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FIVE THINGS TO DO THIS MONTH

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SPECIAL HEALTH REPORT Healing Shoulder Pain

A troubleshooting guide for common shoulder problems

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Better together: The many benefits of walking with friends

Walking with others has a host of health perks and helps you stay motivated.

There's an old saying that if you want to go fast, go alone; if you want to go far, go together. One good example is exercising, especially brisk walking—the kind that gives your heart and lungs a workout and boosts overall health. The activity is easy to do with family and friends, and the team approach can pay off in many ways.

It's a great social activity

Going for a brisk walk with one or more friends is a form of socializing, which is essential for good health. Socializing helps stave off isolation and loneliness, which are associated with heart disease, diabetes, arthritis, depression, chronic stress, and premature death.

Socializing also helps exercise the brain, which protects your thinking skills. When you socialize, your brain interprets people's facial expressions, speech, emotions, and body language, and then powers your reactions—turning your thoughts into words, facial expressions, and body movements. That extra effort from socializing, even if you're unaware of it, promotes brain cell connections, which keeps thinking and memory sharp.

The physical work of a walk also stimulates the growth of new brain cells. So when you socialize while you walk, you get a double dose of brain health benefits.

It gets you on a schedule

Have trouble sticking to an exercise regimen? You're not alone. "Humans aren't designed to exercise. We're designed to conserve energy. We love to sit around. That's



Walking in a group is safer than walking alone, plus it adds socialization and accountability to your routine.

our nature," explains Dr. Edward Phillips, associate professor of physical medicine and rehabilitation at Harvard Medical School and Whole Health Medical Director at VA Boston Healthcare System.

You'll have better luck staying on a walking routine if you go with friends, primarily for two reasons.

Accountability. "Friends have expectations, and we tend not to want to let them down. We jump through hoops to be there for others. So if you agree to walk with a friend, you're more likely to do it," Dr. Phillips says.

Motivation. "When you walk with someone else, you challenge and encourage each other. Imagine that you hit a wall while walking, but other people around you are still going. That makes you realize that it's doable, and you keep walking," Dr. Phillips says. "The other piece is that being with others is fun, and you might be more inclined to go for a brisk walk if you think about it as spending

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ASK THE DOCTOR

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

Will artificial intelligence replace doctors?

Q Everyone's talking about artificial intelligence, and how it may replace people in various jobs. Will artificial intelligence replace my doctor?

A Not in my lifetime, fortunately! And the good news is that artificial intelligence (AI) has the potential to improve your doctor's decisions, and to thereby improve your health—if we are careful about how it is developed and used.

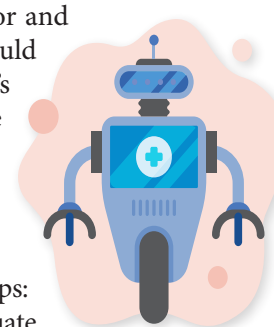
AI is a mathematical process that tries to make sense out of massive amounts of information. So it requires two things: the ability to perform mathematical computations rapidly, and huge amounts of information stored in an electronic form—words, numbers, and pictures.

When computers and AI were first developed in the 1950s, some visionaries described how they could *theoretically* help improve decisions about diagnosis and treatment. But computers then were not nearly fast enough to do the computations required. Even more important, almost none of the information the computers would have to analyze was stored in electronic form. It was all on paper. Doctors' notes about a patient's symptoms and physical examination were written (not always legibly) on paper. Test results were written on paper and pasted in a patient's paper medical record. As computers got better, they started to relieve doctors and other health professionals from some tedious tasks like helping to analyze images—electrocardiograms (ECGs), blood samples, x-rays, and Pap smears.

Today, computers are literally millions of times more powerful than when they were first developed. More important, huge amounts of medical information now are in electronic form: medical records of millions of people, the results of medical research, and the growing knowledge about how the body works. That makes feasible the use of AI in medicine.

Already, computers and AI have made powerful medical research breakthroughs, like predicting the shape of most human proteins. In the future, I predict that computers and AI will listen to conversations between doctor and patient and then suggest tests or treatments the doctor should consider; highlight possible diagnoses based on a patient's symptoms, after comparing that patient's symptoms to those of millions of other people with various diseases; and draft a note for the medical record, so the doctor doesn't have to spend time typing at a computer keyboard—and can spend more time with the patient.

All of this will not happen immediately or without missteps: doctors and computer scientists will need to carefully evaluate and guide the development of new AI tools in medicine. If the suggestions AI provides to doctors prove to be inaccurate or incomplete, that “help” will be rejected. And if AI then does not get better, and fast, it will lose credibility. Powerful technologies can be powerful forces for good, and for mischief. ♥



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Advances in varicose vein treatment

Techniques continue to evolve, making varicose vein elimination less invasive, less painful, and more efficient than ever.

Nobody wants varicose veins. They're all purply-blue, a mass of gnarled, bulging blood vessels visible in the lower legs. More than being unsightly, the veins can lead to leg swelling, tired and achy muscles, hard-to-heal ulcers that can get infected, and even disability. Fortunately, treatment for varicose veins has advanced steadily. And it's poised to take another leap forward.

What are varicose veins?

Varicose veins stem from problems with the “superficial” veins in the legs—that is, those near the surface, located about half an inch below the skin. Like all leg veins, superficial veins have one-way valves that open as blood is pumped up toward the heart, and close to keep blood from flowing back down into the legs.

Over the years, the valves in a vein can become worn and stop closing properly. “This causes the superficial vein to swell and puts pressure on branches of the veins, which become engorged and twisted. Those twisted branches are the ones called varicose veins. They look like a cluster of grapes under the skin,” says Dr. Sherry Scovell, a vascular surgeon who specializes in venous disease at Harvard-affiliated Massachusetts General Hospital.

Treatment

To get rid of varicose veins, you must first shut down the malfunctioning superficial vein. That redirects blood flow through other (healthy) veins.

For years, the only treatment was a surgical procedure (called vein stripping and ligation) that required someone to go to sleep under an anesthetic so the surgeon could make an incision, tie off the problem veins, and pull them out. That caused significant bruising, discomfort, and swelling.

Starting in the 1990s, doctors began using a much less invasive procedure called thermal ablation. It involves closing the affected vein (without removing it) by threading a small catheter through the vein and using heat to make the vein collapse. It's done while you're awake, and you need only a local anesthetic. “It works well, and we have a lot of data on it. And, we now have even more techniques that may be performed with minimal or no local anesthesia,” Dr. Scovell says.

The newer techniques to close superficial veins include

- ▶ chemical ablation, in which the doctor injects a foam solution that causes the vein's interior walls to scar and close
- ▶ adhesive closure, in which the doctor uses a catheter to deliver a natural glue that pulls vein walls together
- ▶ mechanochemical ablation (MOCA), in which the doctor uses a catheter with a rotating wire to damage the vein, along with a vein-scarring medication.

Those procedures often make small varicose veins disappear. If the varicose veins are large (and likely connected to other veins), doctors now have tools to remove them with a tiny incision or inject a medication that causes the varicose veins to scar and close.

Which approach is right for you?

The best treatment for varicose veins depends on your needs.

“Thermal ablation is best to treat long, straight veins. Chemical ablation is good for people with leg ulcers. MOCA is effective in areas where there's a nerve close to the vein. But they all require you to take it easy after treatment, and you'll need to wear a compression stocking for a little while,” Dr. Scovell says. “With glue, you just



Prevent varicose veins

These strategies can help prevent varicose veins:

- ▶ **Stay active.** Exercising and staying active throughout the day keeps your calf muscles moving, which helps pump blood through the leg veins.
- ▶ **Wear compression stockings.** They squeeze your legs so that veins get help pushing blood up to the heart.
- ▶ **Take breaks from standing for long periods.** Too much gravity overworks leg veins. Put your feet up.

walk out of my office and get right back to your life. It's best for someone who can't take time off. But some people have a reaction to the glue. So there are pros and cons for each option.”

Treatment on the horizon

In a few years, we may have another option to treat varicose veins. The technology, called high-intensity focused ultrasound (HIFU), “converts sound waves into a focused beam of heat that seals the vein. The treatment is done from the outside of the leg, almost like ‘zapping’ the varicose veins away,” Dr. Scovell says.

HIFU is already approved in the United States to treat certain cancers, uterine fibroids, Parkinson's disease tremors, thyroid nodules, and more. And other countries have been using HIFU to treat varicose veins for years.

“We have excellent evidence from its use in the United Kingdom, and results of the first clinical trial here were promising,” Dr. Scovell says. “If it's eventually approved, it will be a game changer. But don't wait if you need treatment. We already have minimally invasive approaches to help you right now.” ♥

3 types of therapists to help you improve daily function

These experts offer training and tips to help you stay independent.

Getting up from a chair, drinking a glass of water, eating a meal, driving a car, carrying groceries, buttoning a shirt or pants, having a conversation—we take these abilities for granted until we experience physical changes, and once-easy tasks become challenging. That could be due to something simple, like inactivity and muscle weakness, or something more complicated, like arthritis or a swallowing disorder. The good news is that there are ways to keep you functioning, vibrant, and independent. Three types of experts can help.

A physical therapist

Physical therapists work with you to improve your strength, balance, and mobility. They evaluate your needs and create an exercise program to restore function. The program might focus on specific muscle groups for specific problems. For example, for shoulder pain, the program may involve your shoulder, back, and chest muscles. Or a program might focus on all of the major muscle groups if you have general weakness.

“One common exercise I’ll do with patients to keep them functioning is a standing row [see “Move of the month”] to build strength in the upper back and shoulders. I’ll also have them do sit-to-stands—standing in front of a chair, sitting down, then standing again, five to 10 times in a row. This squatting movement is extremely important to help you get up from a kitchen chair or a sofa, which gets harder as we age,” says Vijay Daryanani, a physical therapist at Harvard-affiliated Spaulding Rehabilitation Network.

Troubleshooting at home: “If you have a hard time getting up and down stairs, practice on the bottom step while holding the railing. Step up and then

back down. Do it a few times. Then try it on two stairs. If that’s too challenging, practice stepping onto a large, thick book,” Daryanani says.

An occupational therapist

When pain or reduced function gets in the way of daily activities, occupational therapists can teach you how to approach those activities differently. “We make recommendations to help you stay safe, conserve energy, preserve your joints, and increase your independence,” says Kim Stuckart, an occupational therapist at Spaulding Rehabilitation Network.

Occupational therapists can show you workarounds to get dressed, bathe, make a meal, shop, operate a car, and more. It may be a matter of adjusting your techniques or learning to use adaptive equipment.

Troubleshooting at home: “To stay safe in the shower, use a shower seat

and a handheld shower head,” Stuckart suggests. “To avoid bending or reaching in the kitchen, which can lead to falls, store frequently used items on the countertop. Or expand your reach with a ‘reacher’ tool that has suction cups. If you use a walker, add a basket, tray, or bag to transport items safely. And use easy-to-grip items such as large-handled utensils or easy-open prescription bottles.”

A speech-language pathologist

Having trouble speaking loudly, swallowing, or communicating? A speech-language pathologist can help. “We may recommend exercises to strengthen your lips and tongue, which may help with speech production and swallowing. Additional swallowing exercises may target your throat or larynx (voice box), which can make your swallowing more efficient and safe. Voice exercises may address breath control and the larynx to improve vocal quality and loudness,” says Lauren Novack, a speech-language pathologist at Spaulding Rehabilitation Network.

An example of a voice exercise is called sustained phonation. It’s great for people whose voices are getting softer. “Take a deep breath and sing out at a low pitch, slowly rising to a high pitch, then slowly dropping back down to a low pitch. Do that five times,” Novack says.

Troubleshooting at home: If swallowing is harder these days, Novack recommends that you modify foods so they’re easier to eat (cut them into smaller pieces or puree them), eat more liquid-based foods such as soup or smoothies, avoid talking while you’re eating, alternate solids and liquids, and clear your throat in between bites.

How do you get to work with them?

When physical change interferes with your activities, ask your doctor to refer you to a therapist who is right for your situation. Or call a therapy practice directly. You might not need a prescription, depending on your state’s laws. ♥

MOVE OF THE MONTH: STANDING ROW

Place a resistance band under both feet.

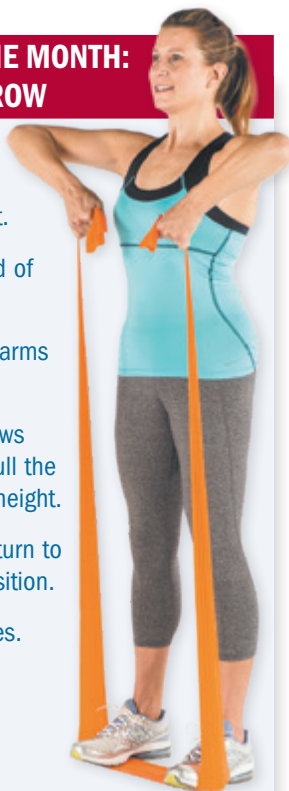
Grasp each end of the band.

Start with your arms at your sides.

Bend your elbows outward and pull the band to chest height.

Hold. Slowly return to the starting position.

Repeat 10 times.



The best sun-protective clothing

Suit up in densely woven fabrics and a hat to stay safe from ultraviolet rays.

Summer officially starts this month, and in addition to using a strong sunscreen when you go outside, it's a good idea to wear sun-protective clothing. That's not just any hat or long-sleeved shirt in your closet; sun-protective clothes are made of materials that effectively shield your skin from harmful ultraviolet (UV) rays.

Protective fabrics

Loosely woven fabrics of summer (such as gauze and linen) do very little to keep UV radiation from reaching your skin. The best defense comes from tightly woven fabrics with high thread counts, in dark or bright colors (which absorb light). Examples include polyester, nylon, lightweight wool, or canvas.

Many clothing manufacturers now use high-tech fabrics for sun-protective garments. High-tech fabrics offer at least as much protection as regular densely woven fabrics, and maybe more. Often these fabrics wick away moisture and dry quickly. Some are even embedded with chemicals used in sunscreens (such as zinc oxide and titanium dioxide). Note, however, that such chemical protection may last for only a limited amount of wash cycles, such as 20 to 40.

UPF protection

You'll know for sure if clothes are sun-protective if they have an Ultraviolet Protection Factor (UPF) rating on the label. That's a measure of how much UV radiation penetrates the fabric.

"Look for a UPF rating of 50, which should block about 98% of the sun's rays. It's comparable to sunscreen with a sun protection factor [SPF] of 30, so wearing the clothes is consistent with actually putting sunscreen on," says Dr. Abigail Waldman, director of the Mohs and Dermatologic Surgery

Center at Harvard-affiliated Brigham and Women's Hospital.

Can you skip sunscreen if you're wearing UPF-rated clothes? "Yes, but only for areas covered by the clothes," Dr. Waldman says. "Any exposed skin still needs sunscreen, such as your neck, ears, hands, and feet."

And keep in mind that all clothes, UPF-rated or not, provide less UV protection when they get wet or if they're stretched and light can peek between the fibers. "So make sure clothing fits loosely. And it's not a bad idea to wear a waterproof sunscreen beneath sun-protective clothes if you know you'll be perspiring a lot or going into water," Dr. Waldman says.

Options and costs

If you're looking to buy UPF-rated clothing, you'll find a wide range of options to shield every inch of your skin, including hats, scarves, gloves, face masks, neck gaiters, shirts, hoodies, dresses, skirts, shorts, pants, leggings, shawls, swimwear, unitards, and more.

Which items do you really need? "The more skin you cover, the better, especially if you're doing yard work or going to the beach," Dr. Waldman says. "A hat, long-sleeved shirt, and pants are preferable. That can be a challenge on a really hot day, so make sure the fabric feels breathable and has moisture-wicking properties."

UPF-rated clothing can be pricey. A man's long-sleeved tee from some of the largest retailers (such as Coolibar Sun Protective Clothing, Columbia Sportswear Company, Lands' End, or L.L. Bean) goes for about \$50. Brimmed hats for men and women also start at about \$50.

To save some money, Dr. Waldman recommends using a laundry aid



Look for sun-protective clothing with an ultraviolet protection factor rating of 50 or more.

that adds sun-protective chemicals to densely woven clothes you already own (dry-fit nylon or polyester-blend tees are good candidates). The laundry aid is called Rit SunGuard, and it can give clothes a UPF of 30. "It's a powder. You just throw it in with normal washing, and it lasts for 20 washes. The clothes look the same," Dr. Waldman says.

A word about hats

You need a hat that protects more than just the crown of your head from UV rays, and that means you need a wide brim. "A lot of people fall short by using a baseball cap. But it doesn't cover the ears, the chin, or the back of the neck. So get as wide a brim as possible, at least three inches," Dr. Waldman says. "If you're not wearing a hat with a wide brim, apply sunscreen on exposed areas. And that goes for when you wear bike helmets, too. They have slits that allow for sunburns."

A hat's materials and construction are also important considerations. "You don't want a lot of mesh or large holes in the hat, because UV rays can reach your skin. The best material would be canvas, polyester, or nylon. They'll provide more protection than a straw hat," Dr. Waldman says.

Remember why you're doing this

Taking the time to wear protective clothes outside has a big payoff for your skin. "Even one sunburn can result in skin cancer in a few years," Dr. Waldman says. "If you can cover up and avoid burning now, you'll be better off later." ♥

Coping with recurring vertigo

Controlling underlying conditions, seeking physical therapy, and performing certain maneuvers can help.

Attacks of vertigo can be terrifying, temporarily disabling, and dangerous—increasing the risk of falls and injuries. An attack feels like the world is spinning around you or moving in some way. “It could feel like you are rocking on the deck of a ship, bouncing on a pogo stick, or standing in an elevator that drops a few inches,” says Dr. Steven Rauch, medical director of the Balance and Vestibular Center at Harvard-affiliated Massachusetts Eye and Ear.

Vertigo flare-ups can last anywhere from minutes to months, depending on the cause. For many people, attacks of vertigo recur periodically. Fortunately, there are ways to end an episode and reduce suffering, and you may be able to prevent vertigo from coming back.

Why it happens

Recurring vertigo usually is caused by a disorder involving the vestibular (balance) system, which includes several tiny, fluid-filled canals—called the semicircular canals—inside your ears. There are several vestibular disorders.

Benign paroxysmal positional vertigo (BPPV). In this condition, tiny crystals in the inner ear can become dislodged when you do a particular movement, such as putting your head back to use eye drops. The loose crystals then bump around inside the semicircular canals, which normally help the brain sense the position and movement of the head. The loose crystals send confusing signals to the balance center in the brain. “The first day an episode hits, you may be woozy and dizzy all day long,” Dr. Rauch says. “Then, within 48 hours, vertigo happens only when you change your position—lie down, sit up, roll over, or move your head up or down. Once you stay in a new position, the crystals land in one place, and the vertigo stops.”



Cervical vertigo. Some types of vertigo occur because of problems in the neck (the cervical part of the spine). “Your neck muscles are part of your balance system. They send information to the brain about your alignment and movement,” Dr. Rauch says. “Certain problems, such as neck arthritis or a whiplash injury, can affect communication between the neck and brain, and send abnormal signals that create the illusion of motion.”

Movements that trigger cervical vertigo are unpredictable. “One time it might happen because you turn your head to the right. The next time it might happen because you look down to the left,” Dr. Rauch says.

Meniere’s disease. In this condition, another small canal inside the ear becomes swollen, for uncertain reasons. It causes not only attacks of vertigo but also nausea, a sensation of fullness or ringing in the ear, and hearing loss. The attacks typically last longer than the vertigo of BPPV. “The attacks come out of the blue and last anywhere from 20 minutes to 12 hours,” Dr. Rauch says.

Vestibular migraine. When you think of migraines, you think of headaches. But pain is just one aspect of migraines. Migraines disturb the way

the brain processes sensory information, causing sensitivity to light, touch, sounds, or smells. “And it turns out that about 30% of people with migraines get dizzy spells. We call that vestibular migraine. It doesn’t always come with headaches, especially in women who’ve gone through menopause,” Dr. Rauch says. “If every time you get dizzy you also can’t stand bright light, or sound is unbearable, that’s a migraine.”

Treatment

Although it’s relatively common to feel momentarily dizzy or unbalanced, sudden attacks of vertigo—where the world around you is moving or spinning—are much less common. When you experience true vertigo for the first time, take it as a warning. If it comes on suddenly and is accompanied by sudden difficulty with speech, weakness on one side of the body, or confusion, go to the emergency room to get checked for a stroke.

Otherwise, see your doctor to rule out temporary causes of vertigo, such as a medication side effect. If vertigo persists, you may need to see an ear, nose, and throat doctor, who can determine if a balance-related disorder is to blame. Getting a vestibular disorder under control with medication may be the first step in treatment.

Physical therapy

Physical therapy tailored for balance disorders is another helpful aspect of treatment. “We teach you to feel comfortable with movement,” says Kathy Joy, a Massachusetts Eye and Ear physical therapist. “A typical program can include relaxation and breathing techniques, so you don’t panic when vertigo starts; exercises to help you feel more grounded in movement, such as tai chi, in which you slowly shift weight from one side of your body to the other; and soft tissue release—a form of massage—on tight areas in the neck.”

The therapist might also show you exercises to retrain the ear to tolerate head movements. Here’s one example:

“Stand up straight, feel your feet on the ground, and practice slowly turning your head to each side for a few seconds,” Joy says. “Repeat this five to 10 times.”

Maneuvers for BPPV

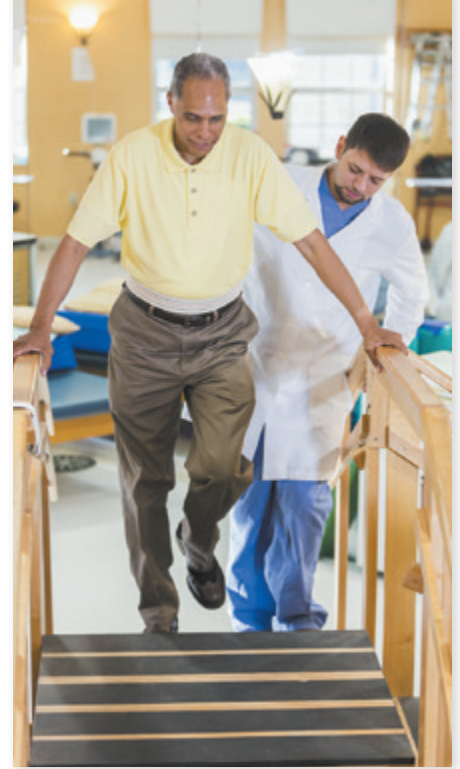
When BPPV strikes, a simple maneuver to reposition loose crystals in the ear can reduce or eliminate symptoms. “There are a number of different types of maneuvers, and each one includes a series of positions done while sitting or lying down,” Joy says. “Of all of them, the Epley maneuver is the gold standard. Your doctor may give you a diagram to try it at home. But be careful. If you don’t do it correctly, the loose crystals may wind up in the wrong place and worsen vertigo. It’s best to have a

clinician or physical therapist guide you through it the first time.”

Once you’re comfortable with the maneuver, you can try it at home (if your doctor says it’s safe) at the first sign of vertigo. It might be helpful to watch a video about it for guidance (there are many on YouTube). Just make sure the expert in the video is a credentialed physical therapist.

It also helps to avoid positions that trigger BPPV flare-ups, such as yoga positions that turn you upside down or put you flat on your back.

These approaches and others aren’t a guarantee that vertigo won’t return. “But they may help you avoid an episode,” Joy says. “And they’ll help restore your equilibrium so you can get back to doing the things you love.” ♥



A vestibular physical therapist helps people with recurring vertigo cope better with movement.

Walking with friends ... from p. 1

time with friends rather than a chore. You’ll want to go.”

It’s practical

Walking with a buddy is safer than walking alone. “There are more eyes watching for hazards you may miss. And you’ll be more visible to drivers when you walk in pairs or a group. Also, if you experience any kind of health problem while walking, or if you fall, a friend can take care of you and call for help,” says Dr. Phillips says.

Having a person on hand who can help you is especially important if you have a chronic condition that can lead to sudden symptoms, such as heart disease, asthma, or a balance disorder (see “Coping with recurring vertigo” on page 6).



Note how long it takes to get from here to there, then challenge each other to go faster.

One caution: Don’t leave your phone at home and assume you’ll use someone else’s in an emergency. If that person is unable to speak and share the phone’s passcode, you’ll be out of luck.

It’s better if each person on the walk brings a fully charged phone.

Techniques and drills

Make the most of your walk with friends by challenging and coaching each other.

You can challenge yourselves by trying a different style of walking, such as Nordic walking, which uses poles. Doing new things is fun, good for your thinking skills, and easier with a buddy. Or try improving your walking times. “Note how long it usually takes you to get from here to there. If it’s 32 minutes, try to do it in 31 minutes the next time, and 30 minutes the next,” Dr. Phillips says.

To do a little coaching, Dr. Phillips suggests making a deal to keep each

other in good walking form. Make sure all walkers are swinging their arms and keeping poles (if using them) at a 45° angle.

Maintaining the pace

You can easily adjust your pace to stay in step with just one friend. But what if you’re walking in a group? “If you’d all like to walk at the same pace, use a metronome app, and play it loudly on your phone. Or clap your hands or beat a small drum. Take turns being the person who maintains the pace,” Dr. Phillips suggests.

Or, if the group is comfortable with it, let the faster walkers get ahead. “After a little while, they can take a break and stretch while they wait for the others to catch up,” Dr. Phillips says. “Or the faster walkers can slow down by making their routines more intense. They can raise their arms up and down while walking, wear a weighted vest, or carry other people’s water bottles. Have fun with it and enjoy the journey. You’re not just there for exercise. You’re there for camaraderie. The fact that it comes with health benefits is icing on the cake.” ♥



Harvard-led study: Yoga fights frailty

The older we get, the more common frailty becomes. It's a loss of function, strength, stamina, and overall health and fitness that increases the risk of falls, hospitalizations, and early death. But a review of 33 randomized controlled trials, published online March 14, 2023, by *Annals of Internal Medicine*, found that yoga may offer some protection against frailty. The trials involved a total of almost 2,400 people ages 65 or older. Research teams from Harvard and elsewhere found that people who practiced yoga improved two markers of frailty—walking speed and the ability to get up from a chair—compared with people who didn't practice yoga. Many of the studies focused on the benefits of chair-based yoga. The frequency and

length of yoga sessions varied. (Generally, two or three one-hour sessions per week are recommended for good health). Researchers note that yoga can be practiced at home with exercises tailored to your abilities or limitations. If you already have a regular exercise routine, such as walking and strength training, consider adding yoga into the mix for the extra benefits it may provide. You can take a class at a local YMCA, senior center, or yoga studio, or try it at home (find videos on YouTube by searching for “yoga for older adults,” “chair yoga,” or “yoga for seniors”).



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Blood pressure measurements vary widely at the doctor's office

About half of U.S. adults have high blood pressure, and only a quarter of them have it under control. Yet most people with high blood pressure don't monitor it at home; they rely only on measurements taken at health care visits. But that's not going to give you an accurate picture, suggests a study published online March 8, 2023, by *Circulation: Cardiovascular Quality and Outcomes*. Researchers evaluated more than 7.7 million blood pressure measurements taken from more than 537,000 adults (average age 53) over more than two years. Each participant averaged 13 doctor visits during that time. Scientists found wide

variations in blood pressure measurements from one visit to the next—especially in people with known high blood pressure. While a person's blood pressure can change substantially from hour to hour, the researchers say that faulty equipment or imprecise techniques used to measure blood pressure at the doctor's office may also explain the variability. Such wide variations in readings can make it hard to determine if blood pressure drugs are working or if someone should start taking medication. For more accurate measurements, take your blood pressure at home regularly, two or three times per week.

Irregular sleep patterns linked to atherosclerosis

Go to sleep at 11 p.m. one night, and 2 a.m. the next? You may want to rethink that pattern. A study published online Feb. 15, 2023, by the *Journal of the American Heart Association* suggests that sleep irregularity—night-to-night variations in sleep duration and timing (when you sleep)—are linked to atherosclerosis (plaque buildup in the arteries). Researchers from Harvard and other institutions asked a diverse group of more than 2,000 people (average age 69), without any known atherosclerosis, to wear sleep trackers and keep sleep diaries

for one week. Participants also underwent assessments of artery plaque and one night of sleep testing. Scientists found that people with the most variation in sleep duration (more than two hours a night in a week) and sleep timing (more than 90 minutes in a week) were more likely to have atherosclerosis, compared with people whose sleep was the most consistent. This is an observational study, and we can't make definitive conclusions about cause and effect. But we already know that other sleep problems, such as interrupted sleep and poor sleep quality, are associated with cardiovascular disease. So the connection is plausible. ♥



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What's coming up:

- ▶ Tools to vet your supplements
- ▶ Tips to get used to hearing aids
- ▶ Exercises to try in the pool right now
- ▶ Ask these questions before a knee replacement

