

RUSH GENERATIONS

RECIPE FOR BETTER HEALTH



Let's face it, healthy eating begins at home. You don't have to be a slave to menus and measuring cups, just be aware of the kind of fuel you're putting in your high-performance machine! A few adjustments can put you on the road to healthier cooking – and eating.

Tweak your technique

Start by choosing a healthier technique like baking, roasting, broiling or grilling instead of frying. Steaming and poaching can also be viable alternatives; especially if you use highly flavored liquids like broth, wine, juice or flavored vinegars (these work well for basting roasted foods, too).

Healthful ingredients

Substitute healthier food choices wherever possible. If you must fry, try cooking spray instead of oil, or use unsaturated or monounsaturated oils like olive or canola. When baking, use oil or trans-fat-free margarine instead of butter or shortening.

Choose white meat poultry, fish or legumes in place of red meats. If you opt for red meat, make it a leaner cut. "Lean ham can be a good choice, too, but because it is salty, be mindful of your daily sodium intake," says Mary Jo Desmond, a registered dietitian in the Center for Diabetes and Endocrine Care at RUSH Oak Park Hospital.

Serve your meal on a luncheon plate instead of a dinner plate. It will seem like you're eating more.

Skim or soy milk is a better choice than whole milk or cream. If you need to thicken a sauce or gravy, try adding unsweetened condensed skim milk, corn starch, flour or pureed potatoes. Look for low-fat or fat-free versions of cheeses and sour cream.

Boost your fiber intake with whole grain versions of white bread and pasta, and try brown or wild rice instead of white. Whole-grain cereals and nuts are good sources of fiber and protein, just watch the salt.

Finally, don't be afraid to add herbs and spices as a low-calorie flavor boost.

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DESPERATELY SEEKING SLUMBER

Laugh and the world laughs with you, snore and you sleep alone.

– Anthony Burgess, author

A snoring partner can be a hazard to your health because it often means that you aren't sleeping either. Moving to another room may help, but sometimes the snoring is so loud it can be heard all over the house.

It's not so good for the snorer either. Snoring can be a sign of sleep apnea, a condition in which breathing stops until an alarm goes off in the brain, and the body rouses itself to start breathing again. The condition is linked to high blood pressure and cardiovascular and cerebrovascular disease.

Untreated, it not only makes getting a good night's sleep nearly impossible for all parties, it is potentially life-threatening for the snorer. If your partner's snoring is disrupting your sleep, encourage him or her to see a doctor – for everyone's health.

4 SIMPLE STEPS TO BETTER SLEEP

If you have insomnia, relaxation, not stimulation, should be the focus of your bedtime routine.

People who have trouble sleeping should avoid the following activities shortly before bed time:

- Vigorous exercise (within 3 hours)
- Caffeine consumption (within 3-5 hours)
- Television viewing in bed
- Reading in bed

There are a lot of sleepy people out there. As Americans, we typically get an hour and a half less sleep per night than the seven to nine hours experts recommend.

“Sleep is critical for restoration of the body and brain,” says James Wyatt, PhD, director of the Sleep Disorders Service and Research Center at RUSH University Medical Center. During sleep, the body repairs tissues and the nervous system, and processes everything you've learned that day.

“People with sleep disorders say they feel much less able to cope with the next day's stressors,” says Wyatt. It's harder for them to cope with problems at work, and tired, cranky people tend to snap at family and friends.

It's not just the social aspects, though. Lack of sleep can increase your risk for high blood pressure, stroke, heart attack and for accidents related to sleep deprivation.

Why can't I sleep?

As we get older, it may become more difficult to get a good night's sleep. Medications may interfere with the brain's ability to fall asleep or stay asleep (e.g., diuretics used to treat high blood pressure may cause frequent bathroom trips).

Chronic obstructive pulmonary disease (also called COPD) and other respiratory conditions, pain from arthritis, and cardiac conditions like congestive heart failure are some of the medical conditions that can dramatically impair the body's ability to get quality restorative sleep.

“There's rarely just one cause,” Wyatt says. “Because so many different medications, environmental factors, medical conditions, psychological problems and social factors can cause sleep problems we must investigate all of them.”

Self-help techniques in books and on Web



sites can work for easy-to-treat insomnia. Self-medication treatments like alcohol or products containing diphenhydramine (Benadryl) may help initially, Wyatt says, but after a couple of days, they become ineffective and can sometimes begin to actually harm sleep.

Talk to your doctor

If you've had trouble sleeping for more than two weeks, see your doctor. Wyatt says he would like to see sleep considered another vital sign like heart rate and blood pressure. “We are trying to alert primary care doctors to the importance of asking their patients about sleep at every visit,” Wyatt says. If your doctor doesn't ask, by all means, bring it up. Be specific: For example, tell your doctor that your sleep is unrestorative, your snoring is getting out of hand, or you just can't sleep.

Prescription medications designed specifically to promote sleep are by and large very safe and effective, Wyatt says, even when taken for extended periods of time.

When simple treatments fail, an evaluation at a sleep center may be in order. Wyatt says he's yet to see a patient he could not help as long as the patient was willing to continue with the lifestyle changes, medications or medical devices that may have to be maintained for years.

“For the majority of patients,” Wyatt says, “we can actually get them sleeping much better without resorting to medications. There are a lot of behavioral treatments for insomnia that are very effective.”

THE ROAD TO SAFER DRIVING

Driving isn't for the faint of heart. "Drivers must make approximately 20 major decisions for each mile they travel," says Deborah Wallace, OTR/L, clinical manager of occupational therapy at RUSH University Medical Center. These decisions require good vision, quick reaction time, strength and range of motion, good judgment and endurance. So it's no wonder many older drivers start to modify their driving as they get older when they realize their strength, agility, or vision is not what it was in their youth.

"Many older adults won't drive outside familiar areas or in bad weather, and they will plan their trips for midday when traffic is lighter," Wallace says. But there are many other ways to improve driving skills and remain a safe driver – some involve modifications to the car; others require modifications to the driver.

Driver (re)education

Drivers who want to hone their driving skills can complete AARP's eight-hour Driver Safety program. As a bonus, Illinois drivers also get a discount on their auto insurance upon completion of the eight-hour course.

In addition, drivers can participate in CarFit, a community-based education program developed and sponsored by the American Society on Aging, the American Automobile Association (AAA), AARP and the American Occupational Therapy Association. The program provides assessments on how a driver fits a vehicle and suggestions about what the driver can do to improve the fit. It may sound silly, but improperly adjusted mirrors cause blind spots, and if the driver can't see over the steering wheel, can't place his or her feet flat on the gas and

brake pedals or is sitting too close to the steering wheel to avoid injury in a crash, the car doesn't fit. CarFit also provides information about driver safety and community-specific transportation options.



Talk to your doctor

If you think your wariness about driving is rooted in physical problems (e.g., you notice you are more distracted, tired or confused, or you are having trouble turning your head or reaching for your car's controls), check with your doctor. Some medications and medical conditions can affect your driving.

Your doctor may also suggest an occupational therapy assessment that will help you review your skills and develop a plan to improve them. The plan

could include suggestions for modifying your driving habits, adding adaptive equipment and using different strategies to make driving safer and easier.

But sometimes strategies and adaptations are not enough and it's time to hang up the car keys for good. "It's a difficult decision because loss of mobility sometimes has an isolating effect," Wallace says. For guidelines on how to approach a family member, The Hartford Insurance Company has an award-winning booklet, "Family Conversations with Older Drivers," that can help you prepare for this difficult conversation.

Finally, if someone you know has given up driving, offer to help out with transportation needs. The Illinois Department on Aging Help Line at 800-252-8966 (TTY: 888-206-1327) can refer you to a local area agency on aging for information about local senior transportation programs.

NEW HELP FOR SHINGLES

The word "Shingles" strikes fear in the hearts of many older Americans. Shingles, a painful skin rash caused by Varicella Zoster — the same virus that causes chickenpox, can cause intense pain and itching and generally lasts two to four weeks. Nearly one in five shingles patients, however, ends up with post-herpetic neuralgia, severe pain that remains long after the rash clears up.

Now a new vaccine, Zostavax, may prevent about half the shingles cases in people 60 years of age and older and reduce the pain for those who do get a shingles infection. The National Center for Immunization and Respiratory Diseases at the U.S. Department of Health and Human Services, Centers for Disease Control, estimates that one million people a year who have had chickenpox previously will get shingles. Ask your doctor whether the shingles vaccine is appropriate for you or find more information at www.cdc.gov/nip.

PLEASE NOTE: All physicians featured in this publication are on the medical staff of RUSH University Medical Center or RUSH Oak Park Hospital. However, many of the physicians featured are independent private practitioners and are not agents or employees of either RUSH University Medical Center or RUSH Oak Park Hospital.

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HEALTHY PANTRY 101

Keep the following staples on hand for healthy meals in minutes:

- High-fiber breads, crackers, cereals and pastas
- Skim and evaporated milk, low-fat yogurt
- Flavorings:
 - Broth (low-sodium if you're watching salt intake)
 - Flavored vinegars
 - Hot or sweet peppers
 - Olive oil
- Protein:
 - Chicken or turkey breast
 - Dried beans
 - Eggs (sparingly) and egg substitutes
 - Low-fat or fat-free cheeses
 - Nuts (watch salt and oil)
 - Peanut butter
 - Water-packed tuna
- Fruits and vegetables — The best bang for your buck comes with these colorful choices:
 - Strawberries, blueberries, cherries and cranberries
 - Oranges and apples
 - Tomatoes: whole, crushed or sauce
 - Green, leafy vegetables like broccoli, spinach and other greens

Healthy Cooking

- **CHICAGO “Healthy Eating and Cooking,”** March 14, at RUSH University Medical Center. *See the calendar for details.*

Sleep

- **CHICAGO The Sleep Disorders Center** at RUSH University Medical Center has developed an interactive conversation about sleep available at www.rush.edu/sleep.
- **ON THE WEB**
American Academy of Sleep Medicine, www.sleepeducation.com.
National Sleep Foundation www.sleepfoundation.org.

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It's all in the presentation

Think Technicolor when you choose your menu. “The more color you have on your plate, the more likely you are getting plenty of antioxidants,” Desmond says. Antioxidants like beta-carotene, lycopene and vitamins C, E and A may protect the body from cell damage that can lead to cancer. Look for brightly colored foods like broccoli, spinach, green beans, yams, oranges, carrots, red peppers, strawberries, tomatoes and blueberries. Make these high-fiber foods the main event.

Driving

- **CHICAGO Driver screenings** are available through the Department of Occupational Therapy at RUSH University Medical, call 312-942-7173.
- **OAK PARK “Staying Fit to Drive,”** May 23; **AARP Driver Safety Program,** May 24-25, RUSH Oak Park Hospital. *See calendar for details.*
- **ON THE WEB**
Online driving self-assessment quizzes from various organizations are available at www.aota.org/olderdriver/self.html.
“We Need to Talk,” strategies for driving discussions with an older adult are available at www.thehartford.com/talkwitholderdrivers.

And watch your portion size. “A serving of pasta or potatoes is a half cup, about the size of a tennis ball,” Desmond says. “And a serving of meat should be about the size of a deck of cards.” Put that on an oversized dinner plate and it looks a little skimpy, so fool your eye and serve your meal on a luncheon plate instead. It will seem like you're eating more.

With a little planning you can avoid processed foods high in sodium, sugar, fats and calories and serve up healthy foods bursting with flavor and color.



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