

Over 50? Do you need multivitamins?

The multivitamin-mineral supplement shelf at the health food store may look to you like the cereal aisle at the supermarket so many choices and so much advertising. To separate a pill's merits from its marketing, it is important to scrutinise the label carefully with your own nutritional needs in mind. First, though, have a solid understanding of what your needs are as a person over 50 and where a multivitamin-mineral supplement may fit in.

Vitamin and mineral ABCs

Vitamins in the right amount are needed for a variety of biologic processes, among them growth, digestion, mental alertness and resistance to infection. They also enable your body to use carbohydrates, fats and proteins, and they act as catalysts initiating or speeding up chemical reactions. Remember, however, that even though vitamins are involved in converting food into energy, they have no calories, and taking them will not boost your energy levels.

Vitamins can be either fat-soluble or water-soluble. Vitamin C, biotin and the seven B vitamins thiamin (B-1), riboflavin (B-2), niacin (B-3), pantothenic acid (B-5), pyridoxine (B-6), folic acid (B-9) and cobalamin (B-12) are water-soluble vitamins and are not stored in your body in any appreciable amounts. Surplus water-soluble vitamins are washed out in your urine. Choline is a nutrient with significant functions within the body and some consider it a water-soluble vitamin, but it is not technically classified as a vitamin.

Fat-soluble vitamins vitamins A, D, E and K are stored in your fat. Excess fat-soluble vitamins can accumulate in your body and become toxic. You are especially sensitive to excess amounts of vitamins A and D. Because vitamins E and K affect blood clotting, talk with your doctor before taking a supplement that contains either of these vitamins if you are taking a blood thinner.

Your body needs minerals to help regulate cell function and to serve as building blocks for your cells and organs. Major minerals include calcium, phosphorus, magnesium, sodium, potassium, sulfur and chloride. Your body needs smaller amounts of chromium, copper, fluoride, iodine, iron, manganese, molybdenum, selenium and zinc.

The best source?

Food is your best source of vitamins and minerals. In addition to supplying these important nutrients, food contains hundreds of additional compounds called phytochemicals.



Phytochemicals occur naturally in plants and may provide important health benefits such as protection from a variety of diseases and conditions, including cancer and heart disease. Food also contains fiber, which is good for you in a variety of ways.

Many people do not receive all of the nutrients they need from their diet because they either cannot or do not eat enough, or they cannot or do not eat the right foods. For some people, including those on

restrictive diets, multivitamin-mineral supplements can provide vitamins and minerals that their diets often do not. Pregnant women and people who smoke or consume excessive amounts of alcohol, or do both, have altered nutrient needs and can benefit from a supplement.

For older adults, lack of appetite, decreased sense of taste and smell, and denture problems can all contribute to a poor diet, as can eating alone or having depression. In addition, if you are 65 or older, it may be more difficult for your body to absorb and use certain nutrients. These include vitamin B-6, vitamin B-12, vitamin D and zinc. You may

referred to as percent daily value (%DV).

Check the label to make sure you are not getting too much of any one nutrient an excess may be harmful. In general, look for a supplement that contains a wide variety of vitamins in the appropriate amounts, usually about 100 percent of the daily value. But do not forget the importance of a healthy diet. Talk with your doctor or pharmacist if you have questions.

Here are a few things to look for and look out for in a multivitamin-mineral pill:

λ **Beta carotene.** This compound, found in carrots, pumpkin, sweet potatoes, cantaloupe, pink grapefruit, apricots, broccoli, spinach and most dark green leafy vegetables, is converted by your body to vitamin A. Foods high in beta carotene may lower your risk of heart disease and cancer. However, research has shown no benefit and possibly even harm to taking beta carotene supplements. Therefore, do not take this supplement unless your doctor specifically recommends it and you follow his or her instructions.

λ **Calcium.** This mineral builds strong bones and teeth and is involved in muscle contraction, nerve impulse transmission and blood clotting. For men and women age 51 and older, the recommended intake is 1,200 milligrams (mg). However, do not take calcium if you have sarcoidosis or a high blood calcium level. And if you take an iron supplement, do not take it at the same time as your calcium supplement calcium can interfere with the absorption of iron.

λ **Folic acid, folate (vitamin B-9).** Folic acid is important for red blood cell formation, protein metabolism, growth and cell division. It can work with vitamins B-6 and B-12 to reduce elevated levels of homocysteine a compound that can increase your risk of heart attack or stroke if you have too much of it. If you have anemia, check with your doctor before taking folic acid

high levels of the nutrient can cover up anemia caused by a vitamin B-12 deficiency.

λ **Iron.** Although supplemental iron is advised during pregnancy and for iron deficiency anemia, some studies suggest that excess iron can raise the risk of heart disease and colon cancer for women beyond menopause and for men. For these people, it is probably wise to use a pill with little or no iron (8 mg or less).

λ **Magnesium.** Adequate levels of this mineral are necessary in many enzyme processes, particularly ones that provide energy to your body. Magnesium also is involved in muscle contraction and nerve impulse transmission, the same as calcium. Keep in mind that if you are over age 55 and take magnesium supplements, you are at increased risk of experiencing side effects, which include abdominal pain, loss of appetite, diarrhea and irregular heartbeat. Certain antacids may contain significant amounts of magnesium. Consume 400 mg of magnesium daily.

λ **Zinc.** Maintaining adequate amounts of zinc can help your body heal wounds. Though some studies have shown that taking zinc supplements may increase the immune response of older adults, other studies have shown that zinc may weaken immune function in older adults. Until the effects of supplemental zinc are established, do not exceed 100 percent of the daily value (15 mg).

λ **Vitamin B-6 (pyridoxine).** Adequate levels of this vitamin may help lower blood homocysteine, a risk factor for heart attack, and improve your immune system function. Older adults have trouble absorbing it, so a multivitamin that contains about 2 mg is often a good idea. Avoid excessive doses. Too much vitamin B-6 can result in nerve damage to the arms and legs, which is usually reversible when supplementation is stopped.

λ **Vitamin B-12 (cobalamin).** Adequate amounts of this vitamin may reduce your risk of anemia, cardiovascular disease and stroke. Older adults often do

not absorb this vitamin well. A multivitamin with at least 2 micrograms (mcg) may help.

λ **Vitamin C (ascorbic acid).** This vitamin helps your body synthesize collagen a connective substance in your body and aids in wound healing. It is also a good antioxidant. Eating foods high in vitamin C can help reduce your risk of cancer and heart disease, but it is not clear whether taking supplements is useful. Too much vitamin C (more than 2,000 mg a day) can cause diarrhea and may interfere with some laboratory tests.

λ **Vitamin D (calciferol).** This vitamin helps your body absorb calcium and is essential in maintaining proper bone strength and density. Because many older adults do not get regular exposure to sunlight and have trouble absorbing this vitamin, taking a multivitamin with 400 international units (IU) will probably help improve bone health.

λ **Vitamin E (tocopherol).** Studies on the benefits of vitamin E show mixed results. If you are taking blood-thinning (anti-coagulant) medications, such as warfarin (Coumadin, Panwarfin), or you have iron deficiency anemia, cystic fibrosis, intestinal problems or liver disease, talk with your doctor before taking a supplement containing vitamin E.

λ **Vitamin K (menadiolone, phenylquinone, menaquinone).** If you are on warfarin, check with your doctor before taking a multivitamin containing vitamin K. This vitamin can interfere with the blood-thinning properties of warfarin.

The bottom line? Evidence to date indicates that, in most cases, you are far more likely to improve and protect your health by eating well than by taking supplements. Nevertheless, a multivitamin-mineral supplement with about 100 percent of the daily value for nutrients is a reasonable option if you are strongly considering supplements.

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Source: <http://www.mayoclinic.com>

Tips to manage STD



Many people believe that they are not at risk for sexually transmitted diseases (STD). But STDs are the most common type of infection. Even people who have had only one sexual partner can have an STD. You are at risk if:

- λ You or your partner have ever had another partner
- λ You do not know your partner's sexual history
- λ You have ever had unprotected sex
- λ You have symptoms such as warts, sores, burning, or redness in your genital area.
- λ If you are at risk of being infected from unhygienic places, e.g. saunas where one blade is used for different people.
- λ If you have a history of drug abuse. You are at high risk if you have a history of needle sharing.

Why talk with your health care provider?

Many people feel that talking about sexual health can be awkward or embarrassing. But there are good reasons to start the conversation. Some STDs can cause lasting damage or become more difficult to treat the longer you wait. Enlisting the help of your health care provider is the first step in diagnosing and treating any sexually transmitted disease--and protecting your sexual health.

How to start talking

You may expect your provider to ask you about your risk for STDs. But even if your provider does not ask, bring it up. Here are some ways to start talking:

What to tell your provider

Your provider needs to know some personal information about you so that she or he can assess your risk for STDs and decide what tests to order. You may want to talk to your provider about the following:

- λ Your sexual history
- λ Your current sexual practices
- λ About your condom use
- λ Any symptoms you have
- λ If you could be pregnant.
- λ Your personal lifestyle.

What to ask your provider about your sexual health

It may help to bring a list of questions to your office visit. You also may want to write down the information you learn. Following are some questions you may want to ask about your risk for STDs and how to protect yourself:

- λ What is an STD?
- λ Could I have an STD and not know it?
- λ How often should I be tested for STDs?
- λ Should I be tested for any STDs today?
- λ How often should I have a Pap smear?
- λ How can I protect myself and my partner from STDs?
- λ What change should I make and what precautions should I take to protect STD?

Tips for raising your comfort level

Most people feel more comfortable talking either before or after the exam--while they are fully dressed. Tell your provider you would like 10 to 15 minutes to discuss your health concerns. If your provider uses medical terms you do not understand, ask for an explanation. You have a right to understand words related to your health.

If you are diagnosed with an STD

The good news is that all STDs can be treated or

cured. Those caused by bacteria (such as chlamydia or gonorrhea) can be cured with antibiotics. Those caused by a virus (such as herpes or HPV) cannot be cured, but they can be treated to relieve symptoms.

- λ Follow your provider's treatment directions.
- λ Ask your provider about ways to avoid spreading the STD to a partner.
- λ Tell your partner you have an STD. Ask your partner to get tested too.
- λ Avoid sex until both you and your partner have been treated.
- λ Return for follow-up care if your provider asks you to.
- λ Follow the instructions of your provider about your lifestyle.

Coming to terms with how you feel

Many people are shocked or upset when they learn they have an STD. But remember, STDs are very common. Getting one does not mean you are bad or different. The most important step is to get help--by talking with your health care provider and learning what you need to know about how to protect yourself and others.

Human papillomavirus (HPV) is one of the most common STDs, so you may have specific concerns you want to discuss with your provider. Some types of HPV can cause genital warts--growths or bumps that appear on the penis, anus, vulva, vagina, cervix, or thigh. Other types of HPV infect the cervix, and can lead to cervical cancer unless the condition is treated. HPV often causes no symptoms.

HPV and Cervical Cancer

The types of HPV linked to cervical cancer are usually not the types that cause genital warts. But a woman with genital warts, like any other sexually active woman, should get yearly Pap smears. The Pap smear detects abnormal cells caused by HPV that can lead to cancer. With regular Pap smears and follow-up care, cervical cancer can almost always be prevented or cured.

How genital warts are treated

Because HPV is a virus, symptoms such as genital warts can be treated but not cured. The average patient may need a few treatments to clear genital warts. With all treatments, warts may recur.

Two types of treatment (imiquimod and podofilox) are creams or gels that can be applied by the patient at home. Other treatments (cryotherapy, podophyllin, TCA, and BCA) freeze or burn off the warts with chemicals. These treatments must be applied by a doctor. Treatments such as surgery and laser therapy must be performed by a doctor who has experience with these techniques.

What to ask your provider about treatments for genital warts

- λ What treatment(s) do you recommend for my case? Why?
- λ What are the benefits of treatment?
- λ Does this treatment cause pain, scarring, or other bad side effects?
- λ How long does this treatment take?
- λ Can I apply this treatment myself?
- λ How much does this treatment cost?
- λ What kind of follow-up will be needed?

You have chronic pain: Now what?

After years of uncertainty, you have finally learned what is causing your discomfort. Perhaps it is arthritis, fibromyalgia or any number of conditions. The result is the same. It is chronic.

Knowing the source of your pain is not enough to alleviate your discomfort. There are not any quick fixes for chronic pain. And often, there is only so much doctors can do. You are the key ingredient. If you want your life to improve, you need to take steps to manage your pain.

Understand your role

The first and most important step in controlling your pain is accepting the fact that you may always have pain. Some people can significantly reduce or eliminate their pain. But if you are like most people with chronic pain, your pain always will be a part of your life.

Managing chronic pain is not about making your pain disappear. It is about learning how to keep your pain at a tolerable level. It is about enjoying life again, despite your pain. And it is about accepting that only you can control your future.

Find the right doctor

Being in charge of your pain does not mean that you cannot or should not look for help from others. A doctor can be especially helpful when you have questions or need assistance. But make sure it is a doctor who understands your condition and communicates well with you.

The right doctor for you could be your family physician or a specialist who is overseeing your condition. Or you may want to see a physician or a psychologist

who specializes in pain management. If you are not sure where to find a pain specialist, ask your doctor to refer you to one.

When selecting a doctor, in general, look for someone who has these characteristics:

- λ Is knowledgeable about chronic pain
- λ Want is to help
- λ Listens well
- λ Makes you feel at ease
- λ Encourages you to ask questions
- λ Seems honest and trustworthy
- λ Allows you to disagree
- λ Is willing to talk with your family or friends
- λ Has a positive attitude toward life and your condition

Learn about your condition

Finding the right doctor is not the end of your job. It will take teamwork to manage your pain. To make this easier, make an effort to learn all that you can about your condition and your pain.

It is important to be informed about your health, but do not overdo it. Spending too much time reading about your condition or discussing your pain can be counterproductive. It draws your attention to your pain, instead of away from it.

Describe your pain

Accurately describing your pain will help your doctor learn about the pattern of your pain, make a diagnosis, plan treatment and follow your progress. You can help in advance of your doctor's appointment by preparing

yourself to answer these questions:

- λ Where is the pain located?
- λ How long have you had pain?
- λ Does the pain come and go or is it continuous?
- λ How long does the pain last?
- λ What makes the pain better?
- λ What makes the pain worse?
- λ What is the intensity of the pain? You may be asked to rate your pain on a scale of 0 to 10, with 0 indicating that you have no pain at all and 10 indicating that the pain is the worst possible.
- λ What does the pain feel like? You can use words such as *stinging, penetrating, dull, throbbing, aching, nagging or gnawing*. Be as specific and descriptive as possible.
- λ Has the pain changed since your last visit with your doctor?
- λ What medications or treatments have you tried for the pain? How effective were they?

Set goals

Everybody differs in the amount of pain that they can tolerate. A level of pain that is unbearable for you might be acceptable to another. Your doctor may help you determine your tolerance for pain by having you rate your pain on a pain intensity scale. Then you can set a goal for where you'd like to be.

For instance, if you rate your pain as 6 out of 10 on average and you decide you can tolerate 3 out of 10, then you and your doctor have a more tangible goal to work toward. You may not be able to get your pain level down to a zero, but usually you can make progress.

Focus on one pain problem at

a time. For example, you may have both back and knee pain, but your back pain is worse. Start by treating your back pain and then, once your back pain is tolerable, work on your knee. The time it takes to reach your goal depends on your diagnosis, but people often see progress during the first several months. After that, you may work toward a general pain management goal.

Understand your treatment

Continue to be involved in your care when your physician recommends specific treatments for you. Ask why certain treatments are being proposed and find out their risks, benefits and alternatives. Be careful about accepting medications, injections or other recommendations without being aware of what each entails. Any intervention

brings a chance of both benefits and complications. Talk with your doctor to ensure that the balance is in your favor.

Expect to commit some time to the treatment process. You may try a variety of treatments before your doctor finds one that works for you, so do not become discouraged if the first treatment is not as effective as you had hoped. Your doctor may adjust your treatment over time, as he or she monitors how your body reacts to various regimens. People usually make progress in the first 2 to 3 months.

Maintain contact with your primary doctor

If you do seek specialized pain treatment, usually through a pain clinic or pain center, stay in touch with your primary care doctor. Your pain physician focuses on your chronic pain and generally will not monitor

