” McGrail says. She recommends swimming laps, running in the pool while wearing a flotation belt, or taking a pool exercise class.

**Seek physical therapy.** Physical therapists can tailor a program of cardio exercise, stretching, and strengthening to meet your specific needs. “We can also do some manual therapy on the knee to help it to move better,” McGrail says. “And if you do wind up having a knee replacement, you’ll want to be as strong and flexible as possible, close to your full range of motion. If your knee is too stiff and weak when you go into surgery, it will be stiffer and weaker afterward, and recovery will be harder.”

**Get underlying health conditions under control.** This is important for your overall health, and it also helps prepare you for surgery. “For example, chronically high blood sugar slows the healing process,” McGrail says. “Severe asthma can make it harder to undergo anesthesia safely. Uncontrolled blood

pressure may interfere with your ability to get up and be active after surgery.” Stabilizing underlying conditions can take time—but time is something you have if you’re thinking about maybe getting a knee replacement in few years.

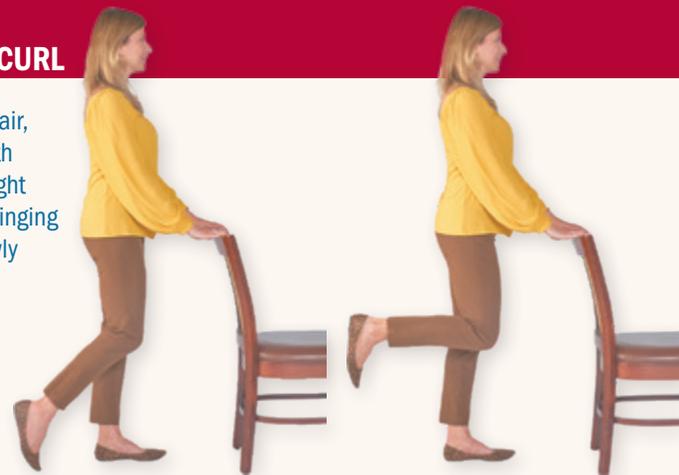
**Start doing some research.** Find a board-certified, fellowship-trained orthopedic surgeon who specializes in knee replacement (doing hundreds per year), and then make an appointment.

Ask if you’re a candidate for a knee replacement (you may need x-rays or an MRI to find out). If you are, ask as many questions as you can (see “What to ask about knee replacement surgery” on page 6). Call your insurance company to find out which aspects of knee replacement will be covered.

In short, do your homework, take your time, and make sure joint replacement is the right move for you. ♥

### MOVE OF THE MONTH: STANDING HAMSTRING CURL

Stand up straight behind a chair, holding the back of it with both hands. Without moving your right thigh, bend your right knee, bringing your heel up. Pause, then slowly lower your foot to the floor. Repeat 10 times, then do the exercise with your left leg.



### Over-the-counter hearing aids ... from p. 1

we’ll see more technology emerge and drive down prices.”

#### They’re not right for everyone

OTC hearing aids are meant for adults with perceived mild to moderate hearing loss. “It’s someone who typically does well in a one-on-one conversation in a quiet environment, but can’t hear well with background noise, at a distance, or in a lecture hall,” Reed says. “They need amplification, and the ability to tune out unwanted noises. If you have more challenging hearing loss issues, you should see your doctor.”

#### Their styles and features vary

OTC hearing aids have different styles and features, depending on the particular model you buy. For example, some OTC hearing aids look like wireless earbuds. Others look like prescription

hearing aids, with a piece that sits behind the ear and a little wire and speaker that sits in the ear canal.

Some OTC devices have directional microphones and noise canceling features. Some are Bluetooth compatible and can stream to your smartphone.

#### Buying them requires homework

Although it’s easier to obtain OTC hearing aids than prescription hearing aids, it’s still a sizable investment. You’ll want to do research before buying them. Some organizations, such as the National Council on Aging ([www.health.harvard.edu/ncoa-hear](http://www.health.harvard.edu/ncoa-hear)), compare device models for consumers.

Get a model with the fit, features, and price you want. If you’re not sure, you may be able to talk to the seller about it. If it’s a drugstore, for example, ask the pharmacist for guidance. If it’s an online dealer, there may be a customer service line you can call. You

can even make an appointment with a local audiologist to get advice.

One important consideration is your ability to operate the hearing aids. Are you good with technology? Would you like to make all of the adjustments? Would you prefer having preset functions that make it easier to operate?

Whatever model you’re considering, make sure it has two particular features. “One is a customer service department, so you can talk to someone if you’re having trouble fitting the devices or if they aren’t working at some point. The other is a trial period. You need to be able to try them out and return them if they’re not right,” Reed advises. “Remember, we’re still in the early stages of OTC hearing aids. We don’t know yet which devices will work best and which companies will be around the longest. But if you have the means and you’d like to give the devices a try now, they do have benefits.” ♥



### Harvard study: Shingles linked to a spike in risks for heart attack and stroke

If you had chickenpox as a kid—and most people in the United States over age 50 did—then you’re at risk for shingles. It’s a painful reactivation of the chickenpox bug (the varicella-zoster virus) that has been dormant and hiding in your nerve cells. It can move through the nerves to the surface of the skin, causing painful blisters and potentially long-lasting pain. And here’s something else that shingles might leave you with, according to a Harvard study: greater risks for heart attack and stroke. The research, published Dec. 6, 2022, in the *Journal of the American Heart Association*, came from three large studies involving more than 200,000 men and women who answered questions

about their health. Researchers combed through the information and compared it to participants’ medical records over 16 years. People who’d had shingles at some point had a 30% higher long-term risk for a major cardiovascular event, compared with people who didn’t have shingles. The study was observational and doesn’t prove that having shingles causes heart attack or stroke. But it’s a good reminder to get the shingles vaccine (Shingrix) if you haven’t already. It’s given in two doses, two to six months apart, and it’s 90% effective. It’s recommended for adults ages 50 or older.



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### Watch out for bogus supplement claims

When it comes to supplements, it’s crucial to keep your guard up, especially if a manufacturer claims the product can cure, treat, or prevent a chronic health condition. The FDA regularly polices such statements. In November 2022, for example, the FDA called out seven supplement companies for illegally claiming their products could treat or prevent cardiovascular disease, such as atherosclerosis or heart failure. Warning letters were issued to Essential Elements (Scale Media Inc.); Calroy Health Sciences; Iwi; BergaMet North America; Healthy Trends Worldwide (Golden After 50); Chambers’ Apothecary; and

Anabolic Laboratories. The companies then had two weeks to respond to the FDA and begin correcting legal violations or fight the accusations. Unlike with conventional pharmaceutical drugs, the FDA does not evaluate supplements for safety or effectiveness, nor monitor how they are manufactured. So you can’t be sure about a supplement’s ingredients or strength, like you can with a conventional drug. Also, supplements can interact with medications you’re taking and cause side effects. That’s why it’s important to talk to your doctor before taking any supplement: call the office or bring supplement information to your next visit.

### Hearing aids: Can they help thinking skills, too?

Hearing aids and similar devices may do more than help you detect sound better. A large analysis published online Dec. 5, 2022, by *JAMA Neurology* suggests the devices might play a role in protecting your thinking abilities. Scientists reviewed dozens of randomized controlled trials and observational studies that looked at the cognitive effects of hearing aids or cochlear implants (implanted devices that translate sounds into electrical signals and transmit them to the brain). The research involved more than 137,000 people

who were followed from two to 25 years, depending on the study. Compared with people who didn’t use the devices, people who did use them had a 19% lower risk of cognitive decline. Using the devices was also tied to a 3% improvement in cognitive test scores. Scientists say there could be many reasons for the associations. For example, it could be that hearing aids help people take part in conversations, staving off social isolation, which is associated with dementia. And since hearing aids are more accessible and affordable than ever (see “Over-the-counter hearing aids: What we know so far” on page 1), it might be time to consider getting a device if you notice a change in your hearing. ♥



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## What’s coming up:

- ▶ Tackling the most common skin cancers
- ▶ Is it food-related illness? Take these steps
- ▶ Exercising when knee arthritis flares
- ▶ Easier ways to take non-pill medications

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