

# Harvard Health Letter

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## FIVE THINGS TO DO THIS MONTH

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### SPECIAL HEALTH REPORT

#### Fighting Inflammation

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## Is your home blood pressure monitor accurate?

*Here's how to tell and what to do if the device might be wrong.*

An inexpensive, easy-to-use blood pressure monitor that you use at home is a powerful tool to protect your health. It can help you see if your blood pressure is under control and how it responds to new medications or exercise. It may even provide a more realistic picture of your blood pressure than measurements taken in a doctor's office, which can vary for many reasons. But home monitoring can have problems, too—namely, the equipment.



### What's the harm?

Using a nonvalidated device to measure your blood pressure means there's no way to know if the information it provides is correct. And relying on inaccurate measurements could then

affect decisions you and your doctor make about treatment. For example: "Inaccurate measurements that appear too high or low might warrant trips to the doctor's office—unnecessarily. The measurements might also lead your doctor to start you on a blood pressure drug or adjust your current blood pressure medications, even though they might not need to be changed. Taking too much or too little of the drugs might harm your health," says Dr. Christopher Cannon, a cardiologist and editor in chief of the *Harvard Heart Letter*.

In a letter published May 2, 2023, in *JAMA*, an international team of researchers reported findings indicating that the vast majority of top-selling blood pressure monitors sold on a popular website are not validated for accuracy. And using a nonvalidated device might threaten your health.

### More about the study

The researchers identified the top-selling home blood pressure monitors available on Amazon.com in 2020 in 10 countries, including the United States. Then they checked to see how many of the devices were validated for accuracy.

Most of the devices—79% of those with an upper arm cuff and 83% of those with a wrist cuff—were not validated. Most of the nonvalidated arm cuff devices were sold in India or Australia. Most of the nonvalidated wrist devices were sold in the United States or Mexico. Other studies also have suggested that 85% to 94% of all available blood pressure devices are not validated. This poses a risk.

### Validation is tricky

Why are so many blood pressure monitors nonvalidated? It's hard to standardize and enforce rules for manufacturers based in different countries around the world. There's no global institution that does this.

Instead, we have medical organizations in varying countries or international groups that set validation guidelines for clinical accuracy. It's then up to manufacturers to pay independent investigators to test their devices and make sure they follow at least one set of guidelines.

But device makers aren't always required to have their products validated. In the United

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## ASK THE DOCTOR

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

### Will a multivitamin help my brain?

**Q** I take a daily multivitamin, although I know there's no proof it's good for me. But I recently heard it may help my brain. Tell me it's true!!

**A** It might be. Early in 2023, two randomized controlled trials of a multivitamin pill containing over 20 vitamins and minerals (including vitamins A, B12, C, D, E, biotin, potassium, magnesium, and zinc) got my attention. Randomized controlled trials are the best way to determine whether a treatment is effective.

On April 10, 2023, the results of a trial involving over 2,200 people (average age 71) was published online by the journal *Alzheimer's and Dementia*. At the start of the study, the people who were assigned to take the multivitamin were very similar to those assigned to take the placebo (inactive pill), with regard to their education and risk factors and their performance on tests of different aspects of cognition. After three years, those who had taken the multivitamin had better scores on cognitive testing than those who had taken the placebo—particularly those people who had known cardiovascular disease.

On May 24, 2023, a second trial was published online by *The American Journal of Clinical Nutrition*. The study included over 3,500 older people (average age 73) without any known cardiovascular disease. As with the earlier study, the participants were very similar initially, both educationally and cognitively. After three years, the people taking the multivitamin performed better on a test of memory than the people taking the placebo, although they performed similarly on tests of cognition other than memory.

These are the only large randomized controlled trials testing the effects of a multivitamin pill on cognition. They indicate that people older than 60 who take a multivitamin are less likely to experience cognitive decline, at least over the next three years, compared with those taking a placebo pill. The benefit appeared to be particularly true for people who have cardiovascular disease.

These studies do not answer a number of important questions. Which of the vitamins and minerals included in the pill caused the benefits? One of the leaders of the studies, Dr. JoAnn Manson, professor of medicine and epidemiology at Harvard and a member of the *Harvard Health Letter* editorial board, speculates that the B vitamins, vitamin D, lutein, zinc, and magnesium may be responsible. Will this benefit persist if people take the pill for longer than three years? Will daily multivitamins protect against getting dementia, as well as protecting against age-related cognitive decline? The only way to answer these questions is with more research.

So, to answer your question, you may be achieving a benefit from that daily multivitamin you take. ♥



New evidence suggests that taking multivitamins might protect memory.

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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.

# Ways to regain your sense of smell

*Sniffing peanut butter, peppermint, and other strong scents may help you retrain your brain and restore your sense of smell.*

**Y**our smell sense gives you a superpower. Without moving a muscle or opening your eyes, it helps you detect danger, store or trigger memories, discern flavors, or get a rush of feel-good chemicals during a meal. So you can imagine that losing your sense of smell (a problem doctors call anosmia) can be devastating. Many millions of people have been experiencing it as a common side effect of COVID-19. Other conditions also can lead to anosmia.

When it occurs, you need to try to regain the sense as soon as possible. “The longer you go without it, the less likely you are to recover it,” says Dr. Neil Bhattacharyya, an ear, nose, and throat specialist (otolaryngologist) at Harvard-affiliated Massachusetts Eye and Ear.

## Why did you lose it?

Your sense of smell is made possible by your olfactory system. This includes thousands of sensory cells in the nasal cavity that detect odors (entering through the nose or mouth) and send information to the brain via olfactory nerves. If the olfactory nerves become inflamed or damaged, they may not function properly, and you may lose your sense of smell.

Causes of anosmia include nasal polyps, sinus problems, head trauma, chemotherapy side effects, brain tumors, neurological conditions such as Parkinson’s disease, or viral infections such as COVID-19.

Why might a viral infection affect smell sense? “Some viruses infect the olfactory nerves or the cells near them, attack them, and damage them,” Dr. Bhattacharyya says. “It could also be that inflammation surrounding the nerves causes damage.”



You can use materials you have at home, such as fresh herbs, to stimulate your smell sense.

## Consequences of smell loss

Anosmia has serious consequences. It shuts down your ability to sniff out hazardous odors, and it also steals much of your ability to taste and appreciate food. Loss of taste occurs because your olfactory sensory cells are responsible for most of your perception of flavor. (By comparison, the taste buds in your tongue detect whether a food is sweet, salty, sour, bitter, or savory.)

When everything tastes like cardboard, you lose the pleasure of eating. “It hurts your quality of life,” Dr. Bhattacharyya says. “I have a patient whose wife is an exceptionally good cook. When he first lost his smell and taste senses, he ate less, lost 50 pounds, and became depressed. Now he’s underweight.”

## Will you get it back?

If you have anosmia from a chronic neurological problem, such as Parkinson’s disease, Dr. Bhattacharyya says the chances of recovering your smell sense aren’t great. If the anosmia is due to a temporary condition, such as COVID-19, the chances are better that your smell sense will return within a few months, though it’s not guaranteed.

For example, a study conducted by Dr. Bhattacharyya and his colleagues, published online June 2, 2023, by *Laryngoscope*, found that about 21

million Americans reported losing smell and taste from COVID in 2021, and almost 30% said they still hadn’t fully regained the senses approximately 12-to-18 months later.

But there’s hope: Dr. Bhattacharyya says the sense of smell is neuroplastic, meaning it sometimes regenerates.

## Smell retraining

If you’ve lost your sense of smell, don’t wait around for it to come back. “We used to tell people to wait six months before they came to see us about it,” Dr. Bhattacharyya says. “But now we want you to begin smell retraining therapy as soon as possible to activate the body’s recovery process.”

Smell retraining therapy is simply a matter of sniffing a wide variety of odor-generating elements. About six to 10 different types of scents will do, such as lemons or oranges, flowery perfumes, peanut butter, eucalyptus, rosemary, cinnamon, pine, peppermint, or cloves. You can use materials that you have at home or buy a smell retraining kit online (commonly found on Amazon.com) for about \$15 to \$35.

“Once or twice a day, smell each scent for 30 seconds to two minutes. As you do, think about what you’re smelling, and try to recall moments when you’ve smelled this before. For example, cut open an orange, inhale its aroma, and think about another time when you savored a fresh, delicious orange,” Dr. Bhattacharyya says. “That triggers odor particle recognition. It’s deeply seated in the brain, but you have to stimulate it to re-establish function. You’re retraining the brain.”

Try this therapy every day for at least four weeks, Dr. Bhattacharyya suggests. If smell sense doesn’t return, see an otolaryngologist to rule out underlying conditions that may be causing anosmia. Treating an underlying condition may restore your sense of smell. And if you can smell again, you’ll be able to taste and enjoy food again, and restore your quality of life. ♥

## How to avoid this common pickleball injury

*Pickleball elbow is a type of tendinitis that causes elbow and arm pain and limits your ability to use your wrist and fingers.*

The pickleball craze is going strong, with no sign of souring. The sport, which looks a bit like tennis, has people of all ages swinging paddles and socializing with teammates. Both of those activities score big points for health. Unfortunately, the game can also lead to injuries, especially when it comes to elbows. Pickleball elbow (also known as tennis elbow) can sideline you from playing the game and interfere with routine actions such as gripping a cup or turning a car key. But you can learn how to protect yourself on the court.

### Understanding the injury

Pickleball elbow is a type of tendinitis called lateral epicondylitis. The injury can result from gripping a pickleball paddle (or another type of racquet) tightly for long periods or repeatedly twisting and turning your wrist as you prepare to hit the ball. The intense demand stresses muscles in your forearm (the extensors, which move your wrist and fingers) and creates tiny tears in the tendons attaching the extensors to your elbow.

The tendons are anchored on the outer side of the elbow, at a bony bump called the lateral epicondyle. That's where you feel the pain, tenderness, and weakness of pickleball elbow. Those symptoms can radiate to the forearm and wrist, weakening your grip.

### Contributing factors

Lateral epicondylitis isn't limited to racquet sports players; it can develop from any other activity involving overuse of the extensor muscles, such as waxing a car. In pickleball, several factors often contribute to the injury:

**Failing to prepare.** Many people don't warm up their muscles before playing

pickleball, and they don't stretch them afterward. That increases injury risk.

**Relying on your forearm for power.** "The strength of your swing shouldn't come from your forearm, but from the core muscles in your abdomen, the abductors in your hips, and the quadriceps in the front of your thighs. These muscles need to be conditioned to transfer strength to your arm," says Dr. Elizabeth Matzkin, an orthopedic surgeon with the sports medicine division of Harvard-affiliated Mass General Brigham.

**Doing too much too soon.** "I have many patients who play pickleball one time and enjoy it so much they begin playing it every day for hours at a time. They go from zero to 100 too quickly, and aren't ready for it physically, which puts them at a higher risk for developing pickleball elbow," Dr. Matzkin says.

### Preventing pickleball elbow

Whether you're an experienced player or just thinking about picking up a paddle, Dr. Matzkin recommends approaching the sport carefully to avoid pickleball elbow. Here are her suggestions for doing that.

**Beef up your muscles.** Work with a personal trainer or physical therapist to improve the strength of your shoulder, arm, core, hip, and leg muscles.

**Ease into it.** "Don't play for three hours on your first day," Dr. Matzkin says. "Build your time on the court gradually."

**Use the right grip size.** The grip is paddle handle. Make sure it's not so narrow that you squeeze it too tightly.

**Get some pointers.** Honing your technique can help prevent pickleball elbow. For example, using two hands for a backhand swing reduces stress on



### Best treatments for a painful pickleball elbow

You overdid it on the pickleball court, and now you're paying for it with pickleball elbow (a type of tendinitis). The condition can last up to a year. Fortunately, surgery is rarely required. "The most important thing to do is rest your arm, wrist, hand, and fingers on the affected side to let swelling and irritation subside, and allow the aggravated tendons time to heal. Also, stop playing pickleball for about six weeks," says Dr. Elizabeth Matzkin, an orthopedic surgeon with Harvard-affiliated Mass General Brigham.

Other things you can do initially:

- ▶ Ice your elbow periodically, especially for the first few days.
- ▶ Wear an elbow brace.
- ▶ Apply a topical over-the-counter product that contains diclofenac (Voltaren) or lidocaine.
- ▶ Ask your doctor if it's okay to take an oral nonsteroidal anti-inflammatory medication such as ibuprofen.

If pain doesn't go away, see an orthopedic surgeon for additional care. The doctor may prescribe corticosteroid injections or physical therapy.

your forearm. Get more tips by taking pickleball lessons or watching free videos on YouTube.

**Warm up first.** Take five minutes to march in place, do arm circles, and gently flex your wrists and elbows.

**Stretch afterward.** Stretch your shoulders, arms, and wrists.

**Ice your elbows after a game, even if they don't hurt.** This wards off inflammation. "Treat yourself like a real athlete," Dr. Matzkin says, "and treat your elbows like they're expensive equipment." ♥

# Steps to spot the signs of hoarding

*What's normal and what isn't? Learn to identify this mental health disorder, which has serious risks.*

Let's start with a little story: When Ann turned 66 last year, she began stockpiling plastic food containers. This initially made sense to her husband, since there never seemed to be a container available to store dinner leftovers. A year later, however, containers are spilling out of cabinets and closets and piling up in the laundry room. In addition to containers, Ann has started a collection of paper bags. And Ann's husband is concerned she might have a condition called hoarding disorder. He could be right.

## What is hoarding disorder?

Hoarding disorder is a mental health condition characterized by an inability to discard certain belongings to the point of unhealthy accumulation.

While the types of hoarded items vary and might be useless to others—old clothes, boxes, papers, junk mail, or even spoiled food or garbage—the person hoarding the items is convinced they'll be needed one day. The mere idea of parting with them is extremely distressing. In time, stuff fills the home in mounds of disorganized clutter that jams rooms and hallways, impairs daily function, and threatens safety.

"There might be clutter blocking the stove so you can't prepare meals, or blocking the door so you can't get to work or get out in an emergency," says Dr. Stephanie Collier, a psychiatrist at Harvard-affiliated McLean Hospital.

## What causes hoarding?

It's unclear what causes hoarding disorder. It typically develops in the teen years, but can also show up in older age, possibly because hoarding is associated with certain mental health conditions. These include anxiety, dementia, obsessive compulsive disorder (OCD), depression, and attention



Papers covering every surface of the home may be a sign of hoarding disorder.

deficit hyperactivity disorder (ADHD). Features of those conditions sometimes trigger hoarding behavior.

"For example, people with anxiety disorder might worry excessively that they will run out of a particular object they're going to need. Building up a supply gives them a sense of control," Dr. Collier says. "People with OCD might have thoughts that won't go away about needing objects in certain amounts. They continually feel compelled to keep the objects, even though they don't want to."

Other examples: People with ADHD might have difficulty prioritizing what to throw out. And people with cognitive decline might be afraid to let go of certain items, such as bills, because they can't remember if they need them.

## Identifying hoarding signs

Signs of hoarding disorder develop gradually, making it hard to pick up on them until belongings accumulate. After all, maybe someone just wants to be prepared with supplies. How can you tell the difference between normal and abnormal accumulation?

First, look for overkill. It's normal if there's a pile of bills on the desk, but not normal if bills cover every surface in the home and are stashed in bags or boxes. It's normal if there are a few cases of water bottles in the garage, but

not normal if there's more water than someone could consume in a year.

Second, watch for the signs of impairment, such as a loved one who is

- ▶ losing sleep thinking about his or her belongings
- ▶ struggling to stay focused or make decisions
- ▶ tripping over clutter
- ▶ keeping others out of the home (perhaps because of a sense of shame)
- ▶ staying home more and isolating from others.

In the case of Ann from our story, any of these symptoms, along with the accumulation of goods, could indicate that she's in the early stages of hoarding disorder. But it will take a therapist's diagnosis to know for sure.

## What you can do

If you suspect a loved one is hoarding, be gentle. "Ask with compassion if the volume of belongings distresses the person. If so, would they like to consult a doctor or therapist? Seeking individual or group therapy can help," Dr. Collier says.

If you suspect memory problems, Dr. Collier advises that you discuss your concerns with the person's doctor directly, since you may not be able to reason with your loved one about hoarding.

Don't get rid of any items that aren't causing problems or posing danger. Removing them too soon could create more distress for your loved one. However, it will be necessary to regularly throw out the trash each week, clear pathways when they're blocked, and replace rotting food with fresh food.

Hoarders also tend to lose things. Obtain and stow duplicates of important items. "Get extras of things that will get misplaced, like glasses or keys. Keep them in a dedicated drawer," Dr. Collier advises.

Doing these things for your loved one will help him or her manage hoarding and improve the person's quality of life—and your own. ♥

## 3 group housing trends for the 60 and older set

*Living together offers benefits for both health and finances.*

The kids are grown, the house is empty, and you (and your partner) are wondering if you'll be spending the next few decades living alone—risking loneliness, social isolation, and chronic health problems. If the prospect is unappealing, you have options—and they're not limited to retirement facilities. Here are three trends to consider.

### 1 Specialized communities

A specialized community is sort of a private mini-neighborhood with dwellings clustered around common spaces. The units might be individual houses or cottages built around recreational areas, gardens, parking, and a common house for gatherings and planned activities. Or they could be apartments in a tall building with a courtyard and a “common house” on the first floor. The communities are run by the people who live there or by nonprofit organizations. Residents might own their homes or rent them.

There are several different types of specialized communities, such as those that are intergenerational (with a mix of young families and older adults), those only for people ages 55 and older, and those that are mission-oriented—with everyone in the community committed to a shared goal, such as providing stable lives for foster children (children live with young families and interact with older residents regularly).

“These communities might be more affordable than traditional housing. They promote socialization and active involvement with neighbors. People look out for each other and share activities. They might drive a neighbor to a doctor appointment, or maybe help kids with homework. We've heard many reports of people benefiting from the model,”



A young adult boarder might share meals with you or help out around the house.

says Jennifer Molinsky at Harvard's Joint Center for Housing Studies. She leads research exploring housing challenges for the aging population.

Hundreds of these communities are already established in the United States or are just being built. For more information, visit the Cohousing Association of the United States ([www.cohousing.org](http://www.cohousing.org)).

### 2 Home sharing

For many people, sharing a home with other adults makes good sense: they can take on a boarder, earn money to help pay the bills, and gain instant companionship.

You can find mature boarders through groups such as Silver Nest ([www.silver-nest.com](http://www.silver-nest.com)) or the New York Foundation for Senior Citizens ([www.nyfsc.org](http://www.nyfsc.org)). The groups help you list your space, conduct background checks on potential boarders, set up leases, and more.

There are also companies that connect you to younger boarders. For example, Nesterly ([www.nesterly.com](http://www.nesterly.com)) helps older homeowners rent space at below-market prices to young adults, such as graduate students, who agree to pay rent and help out around the house.

“These engagements can be very meaningful. Students might not know anyone when they get to town, and

they find a home and friendship with an older person or couple. For the homeowners, it's someone to help out with chores or share meals with you,” Molinsky says.

If you're uncomfortable sharing your home with strangers, consider sharing a home with friends or siblings. You might charge rent, or you could even buy a home together.

Another benefit to living with friends or siblings is sharing the costs of services you both may need, such as private-duty care for help with daily activities, such as dressing or cooking.

### 3 Residential care homes

If you need more than just part-time assistance and you'd like to live with others in a homey atmosphere, consider a residential care home (or group home). It's set up like a small assisted living facility in a private home that's licensed by your state.

A group home looks like any other house on the block, but inside it has four to 10 residents and qualified staffers available 24 hours a day. Some staffers might live there. Services include assistance with bathing, dressing, meal prep, cleaning, and transportation.

Each resident typically has a private or shared bedroom and bath. There are also common areas such as a kitchen and living room. The setting naturally invites socializing, friendship, and quality time with others.

Costs are similar to assisted living (starting at \$3,000 per month, depending where you live), and are based on the amount of care you need.

### Keep in mind

Don't wait to figure out your future housing. “Look ahead. Think about what you might need and want in the future, including opportunities for socializing, help around the house, or added income,” Molinsky says. “Consider your finances and your circumstances, and start investigating while you have time to plan. It's best to be proactive.” ♥

## Blood pressure ... from p. 1

States, for example, manufacturers need to prove to the FDA only that a blood pressure monitor is safe to get it cleared for marketing. By “safe,” the law means that the machine doesn’t injure you when you take your blood pressure. But a machine that provides you with an inaccurate reading is unsafe in another way: it can lead to inadequate or excessive treatment.

### Encouraging developments

Fortunately, reliable organizations have developed lists of blood pressure monitors that have demonstrated clinical accuracy based on a formalized set of criteria. The lists enable you to look up blood pressure monitors by brand name, device name, model number, or other details.



### Cuff size matters

When choosing a blood pressure monitor, remember to check the cuff size to see if it fits you properly. It should be wide enough to cover about 80% of your upper arm, from your elbow to your armpit, and fit comfortably. And it should be long enough, based on the circumference of the middle of your upper arm at the biceps, in centimeters (cm). Cuff sizes are

- ▶ small (22 cm to 26 cm)
- ▶ regular (27 cm to 34 cm)
- ▶ large (35 cm to 44 cm)
- ▶ extra-large (greater than 45 to 52 cm).

If possible, measure your arm before shopping for a blood pressure monitor.

For blood pressure monitors available in the United States, with validation criteria set by the American Medical Association and other U.S. groups and experts, consult the U.S. Blood Pressure Validated Device Listing, or VDL (<https://validatebp.org>).

For blood pressure monitors that meet validation criteria set by organizations outside the United States, check out STRIDE BP (<https://stridebp.org/bp-monitors>).

### Is your device accurate?

If you have a blood pressure monitor, look it up on one of the device lists to see if it’s validated for accuracy. If it doesn’t show up, it’s probably not validated. But there’s still a chance it’s accurate.

“To find out, bring the monitor to your next doctor appointment and ask a nurse to take one measurement with your monitor and another with a monitor there in the office,” Dr. Cannon says. “If your monitor isn’t accurate, it’s time to invest in a new one.”

### What to look for in a device

You don’t need a blood pressure monitor that costs more than \$50 to \$100. Just make sure it has several important features, including a large, easy-to-read display and a cuff that wraps around your upper arm (see “Cuff size matters”) and inflates automatically. (Finger or wrist monitors are not considered reliable.)

The blood pressure cuff needs to fit well, since cuffs that are too small will give falsely elevated readings. “I have a patient who was getting very high readings that were different in both arms,” Dr. Cannon says. “He brought his blood pressure monitor in, and sure enough, the reading on his home device was much higher than what our monitor in the clinic showed. His biceps were huge and the standard cuff size was too small for him.”

It’s also handy if the blood pressure monitor has a battery life indicator or,



## How to measure your blood pressure

Follow these steps to measure your blood pressure at home:

1. Sit at a table with your arm resting comfortably on it (palm facing upward), your back straight, and your feet flat on the floor.
2. If necessary, support your arm on a book or pillow so that your elbow is at the level of your heart.
3. Place the blood pressure cuff around your bare upper arm (not over a shirt or blouse). It should be snug but not tight.
4. Relax for five minutes and then take the first reading.
5. Don’t talk during the measurement.
6. Wait one to two minutes and then take another reading.
7. Write down the results in a log you’ll use daily.

even better, if it can plug into an electrical outlet (so you don’t have to worry about replacing batteries).

The monitor should be approved by the FDA and validated by the VDL or STRIDE BP.

### When to check pressure

When you first start measuring blood pressure at home, take it early in the morning and again in the evening, every day for a week. If most readings fall within the goals recommended by your doctor, you can check your blood pressure two or three times per week, and eventually once a month.

If you notice changes, report them to your doctor’s office. ♥



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### Exercise tied to reduced risks of dying from flu or pneumonia

Here's some motivation to keep exercising this fall and winter: Exercise, even just a little, is linked to significantly lower risk of death from flu or pneumonia, according to a study published online May 16, 2023, by the *British Journal of Sports Medicine*. Researchers evaluated the survey responses of more than 577,000 adults who reported their health and exercise habits and were followed for nine years. Compared with people who said they didn't meet the guidelines for weekly physical activity (150 minutes of aerobic exercise, such as brisk walking, plus two or more sessions of muscle strengthening), people who said they met both guidelines had a 48% lower risk of dying from flu or pneumonia during the study period. Even if participants reported doing

only aerobic exercise, below recommended amounts, the risks of dying from flu or pneumonia were still 21% lower, compared with people who didn't exercise. The study was observational and doesn't prove that exercise prevents these deaths in people who get sick. But study authors say the link is plausible, since exercise is associated with strong immune systems and lower rates of heart disease and stroke (two risk factors for fatal complications of flu and pneumonia). So even if you aren't up to meeting exercise recommendations, remember that any activity that works your heart and lungs could have big payoffs for you this winter and all year through.

### Early breast cancer survival rates increasing

Encouraging news about breast cancer survival: most women treated for early breast cancer are likely to become long-term survivors, according to a study published online June 13, 2023, by *The BMJ*. Researchers analyzed the health data of more than 512,000 British women who had been diagnosed with early breast cancer (confined to one breast and possibly the lymph nodes under an arm) between 1993 and 2015. The women in the study (most were age 50 or older) were treated initially with surgery and then followed for up to 20 years. Scientists determined that the five-year risk of death

from breast cancer fell from about 14% for women diagnosed in the 1990s to about 5% for women diagnosed later in the study. For example, among women diagnosed between 2010 to 2015, more than six in 10 had a five-year death risk of 3% or less. The study was observational and merely suggests (but doesn't prove) that death risk has decreased in general. It also doesn't explain why the death risk dropped among women in the study. The scientists speculated that better treatments, improved imaging, and increased breast cancer awareness and screenings have contributed to better outcomes.

### Men, women, and red meat risk: Maybe both sexes should put down the burger

Advice to limit steaks, hamburgers, hot dogs, and other types of red meat to ward off heart disease and diabetes dates back to the late 1970s. But the evidence against meat has been inconsistent, with some studies suggesting risks only from processed red meat such as hot dogs, bacon, ham, and salami. Also, men tend to eat more meat than women. So which kind of red meat affects health, and is one sex more vulnerable to it than another? To find out, researchers

reviewed dozens of observational and randomized studies that tracked red meat consumption (including 43 studies looking at heart disease and 27 looking at diabetes) among more than five million men and women. The researchers found that both unprocessed and processed red meat are linked to higher risks of cardiovascular disease and diabetes, with no apparent difference in risk between men and women. The authors urge all adults to reduce their red meat intake as a way to protect health. The findings were published June 2, 2023, in the *European Heart Journal*. ♥



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## What's coming up:

- ▶ Decoding medication instructions
- ▶ Top features to look for in a medical alert system
- ▶ Do these activities hurt your knees?
- ▶ The hidden causes of weight gain

