

Harvard Health Letter

VOLUME 48
NUMBER 3
JANUARY 2023

3 New Year's medication resolutions

It's a good time to reconsider your medicines, to protect your health and save a few bucks, too.

The new year is traditionally a time to think about ways to improve your health. As you resolve to exercise more, eat a healthier diet, and get more sleep, you might also think about making changes in your medication regimen. There are several things you can do to ensure you take your pills reliably or even save money on prescriptions. Here are three resolutions to get you started.

1 Schedule a comprehensive medication review

Set up a consultation with your pharmacist (which is usually free) or call your doctor's office to see if your clinician can review your medications at your next check-up. This includes both prescription medicines as well as over-the-counter supplements and remedies. Do any of the medications have dangerous interactions with each other? Are they causing side effects (such as unusual fatigue, aching muscles, depression)? Are all of your medicines still necessary?

For example: "You may be taking a prescription drug for osteoporosis that was only intended for a few years, but you've been taking it for seven years. Or maybe you're taking so many supplements that it's hard for you to manage the rest of your medicines," says Joanne Doyle Petrongolo, a pharmacist at Harvard-affiliated Massachusetts General Hospital.

2 Look for ways to save money on medications

Getting rid of unnecessary pills is just one way you can reduce medication costs. Another is learning about the prescription drug provisions in the Inflation Reduction Act (signed by President Biden in August



Think of the new year as a fresh start to getting organized about taking medications.

2022). Starting this year (2023), the rules cap the cost of insulin (for diabetes) to \$35 per month for people on Medicare, and make all vaccines (such as the shingles vaccine) free to people with Medicare Part D. By 2025, out-of-pocket spending on prescription drugs will be capped at \$2,000 per year (down from more than \$7,000) for people with Medicare Part D.

Here are other strategies to save money on prescription medications.

Talk to your doctor about drug costs. When your doctor is writing a prescription, explain that you'd like the least expensive option possible, such as a generic versus a brand-name drug.

Cut certain pills in half. Ask your doctor if it's possible to prescribe a pill that's twice the dose of your usual one, so you can cut it in two. Typically, the larger pills cost only a little more, but the prescription lasts twice as long, so you'll wind up saving money. This only works for certain medications, such as tablets, that can be split easily and aren't time-release formulations. For example, you could split many versions of atenolol, used to treat high blood pressure and other conditions.

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FIVE THINGS TO DO THIS MONTH

1 Eat earlier in the day. Eating closer to bedtime may lead to weight gain. (page 2)

2 Listen to a health podcast. It's another way to keep up with medical trends. (page 5)

3 Set an activity goal. Increase your activity levels by 15 minutes per day. (page 6)

4 Drink a second cup of coffee. Having two or three cups per day is tied to reduced risks of cardiovascular disease. (page 8)

5 Strength train regularly. Two or more sessions per week are linked to a longer life. (page 8)

SPECIAL HEALTH REPORT

Improving Memory

How to boost brain health and mental sharpness

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PUBLICATIONS MAIL AGREEMENT NO. 40906010
 RETURN UNDELIVERABLE CANADIAN ADDRESSES TO:
 CIRCULATION DEPT., 1415 JANETTE AVE., WINDSOR, ON N8X 1Z1

Published monthly by Harvard Health Publishing,
 a division of Harvard Medical School

In association with

B Belvoir Media Group, LLC, 535 Connecticut Avenue,
 Norwalk, CT 06854. Robert Englander, Chairman
 and CEO; Timothy H. Cole, Chief Content Officer;
 Philip L. Penny, Chief Operating Officer; Greg King,
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ASK THE DOCTOR

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

How can meal schedules affect your weight?

Q A friend told me she started losing weight when she ate dinner in the late afternoon, rather than at around 8 p.m. (her usual suppertime). How can the time you eat affect your weight?

A Ten years ago, I would have said that it probably is nonsense. But science keeps learning new things about the human body. How many calories you take in, and how much activity you engage in, still matters ... a lot. But several studies over the past decade have shown that eating late meals might make it harder to lose weight. A new study from Brigham and Women's Hospital and Harvard Medical School (see "Harvard study: Curb late-night eating to stave off weight gain" on page 8) sought to see if it was true and, more important, to see what changes occur in the body to make it true.

Sixteen overweight or obese young adults agreed to participate in an experiment that lasted several months. Their meals and physical activity were controlled by the study. During the "early-meal" study period, they ate the first meal at 9 a.m. and the last meal at 5 p.m. During the "late-meal" study period, they ate the first meal at noon and the last meal at 8:30 p.m. Each study period included a third meal mid-way in between the first and last. Importantly, the total amount of calories during the two study periods, and the physical activity, was identical: only the meal times were different.

Late eating greatly increased hunger, decreased levels of an appetite-reducing hormone (leptin), increased the amount of fat that was stored, and decreased the amount of fat that was burned, over the 24-hour day. Late eating did that by changing the activity of the genes that control the burning and storage of fat. Thus, this new study confirmed earlier studies that said eating late encouraged weight gain, and the study also showed why.

Eating meals earlier in the day may help your weight.



While this was a small study, and needs to be confirmed by other scientists, it makes sense to me. Several years ago, my wife and I decided to switch to eating a large breakfast and a second large meal in midafternoon, with healthy nibbles (nuts, fruit) in between, and maybe a dessert at around 6 p.m. Our smart watches monitored our daily activity level and our sleep.

Three things quickly became clear. First, to our surprise and delight, we didn't feel hungry. Second, as we expected and hoped, we started to lose weight. Third, and unexpected, we got more deep sleep at night. Dinner with friends at a "normal" hour is invariably followed by a bad night's sleep. Several recent studies have found the same effect of late eating on sleep quality.

So I recommend that you try our two-large-meal program, or at least have the last of your three meals end before 5 p.m. You might be surprised by the results. ♥



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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.

Bothered by a stuffed-up nose?

Your breathing may be blocked by a chronic condition or a structural problem. Here's what you can do about it.

Feeling like you have a stuffy nose all the time, for more than a couple of months, probably isn't the result of some cold you picked up. It's likely due to a chronic condition or obstruction that's reducing the amount of air passing through your nose. That can make it harder to breathe, and it can interfere with sleep and quality of life.

Why are you stuffed up?

The following problems can block the passages or airways on one or both sides of your nose.

Allergies or chronic sinus problems.

The inside of your nose is lined with a layer of sensitive tissue called the mucosa. It can become chronically inflamed by allergies, reducing the space left for air flow.

Enlarged turbinates.

The turbinates are structures inside the nose that warm and filter air as it passes. Environmental irritants (such as smoke), hormone changes, and allergies and chronic sinus problems can inflame the mucosa lining the turbinates: as they swell up, the nasal passages narrow.

Nasal valve compromise. That's a fancy name describing a structural narrowing in certain areas of the nasal passages. It can occur as the result of injury, the nasal structure you were born with, nose surgery, or simply aging.

"Everything sags as we age, including tissue in the nose. It loses elasticity, and without that support you can develop narrowing in the nasal passages—even if you've been breathing through your nose without any problems your whole life. It seems like you've suddenly developed this new symptom," says

Dr. Robin Lindsay, a facial plastic and reconstructive surgeon at Harvard-affiliated Massachusetts Eye and Ear.

A deviated septum.

The septum is the wall dividing the left and right sides of the nose.

You might have been born with a crooked septum, or it might have become misshapen in an accident. "As a result, it can be harder to breathe through one or both sides of your nose, even at low levels of activity," Dr. Lindsay says. "And a deviated septum that was never a problem before can cause symptoms if there's also nasal valve compromise and a loss of support tissues."

Nasal polyps. These non-cancerous (benign) tumors grow along mucosa or sinuses and can block airflow.

Seeking help

The cause of nasal obstruction won't be as plain as the nose on your face. You'll have to see an ear, nose, and throat specialist (ENT), also called an otolaryngologist, to figure out what the problem is.

The ENT will ask about your medical history and the symptoms you're experiencing, and then look inside your nose to see what's blocking airflow. The specialist might also order allergy testing. (This involves inserting tiny amounts of allergens into your skin through a series of pinpricks on your arm or back. A skin reaction to a particular allergen will indicate that you have an allergy to it.)



Treatment

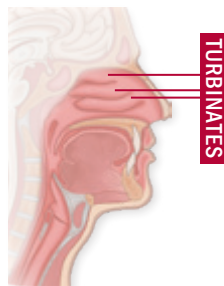
Strategies to reclaim real estate in your nasal passages depend on the cause of obstruction. If you have allergies, sinus problems, or enlarged turbinates, you may need a steroid nasal spray or other medications to tame inflammation. If the turbinates don't shrink with nasal sprays, you may need an office procedure or surgery to reduce them.

Removing polyps is accomplished with medication that shrinks them or with surgery.

Passageways narrowed from nasal valve compromise can be treated with surgery or (in certain cases) non-invasive office procedures that either inject support implants into the nose or remodel the nose using radiofrequency energy. But such procedures aren't the first line of defense. "We'll try steroid sprays if inflammation of the mucosa is contributing to symptoms," Dr. Lindsay says. "And you can try to open the nasal passages by using nasal dilators—either an adhesive strip you wear on the nose to gently pull the passages apart, or small cone-shaped devices that you insert into the nostrils. If either of these improves symptoms, it's likely that nasal valve correction surgery will also help."

Dr. Lindsay says the only way to straighten a deviated septum is with a surgery called a septoplasty. In people with both a deviated septum and nasal valve compromise, the procedures are performed together. "Most people get back to normal activity in about two weeks, but that can vary depending on your health and the extent of your surgery," Dr. Lindsay says.

Don't let the possible prospect of surgery keep you from seeking treatment, however. "Find out what's causing the problem first," Dr. Lindsay says. "The fix may be simple, and it may bring you a great deal of relief." ♥



Blockages in the nasal passages, such as enlarged turbinates, make breathing harder.

It's not too late to save thinning hair

It's possible to keep hair loss from progressing, thanks to a number of noninvasive treatments.

Hair loss doesn't typically cause pain, but it can be emotionally distressing when you realize that your hair is thinning, especially if you can see space in between hairs and your scalp peeking out in places. Fortunately, there are a number of ways to treat thinning hair and keep the problem from advancing.

Why is your hair thinning?

Two common conditions account for most age-related hair loss.

The most common is androgenetic alopecia, also called male- or female-pattern hair loss. Thinning hair is the first sign. "Hair follicles become smaller, which makes the hair strands finer. Some hair follicles stop producing hair altogether," says Dr. Kathie Huang, co-director of the Hair Loss Clinic at Harvard-affiliated Brigham and Women's Hospital and assistant professor of dermatology at Harvard Medical School.

This type of hair loss can result from genetics or age-related hormone changes. It occurs gradually, in patterns specific to men and women. "In men, the front hairline tends to recede, or they might have thinning at the temples or the crown on top of the head. In women, it can involve most of the scalp, or affect certain areas such as the middle part, the temples, and the frontal scalp area," Dr. Huang says. "But in androgenetic alopecia, women do not develop balding the way men can."

Another common type of hair loss is called telogen effluvium. This type of thinning occurs suddenly, often as a reaction to emotional or physical stress. "It might happen after you've had a high fever, a urinary tract infection, or surgery. Shedding can also occur as a reaction to an underlying medical condition or from taking a new medication," Dr. Huang says.

Protecting your hair

The type of treatment your doctor prescribes will depend on the cause of hair loss. Telogen effluvium corrects on its own or once the underlying cause is treated. "Telogen effluvium usually gets better in three to six months," Dr. Huang says.

For people with androgenetic alopecia, treatment aims to enhance the hair follicles, so the hair strands become thicker and your hair appears to be denser over all. The following treatments may help.

Topical drugs. The FDA has approved minoxidil (Rogaine), available over the counter, as a hair loss treatment for both men and women. It helps thicken hair follicles and promotes hair lengthening. It comes in a liquid or foam that's applied to the scalp. "If you have a lot of hair, it may be easier to apply the liquid form. But more people experience irritation with the liquid, compared with the foam," Dr. Huang says. "And you have to use it on a daily basis for at least nine months to see improvement."

Oral medications. Recent studies suggest that taking minoxidil as a pill, which has been used for decades to treat high blood pressure, is safe and effective for treating hair loss. "We've seen an increase in the use of oral minoxidil for hair loss in the past year," Dr. Huang says. "It's helpful for people who aren't getting enough benefit from topical minoxidil, or those who have scalp irritation from the topical form."

Other oral medications to treat hair loss include finasteride (Propecia, Proscar) and spironolactone (Aldactone). "Oral medications can have side effects. For example, oral minoxidil can cause low blood pressure or heart palpitations. Therefore, we carefully tailor the treatment regimen for individual patients," Dr. Huang says.



Where to turn for hair loss help

Your primary care physician can assess whether you have hair loss caused by an underlying condition, medication, hormone changes, or aging. The doctor may order blood work or prescribe treatments. If you want to see a specialist, visit a board-certified dermatologist who specializes in hair loss treatment and is well versed in the many options available to help regrow hair.

Platelet-rich plasma injections. In this procedure, high concentrations of components of your own blood are injected into your scalp to stimulate hair growth. Dr. Huang says each treatment can cost from \$500 to \$1,500. You typically repeat the process monthly, for three months, and require follow-up treatments every year. The effectiveness of platelet-rich plasma for hair regrowth is not yet proven.

Laser light treatments. Devices that emit low-level LED laser light might promote hair growth. They're available (without a prescription) in combs and helmets that you use regularly in your own home. Prices range from a few hundred to a few thousand dollars.

Supplements. Supplements are sometimes expensive, and there isn't solid evidence that they make hair grow. "But if they won't interfere with your medications, it's probably okay to try them," Dr. Huang says.

And for any of these treatments, the key is starting them as soon as you detect hair loss. Once the follicles stop working, the only option to restore your locks is hair transplant surgery. ♥

Podcasts to enhance your health IQ

Increase your knowledge of medicine and ways to protect health by listening to these informative shows.

For many people, podcasts—recorded audio programs accessible through the Internet or smartphone apps—are the soundtrack of modern life. You can listen to them while you get ready in the morning, exercise, prepare meals, travel, or just enjoy some down time. Like streaming movies, podcasts start and stop at times you choose. Consuming health-focused podcasts in particular can help boost your knowledge about the latest medical treatments and trends and how to live a healthy lifestyle or cope with chronic disease. Just make sure the podcasts come from reliable sources.

“Since anyone can be a podcast host, you’ll want to be choosy. Seek out credible hosts, such as well-credentialed health professionals or health journalists who present scientific data in a balanced rather than biased manner. Avoid programs that promote poorly researched or scientifically unfounded

diets or treatments,” says Dr. Edward Phillips, associate professor of physical medicine and rehabilitation at Harvard Medical School and director of the Institute of Lifestyle Medicine at Harvard-affiliated Spaulding Rehabilitation Hospital.

Podcasts featuring Harvard experts

Harvard experts are among the reliable sources you can turn to for health podcasts. For example, Dr. Phillips co-hosts a podcast called *Food, We Need to Talk* (www.foodweneedtotalk.com), distributed by PRX (Public Radio Exchange). You can listen for free and subscribe to this (and the other podcasts below) through podcast apps or online.

Food, We Need to Talk addresses all aspects of a healthy diet and healthy weight, plus information about practicing healthy lifestyle habits. “We take a science-based, humor-laced approach to health and fitness. We seek to inform our listeners with the best available science presented by researchers and clinicians,” Dr. Phillips says.

And you won’t hear formal medical language. “I speak to our listeners as I would my patients,” Dr. Phillips says. “We make it fun.”

Here are some other podcasts featuring Harvard-affiliated experts:

Better Off: Home. What are the right foods to eat? The least toxic shampoos and sunscreens? The best way to prevent loneliness while working from home? *Better Off: Home*, from the Harvard T.H. Chan School of Public Health, focuses on what it takes to create a healthy home. (www.hsph.me/better-off)

Freakonomics, M.D. What do heart surgery and grocery store pricing have in common? Are more expensive hospitals better? Explore the intersection of health and economics on this program



Augment the medical information you consume by listening to a health-focused podcast.

hosted by Dr. Babu Jena, the Joseph P. Newhouse Professor of Health Care Policy at Harvard Medical School and a physician at Massachusetts General Hospital. (www.freakonomics.com/series/bapu)

Think Research. In this podcast, Harvard scientists share the backstories of their innovative work. Topics range from brain implants and wound healing to the development of high-tech materials that are used in surgery. (www.health.harvard.edu/trp)

Other podcasts

For other podcasts from reliable sources, turn to organizations such as hospitals, government agencies, or nonprofit groups. Here are some examples:

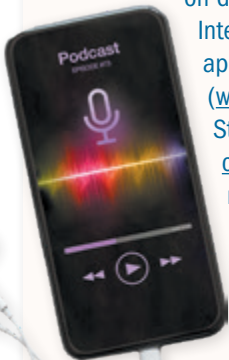
Mindful Things. This podcast features interviews with experts at Harvard-affiliated McLean Hospital, a psychiatric facility. Topics range from how to cope with mental health conditions to how to practice mindfulness and maintain mental health and wellness. (www.mcleanhospital.org/mindful-things)

Live Yes! In this program from the Arthritis Foundation, you’ll hear about strategies for coping with various types of arthritis. (www.arthritis.org/liveyes/podcast)

To find others, go to the website of a group that interests you (such as the American Heart Association, CDC, or FDA) and type “podcast” in the website’s search bar. ♥

Podcast basics

Podcasts first showed up in the early 2000s and have steadily gained a foothold as a major medium. So what are they? Podcasts are recorded audio programs, typically including lots of episodes, that are available on demand through the Internet or podcast apps such as Spotify (www.spotify.com) or Stitcher (www.stitcher.com). The programs might be newscasts, interview shows, or just shows with a few hosts chatting about a particular subject. An episode usually lasts 15 to 60 minutes.



Reclaim your pre-pandemic function

You may have lost endurance or strength without realizing it. Here's how to get it back.

We've moved past some of the immediate effects of the pandemic, with many people returning to their previous physical activities. But some people are finding they're a bit worse off functionally than they were before COVID-19 changed the world. "Some people say they can't walk as far as they used to, or they're now afraid to step on uneven surfaces. They feel they've suddenly aged," says Janice McGrail, a physical therapist at Harvard-affiliated Spaulding Rehabilitation Hospital.

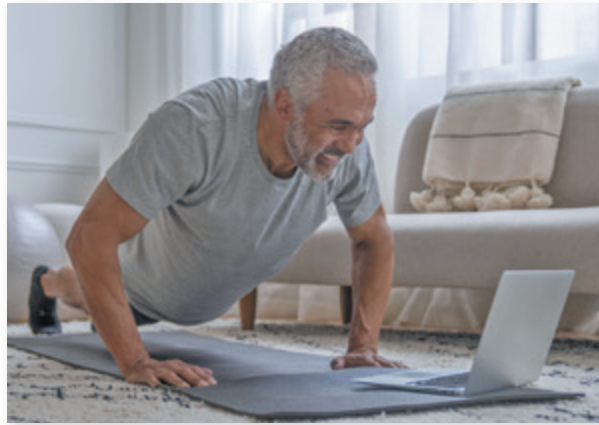
Are these changes just a consequence of getting older, or did something happen during the pandemic to reduce our physical capabilities?

Use it or lose it

COVID surges have caused many people to take breaks from exercising regularly over the past few years. Perhaps they got sick. Or they couldn't work out in a gym and didn't know how to work out at home. Or they felt sad or unmotivated.

Unfortunately, once we stop being active, our physical function and energy levels go downhill rapidly. Muscles get weaker and use more energy to do their jobs, the body's balance system (which involves coordinated actions among our nerves, joints, senses, and brain) gets rusty, and the cardiovascular system (the heart, lungs, and blood vessels) gets out of practice at providing enough blood and oxygen when the body demands it during activity.

"You might not even notice that you're becoming deconditioned," McGrail says. "And if you don't do anything right away to regain the strength or function you've lost, you'll lose even more. It becomes a downward spiral."



Try something new to get more physically active, like taking an online exercise class that you do at home.

Telltale signs

How can you recognize symptoms of deconditioning if you haven't noticed any so far? McGrail suggests looking at some of your habits. It could be that

- ▶ your former 30-minute walk is now just a 15-minute walk
- ▶ you don't have the energy to shop, so you order groceries online for pickup, or you have them delivered to your door
- ▶ you don't meet a friend for a walk anymore; you just meet for coffee
- ▶ you worry about falling, and you're more cautious about where you step.

"You start to change your habits, patterns, and activities because you don't think you can do it or you don't feel like doing it," McGrail says.

Reclaiming function

If you recognize that you're not where you were physically a few months or a year ago, you're not alone: many people have experienced similar changes. But accept that it's time to turn things around. Consider the following steps.

Set a big goal. "Ask yourself what you've lost because of decreased function and what you want to regain. Is it the ability to remain independent, go to the grocery store, play with your

grandkids, or go on a hike to see a beautiful view? Get an image of what you want," McGrail suggests.

Track your activity. If you have a smartphone, it might be able to track your steps each day. If not, clip a pedometer (\$10) onto your waistband or wear a fitness tracker (\$20 and up). The devices can record the number of steps you take each day and (if you wear a fitness tracker) minutes that you're active.

Take action. "Push yourself out of your comfort zone, even if it's just off the couch," McGrail says. "Sign up for an online or in-person exercise class. Start walking each day, or go for a longer walk if you're already active. Make your activity something that you like and something that fits into your life, so you'll be more likely to stick with it."

Get help from the pros. If you have an underlying condition such as heart disease or knee pain, talk to your doctor before you start to exercise. Then, see a physical therapist, who can assess your physical strengths and weaknesses and tailor an exercise program to your specific health condition.

Set small goals. "Just like an athlete during preseason, you'll need to build your activity level gradually, so you don't get injured," McGrail says. "If you take just a thousand steps per day, increase it by another 500 or 1,000. If you're active for 10 minutes per day, increase it to 15 minutes. Keep making small increases each week." Your eventual step goal should be 7,500 steps per day, and at least 22 minutes of moderate-intensity activity (such as brisk walking) per day.

Add strength training. It takes strong muscles to be able to do even basic activities each day, such as getting up and down from a chair, climbing stairs, carrying groceries, standing at a stove to make dinner, or getting in and out of a car. And it takes even stronger

muscles to live an active lifestyle. “A week or so after you increase your activity levels, start improving your muscle strength,” McGrail says. “Do a five- or 10-minute session every day, or a 20-minute session two or three days per week. You can use dumbbells, resistance bands, or weight machines. Or do body-weight exercises such as squats, biceps curls, or planks.”

Enlist a friend. Exercising with a friend can help motivate you and keep you on track. Plus, it’s fun.

Don’t give up. “Once you increase your activity, you’ll notice a difference in your energy levels right away. But it could take four to six weeks before you see real gains in your muscle strength,” McGrail says. “Just remind yourself why you’re working so hard. What was that big goal you set? Keep it in mind every day.”

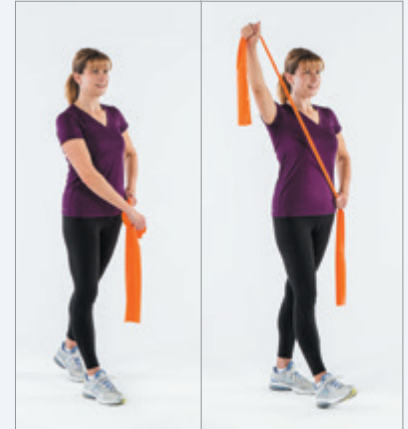
For more information, check out the Harvard Special Health Report *Starting to Exercise* (www.health.harvard.edu/ste). ♥

MOVES OF THE MONTH: TWO RESISTANCE BAND EXERCISES



Chest punches

Place a resistance band around your back and under your armpits. Hold one end in each hand by your shoulders. Punch your right arm out in front of you on a slight diagonal across your body, then punch with your left arm out in front of you on a slight diagonal. Repeat 10 times.



Sword pull

While holding the ends of a resistance band, anchor your left hand on your left hip, and bring your right hand close to it. Raise your right arm up and out, then lower to the starting position. Repeat 10 times, then switch arms and do the exercise another 10 times.

Medication resolutions ... from p. 1

Request a 90-day supply. That way you’ll make just one copay for a three-month supply, which may be cheaper than making three copays for three 30-day supplies.

Don’t always get the entire prescription filled. “There are certain times when you might not want to buy the full 90-pill prescription—like if you’re trying out a new drug and you want to wait to see if it causes side effects before you pay for the whole supply. Talk to the pharmacist to see if a smaller quantity may be appropriate,” Doyle Petrongolo suggests.

Apply for a drug manufacturer’s patient assistance program. Some pharmaceutical companies such as Eli Lilly (www.lillycares.com) and Pfizer (www.pfizerxpathways.com) provide free medications to people who meet certain income requirements.

Use a mail-order pharmacy. “It may be cheaper. For some generic medications, like levothyroxine for thyroid disease or atorvastatin to treat high cholesterol, the price may be zero dollars for a 90-day supply versus \$9 at the local pharmacy,” Doyle Petrongolo says.

Use a prescription price finder. Type the name of the medication you need into an online price finder, and you’ll find out where your drug retails for the lowest cost.

These programs are often provided for free in apps such as GoodRx (www.goodrx.com), and by state governments, such as those in Florida (www.myfloridarx.com) and in Michigan (www.michigandrugprices.com).

Use coupons or drug discount cards. GoodRx and the nonprofit group NeedyMeds (www.needymeds.org) are popular for connecting people to deals.

3

Get organized

The new year is also a good time to review the way you take medications. Would a device keep you more organized and on track? Maybe you need a pillbox (perhaps one with an alarm); an automatic dispenser that releases the pills you need, when you need them; or a medication manager app for your smartphone that can remind you when to take each pill, and help you track when you take them. Your pharmacist can tell you about these devices. You can also ask your pharmacist about receiving your medications in presorted “pill packets” that bundle doses of several medications together, at no extra charge. All you need to remember is to take all the pills in the packet at a certain time of day. “If anything can help you do a better job at taking your pills, you’ll wind up feeling better. That would be a great accomplishment,” Doyle Petrongolo says. ♥



Drinking coffee linked to healthier hearts and longer lives

Does your morning coffee offer more than a welcome jolt? In a recent observational study published online Sept. 27, 2022, by the *European Journal of Preventive Cardiology*, researchers found that people who drank two to three cups of coffee each day had a lower risk of cardiovascular disease and early death than those who avoided the beverage. The study included almost 450,000 people (average age 58) who did not have an irregular heartbeat (such as atrial fibrillation) or cardiovascular disease (such as heart disease, heart failure, or stroke) at the start. Participants reported how many cups of coffee they drank each day and their preferred coffee choice. The researchers categorized them based on their daily consumption, from zero to more than five cups. After 12 years, the incidences of irregular heartbeat, cardiovascular disease, heart-related

deaths, and deaths from any cause were lower among coffee drinkers compared with those who didn't drink coffee. People who drank two to three cups daily had the lowest risk of cardiovascular disease and death. For irregular heartbeat, the lowest risk was among those who drank four to five cups daily. All types of coffee were linked to less cardiovascular disease. However, drinking decaffeinated coffee was not associated with reduced risks of irregular heartbeat. What's the connection between coffee and a healthy heart? One plausible (unproven) explanation may be that coffee contains high amounts of polyphenols, which help reduce oxidative stress and inflammation.



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Harvard study: Curb late-night eating to stave off weight gain

It's not enough to think about what you eat to maintain a healthy weight. When you eat—the time of day—is also important, according to a small randomized controlled trial published Oct. 4, 2022, online by *Cell Metabolism*. Harvard researchers asked 16 overweight or obese people to test two different meal schedules with identical diets. On the first schedule, for six days in a row, participants ate breakfast, lunch, and dinner, but finished the last meal six-and-a-half hours before bedtime. On the second schedule, for another six days,

the same meals were bumped four hours later in the day, ending two-and-a-half hours before bedtime. During the study, scientists measured participants' appetite-regulating hormones, body temperatures, calorie expenditure, and fat cells. Eating later in the day increased participants' hunger, decreased the number of calories they burned, and promoted fat storage. Over time, those effects could lead to weight gain. So while it won't hurt to have an occasional late supper, try not to make it a habit.

Adding strength training to aerobic exercise may fuel longevity

Heart-pumping exercise goes a long way toward achieving robust health, but adding strength training to your regimen may be key to living even longer. That's the finding of a large study published online Oct. 17, 2022, by *JAMA Network Open*. Researchers evaluated physical activity reported by more than 115,000 people ages 65 and older as part of the ongoing National Health Interview Survey. They compared exercise data with deaths over an average of nearly eight years. Regardless of how much aerobic

exercise they did, participants who did strength training two to six times weekly were less likely to die from any cause during the study period compared with those who did less strength training. People who did at least two sessions of strength training as well as 2.5 hours of moderate-to-vigorous aerobic activity each week were 30% less likely to die during that time. The study was observational and did not prove conclusively that doing strength training or aerobic exercise caused people to live longer. Strength training includes activities such as lifting weights, using resistance bands, doing push-ups or sit-ups, or digging in the garden. ♥

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What's coming up:

- ▶ Easy ways to keep inflammation in check
- ▶ What's keeping you from a good night's sleep?
- ▶ Tips to choose a health care proxy
- ▶ Ideas to reduce back pain in everyday activities

