

# Health & Exercise

YOUR GUIDE TO LIVING WELL



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## HEALTH & EXERCISE

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*Get  
moving  
in 2026*





## EXERCISE

# Michigan man shared his weight loss online

## *Then a million strangers chimed in*



By Monica Hesse

THE WASHINGTON POST

Ethan Benard had just finished his workout and heaved his wrecked muscles into the truck when he decided to see what had happened on social media while he was in the gym.

“Holy crap,” he gaped, scrolling through his X timeline. Before he had gone in for “upper body day” — a we’re-all-gonna-die experience led by a Pennsylvania Strongman champion — Ethan had posted two pictures of himself, taken many months apart. He had captioned them, “196 lbs down so far,” and written that his future self and future family “were counting on me” to continue.

Two hours later, that posting had 65,000 reposts and 2 million total impressions.

Ethan read some of the responses out loud. “Listen to this,” he said, laughing, when he got to one from a cryptocurrency company: “I’d love to be part of your journey. For every 10 lbs you lose, I’ll send you \$1,000 worth of \$GIGA to keep pushing forward.”

He looked up from his phone. “Is \$GIGA legit?”

From the back seat, I — whose muscles were also wrecked to the point that I was having trouble holding a pen — was debating whether it would be ethical, as a journalist, to offer an opinion, when a videographer named James, who was sitting next to me, broke in: “Sounds kinda scammy.”

Ethan was also dubious but jokingly did the mental math anyway: “A thousand dollars for every 10 pounds?”

Ethan is a big guy. Big, like big: 6-foot-5, with a springy shock of red hair that adds another inch. But also big, like — listen, if I were writing this totally without Ethan’s input, I might leave it as “big.” Or “bigger,” i.e. the kind of vague descriptor that allows room for the idea that there’s always someone else who might be the biggest; that human bodies are a beautiful spectrum.

But the word Ethan prefers is “fat.” He tells me that it’s not a matter of self-deprecation, though people often assume it is (Oh, Ethan, don’t call yourself fat!), but a matter of fact: He is fat. He would like to be less fat. He started at 660 pounds; his goal is to weigh about half that. It’s that simple.

I started following Ethan on TikTok over the summer. Social media algorithms are curious and mystical, but somehow late at night, mine had decided that what I needed to see was a fat, 26-year-old former gamer from western Michigan trying to lose weight. I needed to see him meticulously weigh his food. Chase his step counts. Set goals that he labeled “Ethan Benard Guarantees.” I couldn’t stop watching Ethan Benard, and neither, it seemed, could a lot of other people. He had about 15,000



*But the word Ethan prefers is “fat.” He tells me that it’s not a matter of self-deprecation, though people often assume it is (Oh, Ethan, don’t call yourself fat!), but a matter of fact: He is fat. He would like to be less fat. He started at 660 pounds; his goal is to weigh about half that. It’s that simple.*





# BERNARD

From Page 4

followers when I first became aware of him, and now, across several platforms, he has well over a million.

So, yes. The crypto response does indeed sound “kinda scammy.” But then again, Ethan was training in the Philadelphia area on an all-expenses-paid trip from a supplement company that was putting him up in a nice hotel, booking him daily training sessions, and paying for a membership to a gleaming spa that offered cryotherapy and an “TV drip of the month.” A few months ago, that would have sounded pretty scammy, too. He was, as he frequently affirmed, grateful and lucky.

But I had also heard Ethan confess that none of this was good for his mental health. There was the pressure of making visible progress quickly enough to hold the attention of TikTok.

The stress of figuring out a new way of living, on the fly, in public. I reached out to him about writing a story after a video in which he announced that he was discontinuing his public weigh-ins. They were causing too much anxiety. Week after week, he worried that the number on the scale — 494, 488, 482 — wouldn’t be low enough for his followers.

I had wondered whether we were helping him. Now I wondered whether we were killing him.

Ethan Benard had embarked on a weight-loss mission that started as a deeply personal journey — the kind of deeply personal weight-loss journey that 55% of Americans believe they need to embark on, according to a 2024 Gallup poll. But his journey now involves 1 million absolute strangers, plus sponsors, trainers, nutritionists, cryotherapy, and somehow (and I will get to this), Chris Pratt.

It’s not that simple, really. When you try to lose weight online, it can all get very complicated.

Before we can make sense of any of this, I need to introduce you to the bizarre vortex that is the world of weight-loss influencers.

There are influencers obsessed with carbs. Influencers obsessed with protein.



Ethan Benard chronicles his weight-loss journey on social media. **MARVIN JOSEPH — THE WASHINGTON POST**

Influencers obsessed with fiber, which is apparently the new protein.

There are influencers who tell you to count your macros, influencers who tell you to practice intuitive eating, and influencers who respond that their bodies had intuitively told them to eat nine Kit Kats a day; that’s exactly how they got into this situation.

There are tape measure influ-

encers. Ditch-the-scale influencers.

There are a whole bunch of men who lost a whole bunch of weight but still have pounds of excess loose skin, and they make a lot of content about their loose skin. I wasn’t sure whether this was happening on everyone’s social media feeds or if my feed had gone wonky, but I mentioned it to an acquaintance, and he said, “Oh

yeah, the loose-skin guys.”

Vegans. Fruitarians. Purveyors of the “Lion Diet,” where you only eat meat from ruminant animals. There is a whole cottage industry around cottage cheese, and how you can dump it in smoothies and sauces and cheesecakes and breads — how you can apparently make a two-ingredient bagel where the first ingredient is cottage cheese and the second is,

I don’t know, sadness — and how this will make you healthy. I also now follow two health influencers whose main purpose is mocking cottage cheese.

And in the middle of this, all of this, is Ethan Benard. An earnest, personable 26-year-old Michigander who likes photography and wandering around shop-





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# JOURNEY

From Page 6

ping malls. Who quotes the Bible, but then worries that he's being too in-your-face with his religion when he quotes the Bible.

Who has been big as long as he could remember, who was 200 pounds by age 10. His parents — a paramedic and an antique-jewelry dealer — took him to specialist after specialist without ever really getting answers.

The family switched to unprocessed foods and chucked their microwave, and while Ethan continued to get bigger, he credits his parents' emphasis on whole nutrients as the reason he never became diabetic: "I was eating healthy food," he told me, "just way too much of it." He hated his body. The idea that he could change it seemed unfathomable.

COVID-19 arrived when Ethan was 21.

He was put on a ventilator for 10 days and hospitalized for 61 days. When he was finally released, the most permanent damage to his body wasn't from the virus, he says, but from the stress of lying immobile for that long under 600 pounds of weight. Pre-COVID, he had made money as a Twitch partner, playing video games online. But after, he had nerve damage, and his dominant arm was limp and nearly useless. It was an alarm bell, and one that had to go off more than once. In the next four years, he says, "I lost and gained the same hundred pounds three separate times."

Then, in January 2025, something changed. Some tactical things, such as he saw an interview with a celebrity personal trainer who recommended walking 10,000 steps a day, and he thought, "I could probably do that." But he also had two realizations that felt much deeper: That first realization was that he would have a wife and children one day. He believed that it was part of God's plan for him. And he wanted his future wife, whom he hadn't even met yet, to have the healthiest version of himself that he could give. So if he couldn't love himself enough to lose the weight, perhaps he could love the idea of her?

The second realization came while listening to his pastor give a sermon on making an impact. Ethan had already been toying with the idea that tracking his progress online might keep him accountable; now he realized it might also make an impact on others.

On May 5, he uploaded his first weight loss video, telling the camera: "If I can inspire at least one person on this journey, I think it will be worth it."

A typical day of video content from Ethan might include a video of him making lunch,

one of him completing his 10,000-step goal — sometimes by walking loops in his unfinished basement — and one of him running an errand, such as buying a new camera lens.

He might excitedly share a "nonscale victory," such as the time he went to Subway and ordered a plain sandwich instead of the sandwich + chips + cookie + soda he would have ordered before.

In short, there's nothing terribly unique or innovative about Ethan's content. What felt compelling to me, I guess, was his radical transparency. It wasn't uncommon for him to turn on a lamp, look you in the eye and speak confessionally about lymphedema, uncomfortable pants, his nonexistent dating history.

He got his testosterone level tested, and he talked about that. It was shockingly low. "I had less than a quarter of the minimum that a man my age should have," he told his followers, sounding astonished.

He got his resting metabolic rate — the amount of energy a body expends just for basic human function — tested, and he talked about that, too. "I'm so confused right now," he said. The test told him that his RMR was 5,000 calories a day. He had been eating half that and the scale hadn't budged.

He told the camera that he woke every day feeling terrible, and that the hardest thing about his journey was knowing that he was going to feel terrible every day for a long time, but he had to keep going with the faith that one day he would feel better.

The more he posted, the more followers he gained. He caught the eye of an actor in the CSI universe, and the actor offered to set him up with his personal nutritionist. He caught the eye of MegaFit, a company that provides ready-made meals, and they started sending him chicken quinoa power bowls.

He was already drinking Jocko Fuel protein shakes and decided, on a whim, to shout out to them on social media. Representatives from Jocko Fuel asked to meet with him. "I thought, 'This is going to be so sick. They're going to give me a discount code or some free cases of protein,'" Ethan told me. Instead, Jocko offered to sponsor him, so that losing weight could be his full-time job. (Ethan told me some details of his finances, but asked me not to share them in this story, and frankly, since this man has gone on camera to share nearly everything — even to confess that he is, in internet bro terms, "Low-T" — a modicum of privacy seemed like a small ask.)

The founder of Jocko Fuel is Jocko Willink, a retired Navy SEAL and podcaster. Another owner is Pratt, the movie star best known for the "Guardians of the Galaxy" franchise, who had, as it happened, once transformed his own body — and thus his entire career — going

from schlubby supporting actor to chiseled action hero. Ethan had long admired both Pratt's talent and the open way Pratt talked about his faith. The video Ethan made when he discovered that Pratt was following him on social media is a deeply joyful 10 seconds: "Ex-CUSE me?" he marvels, stumbling around in wonder. The two now have private chats.

But even while Ethan was surrounded by the kind of support that most dieters can only dream of, I couldn't help but worry about him from afar. I noticed the way he would buoyantly declare, "It's weekly weigh-in, baby!" in a voice bursting with bravado, but also that as he actually stepped on the scale, he looked terrified. He later told me that the 24 hours before each weigh-in were nightmarish: "I wasn't ever sure that I had lost enough weight to make everyone happy," he confessed. He would fast for 24 hours before each one, stay up all night riddled with anxiety, and then as soon as he stepped off the scale, he would overconsume.

"I've been stuck right around the 500-pound mark for two months now ... and I don't know why the scale isn't effing moving," he told his followers earlier this fall. "I know I'm doing the right stuff. Or at least, I'm told I'm doing the right stuff. Who knows? I have so many professionals telling me, do this, do that, do this, do that, do this, do that. ... I'm sorry that the scale is not meeting everyone's expectations; it sure as hell is not meeting mine, either."

I also noticed that while the majority of Ethan's commenters seemed to want to be helpful individually, en masse it was a hydra of conflicting advice, dozens of heads simultaneously barking out different orders: Ethan needed to lift heavier weights. Ethan needed to stop weight-training entirely and go back to just walking. Ethan needed to cut out bottled protein drinks and eat only eggs. There's too much cholesterol in eggs, stop that. Ethan must be secretly snacking. Ethan should be eating no more than 1,200 calories a day, but also, Ethan, you're not eating enough, and it's causing your metabolism to slow. Ethan, you need new gym shoes.

And some of the comments were just ... heinous.

After Ethan posted that he needed to take a social media break for his mental health: "So I guess your journey lasted four months, baby? You're exactly where you were when you started."

After he shared that a workout reboot had been the hardest week of his life: "Bro has had consistent, challenging workouts for a week and he said that's the hardest thing he's ever done in his life."

After announcing that he needed to stop posting his weekly weigh-ins: "No offense but I only follow you for the weekly weigh-ins, otherwise you're just a fat guy."

• "As Proverbs 26:20 reminds us, it's often wiser to turn out unnecessary noise."

I had reached out to some of Ethan's mentors and friends for this story, asking if we could chat. Pratt couldn't make a phone call work, but he emailed back right away. He wrote that he had been impressed with Ethan's "grit, faith and optimism" from the start. I asked whether he had any advice for Ethan, as a public figure, for tuning out the din of other people's opinions.

Pratt wrote back the Proverbs reference, and he also wrote, "paying attention to random comments online is about as meaningful as reading what someone scribbled on a bathroom stall at 7-11. It adds no real meaning or purpose to your life."

James Varela, the videographer who had been documenting Ethan's progress for Jocko Fuel, mentioned that he had known several other popular influencers, and the worst thing that could happen was for people to get "overstimulated" by both their successes and failures online.

Danny Taylor, Ethan's best friend since kindergarten, told me that he felt Ethan could handle himself: He had grown up in the gaming community, after all, one of the most toxic wastelands online, where trash talk was the lingua franca.

But I wondered whether any of us could fully understand the unholy union between public attention and weight loss. A few weeks before meeting Ethan, I had watched a new documentary about the popular reality show "The Biggest Loser," which aired on NBC from 2004 to 2016. Contestants revealed how they had appeared on the show in the hopes of saving their own lives and emerged instead with wrecked bodies and brains. The on-air challenges they were made to perform were presented as inspirational, but most were demeaning, barely above the level of "Ha ha, look at a fat person try this." Several contestants regained all the weight after the show ended.

The amount of time Ethan had to spend thinking every day about what was going into his body and how he would be judged for it would overwhelm anyone. At one point, he asked me about my protein goals, and it was honest to God the first time I ever realized that maybe I should have some.

And yet. There was a reason that Ethan kept popping up on my social media feeds all those nights ago. The algorithm must have gleaned that I was a woman with a 4-year-old who woke up every morning declaring that this is the day I would tackle the last six pounds of baby weight, but then would spend the day grabbing Hershey's minis from my co-worker's candy bowl while being pummeled by ads from





Ethan Benard, right, chronicles his weight-loss journey on social media. He is photographed with Mindset coach Mike Moor and Daniel Taylor, Benard's best friend, at Restore Hyper Wellness, where they received leg compression massages as well as a three-minute cryo chamber treatment. **MARVIN JOSEPH — THE WASHINGTON POST**

*COVID-19 arrived when Ethan was 21. He was put on a ventilator for 10 days and hospitalized for 61 days. When he was finally released, the most permanent damage to his body wasn't from the virus, he says, but from the stress of lying immobile for that long under 600 pounds of weight. Pre-COVID, he had made money as a Twitch partner, playing video games online. But after, he had nerve damage, and his dominant arm was limp and nearly useless. It was an alarm bell, and one that had to go off more than once. In the next four years, he says, "I lost and gained the same hundred pounds three separate times."*



# LOSS

From Page 8

companies with names such as “Willow,” which suggested that semaglutide injections were totally appropriate for someone who wanted to lose just a smidge. I would happily click on any influencer who promised a delicious, filling, low-cal dessert using sugar-free Cool Whip and cottage cheese. I wouldn’t make it, but I would click on it.

The fact is that many people have their own brands of chaotic relationships with food. For all we know about what it means to be healthy, there’s an abundance that we don’t know at all. Some people eat like crap and stay small; some people eat with the discipline of monks and stay big. Marathoners come in all shapes and sizes; so do couch potatoes.

I wondered whether people commenting on Ethan Benard’s videos were really people commenting on themselves. A way for them to inject order into an undertaking that is often opaque. To convince themselves that Ethan was where he was because, in a previous life, he must have used seed oils. But at the end of the day, we each have to live in our bodies every moment of our existence without fully understanding why they do the things they do, and that in itself is terrifying.

Jocko Fuel brought Ethan to Philadelphia for a reset, under near-laboratory conditions. When he was in Michigan, the company couldn’t know for sure how hard Ethan was pushing himself in the workouts they had assigned him; it was impossible to make adjustments on the fly. Here in Philly, they would have all the data. They had named the trip “21 Days of Discipline.”

Also, they were worried about him. “How’s his mental health seeming?” I overheard the company president, Joe Masciantonio, whisper to an employee when Ethan was out of earshot. Joe told me they wanted Ethan surrounded by good people, and they had set up a three-week visit because that’s how long researchers have said it takes to build healthy new habits and patterns. Listen, Jocko Fuel is a company,



Ethan Benard, left, works out with his strength coach, Joey Szatmary. **MARVIN JOSEPH — THE WASHINGTON POST**

and presumably, they wouldn’t have partnered with Ethan if they hadn’t thought he would help them sell more pumpkin-spice protein powder. That being said, I couldn’t find fault with the supportive approach they seemed to be taking with Ethan’s health, at least from what I could see while I was there. They had him visiting doctors, reading self-help books, getting enough sleep and rest, and encouraging him to speak kindly to and about himself.

And whatever they were doing seemed to be working in the ways Ethan had hoped it would. When he first opened the door to his hotel room, I was surprised at how much thinner his face looked,

even compared with TikToks he had posted just a week before, and I was also surprised at how happy he seemed, brimming with confidence.

I went with him to his workout, where we bench-pressed, planked, threw medicine balls and carried weighted bags. I went with him to the recovery spa, where he sat for 30 minutes with compression contraptions on his legs to improve his circulation. We drank our protein shakes, we counted our macros.

Late in the afternoon, Ethan still needed 5,000 more steps to hit his daily goal, so we went to a park near the hotel and watched our pedometer counters tick up while

we walked on a path.

He talked about his goals. His dream had always been to host a talk show, interviewing a variety of people about their lives.

He talked about how he wanted to provide for and protect his future family — and he hastily made sure I knew that didn’t mean he thought women shouldn’t work.

He asked me whether I had any more questions for him. And I found myself wanting to ask if he had weighed himself recently.

Because for so long, that was his thing: Look at the big man get smaller! Weekly weigh-ins, baby! “Just because I don’t post the weigh-ins publicly on sched-

ule anymore doesn’t mean I’ve stopped them,” he had told me earlier, so I sensed that he probably knew the number, and I sensed that it might be the kind of number that would make a holy cow reveal for readers.

But there was no way to ask that without being a total jerk. And there was no way to ask that without it sounding like I expected him to perform for me, for you, for his hundreds of thousands of followers.

So I told him, “No, I have everything I need.” And then the sun was going down, so I asked him whether we should turn back. And he said, “No, no, let’s keep going.”



**EXERCISE**

# Tips to get children excited about exercise

By Metro Editorial Services

Human beings need to engage in physical activity to stay healthy. But too many children are not getting the exercise they need.

Only 50% of boys and less than 34% of girls between the ages of 12 and 15 are adequately fit, according to the Centers for Disease Control and Prevention.

Children who are not physically fit are at greater risk for chronic diseases. In addition, children who are overweight or obese are at a higher risk of retaining that extra weight into adulthood.

Getting children to exercise regularly can be an uphill battle with so many distractions, such as electronic devices, vying for their attention. But parents can explore these ideas to get children more excited about physical activity:

- Choose interactive toys. Select toys for kids that require movement. These can include sporting activities, scooters, bicycles and even video games that involve physical activity. Kids will be moving while they play, which is a first step.

- Set an example. Children may be more likely to embrace physical activity if they see their parents exercising regularly. Adults can share their passions for activities that encourage movement, whether it is hiking, heading to the gym, swimming or rock scrambling.

- Make it a contest. People can be very competitive, especially young children. If kids know there is a prize or reward attached to doing something, they may have more motivation to engage with it. Offer a prize to the person who can log the most minutes of physical activity each week.

- Make things social. The more people involved in an activity, the greater the chance kids will want to be involved. Therefore, invite their friends, cousins, classmates and other relatives to participate.

- Look for new ways to exercise. Plan vacations and day trips around an activity. Perhaps the family can learn how to surf or snorkel on a trip; otherwise, a trip to the zoo or a museum can involve a lot of walking.

- Find reasons to walk. Kids and parents can walk to or from school each day to get exercise. Parking further away from stores ensures some extra steps, as well. Take the stairs in malls instead of elevators or escalators.

- Encourage participation in team sports. After-school athletics often involve multiple days of practices and games or meets, which can be all the exercise a kid needs to be healthy. Athletics also present a fun way



Wearing bicycle helmets are Evan Mullins, 9, and his sister Avery, 11, during a ride along the sidewalk near their home in Macomb Township. Both kids enjoy riding their bikes with their dad Mark Mullins, who insists they wear a helmet. **DAVID ANGELL — FOR THE MACOMB DAILY**

to exercise with friends.

## DID YOU KNOW?

The amount of physical activity a child needs varies with age.

The Centers for Disease Control and

Prevention says children between the ages of 3-5 should be active throughout the day to ensure proper growth and development. This can be achieved by being physically active during play.

Children and adolescents between the

ages of 6-17 need to be active for at least 60 minutes each day, with that activity being moderate-to-vigorous in nature. The activities enjoyed should include a variety of aerobic, muscle-strengthening and bone-strengthening exercises.



## EXERCISE

# Trail running legend advises beginners to enjoy the view and go easy

By Joseph Wilson  
THE ASSOCIATED PRESS

Trail running has exploded in popularity in recent years.

The sport encompasses everything from off-road jogs on unpaved coastal paths to alpine ultra-marathons. Extreme versions are known as mountain running, which involves moving and sometimes scrambling uphill on varied surfaces, and sky running, which is done with even steeper inclines at altitudes above 6,562 feet.

Few elite athletes have done more to bring long-distance running in the wilderness to the mainstream than Kilian Jornet. The star Spanish mountain athlete from the Catalan Pyrenees holds numerous world records in both trail running and ski mountaineering. He is a four-time winner of Europe's Ultra-Trail du Mont-Blanc, an ultramarathon that includes a 10,000-meter elevation gain over 105 miles, and a five-time winner of the Hardrock Hundred, a similarly grueling endurance race in Colorado.

Jornet, 38, completed his most recent feat in early October: climbing 72 of the 14,000-foot mountains in the American West in 31 days while traveling from peak to peak only by foot or bicycle. But he says anyone can start trail running as long as they respect their natural surroundings and use common sense to stay safe.

Jornet shared his tips for beginners in an interview with The Associated Press. The interview was conducted via email because he and his wife were caring for a new baby. Answers were edited for length.

**Q: What is the most important advice for someone who wants to start trail running?**

**Jornet:** Don't rush and enjoy it. Enjoy nature and the landscape, and gradually adapt your body to the terrain, the effort and the environment. You might start



Kilian Jornet runs to win the 45th Sierre-Zinal long-distance mountain race in Switzerland on Aug. 12, 2018. VALENTIN FLAURAUD — KEYSTONE VIA AP, FILE

walking, then add short running sections. Choose easy trails, and focus on feeling good and safe.

**Q: What is the most common mistake new trail runners make?**

**Jornet:** Trying to go too far or too fast, too early. The body needs time to adjust to elevation, technical terrain and impact. People also often underestimate weather changes or overestimate their energy. Don't take athletes like

me as an example! I've been trying every day for more than 30 years, so my body is adapted to it, but if you're starting, it might be completely different.

**Q: What would be a good distance and difficulty level for beginners?**

**Jornet:** A 1.8- to 3.1-mile loop with gentle elevation and wide, nontechnical trails. If you finish feeling you could continue, that's a great sign of healthy progres-

sion. Two or three times a week is enough at the beginning. Mix walking and running. Focus on enjoyment more than volume.

**Q: Should you already be a good runner before trying trail running?**

**Jornet:** No. Road running can help, but it's not a prerequisite. Trail running also requires other things like balance, coordination, and terrain awareness, all

of which you can learn once you start.

**Q: How is it different from running on a road or track in terms of safety?**

**Jornet:** The terrain is more unpredictable (rocks, roots, mud), so you need more attention and stability. Weather changes faster in the mountains and help can be farther away, so you need to be prepared.



**Q: Is it a sport for everyone or a specialist sport with risks?**

**Jornet:** It's for everyone, but it requires responsibility. You can choose routes that match your ability, from very easy to very technical. Always follow some basic safety (Let your loved ones know where you go, etc.), respect your limits and progress gradually. And don't forget to enjoy!

**Q: Is it critical to run with someone else?**

**Jornet:** Not critical, but helpful for beginners. Running alone can be wonderful, if you're prepared. Whether alone or not, always tell someone your route and estimated return time.

**Q: What should you do before setting off?**

**Jornet:** Plan your route, check the weather, tell someone where you're going, and know how to contact local emergency services. In many mountain regions, specialized rescue teams exist, and knowing how to reach them is important. You can also consider using apps that have tracking so your loved ones know where you are.

**Q: What equipment should you carry?**

**Jornet:** Try to carry only what you need: proper shoes, a light jacket, water, food and basic safety gear. I always carry my phone with enough battery, and if I plan a longer activity, I would carry a jacket to protect me from the weather. For beginners, it might also be interesting to get a small first-aid kit and a thermal blanket. Hydration depends on heat and distance. I usually carry water and simple, quick-energy foods like gels, nuts, dried fruits or bars. Eat and drink consistently, small amounts often.

**Q: Which other sports combine well with trail running?**

**Jornet:** Hiking, skiing, cycling, climbing — anything that builds endurance or strength with low impact. Cross-training helps prevent injuries. You can also add some gym exercises to improve strength, flexibility and balance.

**Q: When should a new trail runner enter a competition?**

**Jornet:** When running feels natural and you can complete your



Founded in 1948, LEKI is a leading pole manufacturer and makes more than 50 models specifically for trekking/hiking, trail running, and Nordic walking. **PROVIDED BY SCOTT MARKEWITZ**

usual routes comfortably. A short race is a great first step. It should feel exciting, not stressful.

**Q: Do you have a recommended age limit for starting trail running?**

**Jornet:** Not really. Kids can start by hiking and exploring trails. Adults can start at almost any age, if they adjust intensity. In any case, the important part is to enjoy the process.

**Q: How much has the sport grown since you started?**

**Jornet:** The growth has been huge. When I was younger, it was rare to meet people in the mountains — they told me I was crazy! Now it's way more common, and the sport has boomed. To me, it's great to see more people out there enjoying the mountains, but it must be with respect for the environment and taking care of it.

**Q: Are there sometimes too many people on the trails?**

**Jornet:** Some trails can get crowded, especially near popular spots and in the summer. I prefer solitude and being alone in the mountains, so I tend to choose places more remote.

**Q: Have you seen trail runners pollute the environment? How can they avoid this?**

**Jornet:** New runners should

remember that nature is a living place and we need to take care of it.

Stay on marked trails if you can, leave no trace, respect wildlife and be nice to other people you encounter in the mountains. The beauty of trail running isn't in speed, but in discovering landscapes, learning about yourself, and feeling connected to nature.



## EXERCISE

# Michigan skiing experts say safety on the slopes comes down to preparedness

By Mark E Lett  
FOR MEDIANEWS GROUP

It's a waning, winter afternoon and you've enjoyed a full day on the slopes at one of Michigan's more than 40 ski areas.

A bit weary but not yet ready to call it a day, you head out for some more downhill fun.

Just know this: Those in the know say fatigue and exertion are the leading reasons for skiing accidents in the late afternoon.

Some advice: Don't be nervous, don't be frightened, don't be scared.

Be prepared.

For that, say savvy skiing authorities, you need to work on your fitness before the ski season gets underway. Gliding down a mountain is exhilarating and great fun, especially if you have taken time in advance for strengthening exercises.

Those in the know say there is much you can do before your first ski trip of the season, with an emphasis on workouts for strength, flexibility, mobility and cardio.

In short, take time to hit the gym before you hit the slopes.

"Any skier will perform better if you bring a level of fitness into the season," advises Erik Lundteigen, ski coach at Northern Michigan University. "Keeping active during the off-season, makes the transition into the ski season much better."

Ski Magazine puts it this way: "Gravity always wins. ... It pulls us into the hill and twists our limbs."

Citing recent studies, CORE Orthopedics & Sports Medicine reports skiers suffer three injuries

for every 1,000 skiing days. Knee injuries are among the most common, according to the American Hip Institute & Orthopedic Specialists. Also all too frequent are head, shoulder and thumb injuries.

For advance preparations to strengthen your body and minimize risk, we offer suggestions from three skiing veterans — two successful coaches and a specialist in emergency and sports medicine:

- Erik Lundteigen, coach of the Northern Michigan University women's and men's varsity ski teams. Seven of the school's athletes have won All America honors.

- Craig McLeod, ski team coach at Pontiac's Notre Dame Preparatory School. Notre Dame girls teams have won four state championships and the boys teams have twice been runners-up.

- Dr. Laura Owczarek, Department of Emergency Medicine Division of Sports Medicine, Henry Ford Hospital. She has been a skier for some three decades.

Here are some of their suggestions:

## ERIK LUNDTTEIGEN

"Any activity that strengthens your legs is strongly recommended," he said. "Walking, hiking, running are all things outside of the gym that will help you prepare for ski season. In the gym, work on your legs and balance.

Box jumps (jumping from the floor onto a box or an



Lundteigen



Skiers at Pine Knob Ski Area. "Discover Michigan Skiing" learn-to-ski program is offered at Michigan ski areas, including Mt. Holly and Pine Knob Ski Area. PHOTO COURTESY OF MICHIGAN SNOWSPORTS INDUSTRIES ASSOCIATION





Michigan's Boyne Mountain offers 415 skiable acres for people of all ages and skill levels. **PHOTO COURTESY OF BOYNE RESORTS**



## EXERCISE

# The potential health benefits of pickleball

By Metro Editorial Services

Anyone who lives in close proximity to a pickleball court can no doubt attest to the popularity of the sport.

The Sports & Fitness Industry Association reports the popularity of pickleball has grown by 223.5% over the last three years, with participation increasing across all age groups. Such figures are a testament to the popularity of a sport that has reinvigorated millions of players' enthusiasm for physical activity and team sports.

The thrill of competition and the joy of social interaction undoubtedly have contributed to the popularity of pickleball, but those are not the only benefits to participating in this fast-growing sport. There are many potential health benefits to pickleball, as well:

- Pickleball provides a fun way to embrace physical activity. It's easy to lose interest in an exercise regimen characterized by time on a treadmill and traditional strength training in a gym setting. Though cardiovascular exercise and strength training are vital components of successful exercise regimens, it's important that individuals make their fitness routines enjoyable, which increases the likelihood that they will remain committed to less sedentary lifestyles. The SFIA report found that players deemed pickleball 150% more enjoyable than walking for 30 minutes.

- Pickleball provides social benefits that positively affect long-term health. According to Duke Recreation & Physical Education at Duke University, pickleball has earned a reputation as an inclusive, community-building activity. The socialization aspect of pickleball should not be overlooked when discussing the health benefits of the sport. According to the Centers for Disease Control and Prevention, loneliness can increase a person's risk for mental health issues like depression and additional problems like heart disease, dementia and stroke. By engaging in social activities like pickleball, individuals can reduce their risk for loneliness, which can improve their overall quality of life and may lower their chances of developing potentially deadly health problems.

- Pickleball can lead to a healthier heart. A study from Apple that is examining the effects of pickleball participation on heart health has thus far found that playing pickleball helps players reach moderate to vigorous heart rate zones. Cardiologist and Harvard Medical School professor of medicine Dr. Calum MacRae notes that ample time in moderate heart rate zones has been found to improve cardiac fitness.
- Pickleball can benefit brain health.



Enjoying life after many years of work at the Shelby Slashers, a competitive group of pickleball players including Sherry Asoklis, left, Peggy Miller, Ward Miller and Tim Asoklis. **GINA JOSEPH — THE MACOMB DAILY**

MacRae, one of the Apple study's lead investigators, notes that pickleball is one of various activities that can also improve memory and recall over time. The physical benefits of pickleball may not be lost on players, but some may be surprised to learn the sport

offers cognitive health benefits, as well. A 2023 study published in the journal *Frontiers in Psychology* found that pickleball participation led to significant improvements in personal well-being, life satisfaction and happiness.

## DID YOU KNOW?

The benefits of exercise for seniors are innumerable. In order to get the physical activity they need, many older adults are turn-





Troy residents begin a game of pickleball at the Troy Community Center. The city of Troy has supported the sport since 2009. **BEN SZILAGY — FOR MEDIANEWS GROUP**



# SLOPES

From Page 14

elevated surface) are a great way to increase leg strength and explosiveness.

"Alpine skiing is a gravity sport. However, a level of good cardio is also important. If you are planning a trip where higher altitude comes into play, then your cardio becomes even more important. Any activity that gets you moving and your heart racing helps. Some great crossover sports include tennis, pickleball, basketball or biking.

"Flexibility is also very important. Make sure you stretch out before hitting the slopes. This will get your muscles prepared for a great day of skiing. Being strong and flexible will help protect you from injuries.

"One very important thing to remember, most ski injuries happen late in the day when you are getting tired. Shut things down when you start feeling tired."

## CRAIG MCLEOD

"Wall sit-ups are good to strengthen the legs. Put your butt and shoulders to the wall, slide down with your thighs parallel to the ground and your hands at your side."

Hold that for 30 seconds with each repetition for five minutes. Do that enough, McLeod said, and "you'll be ready for skiing."

He also recommended the "beep test," a running aerobic fitness exercise that requires continuous running between two lines that face each other about 20 feet apart. Using an audio device, participants run back and forth before the sound of the next beep to indicate the start of the next shuttle.

"This is a great way to tell whether you are ready to go skiing," he said.

Among other beneficial exercises, he said, are tried and true chin-ups, a resistance exercise to target bicep, deltoid and back muscles without compromising the shoulders. Using a strong, immobile, overhead bar or

a pull-up assist machine, participants pull themselves up from a stationary position, keep their legs still, pause with their chin above the bar, pausing for a moment at the top before lowering back down.

## DR. LAURA OWCZAREK

She emphasizes the benefits of overall fitness, especially when pursuing outdoor sports such as skiing. "It's important to tolerate exercise for hours at a time," she said.



Owczarek

In addition to taking care to strengthen cardiovascular health and strength, she said skiers should take care to use safe equipment that "fits right." That includes helmets that are well-fitted, she said.

Warmups and stretching exercises are important, too.

"Good strong leg muscles will help with fatigue, especially later in the day," she said.



Michigan's Boyne Mountain offers 415 skiable acres for people of all ages and skill levels.

PHOTO COURTESY OF BOYNE RESORTS

# BENEFITS

From Page 16

ing to pickleball. Pickleball combines elements of tennis, wiffle ball and ping-pong into an activity that is drawing new enthusiasts every day. Fans often say that pickleball is the most fun racket sport they have played. With a smaller court than tennis and a lighter ball, pickleball is ideal for seniors who won't have to worry about the sport being too high-intensity. The Medical University of South Carolina says pickleball is the fastest-growing sport today, particularly among seniors.

Pickleball attracts players for a number of reasons. In addition to promoting socialization and serving as a generally entertaining activity, pickleball offers a number of health benefits. Anytime Fitness says that pickleball is a great cardio-

vascular workout. It is estimated that a pickleball game can burn up to 600 calories per hour. Pickleball also helps to improve lung function and can strengthen the heart. Since pickleball is a fast-paced game, it may help improve cognitive function and memory recall due to the quick thinking the game requires. Also, because pickleball is played on a smaller court than a regulation tennis court, it can be easier on players' joints since it doesn't require covering as much ground.

## TIPS TO PREVENT PICKLEBALL INJURIES

Injuries are a part of any sport, and pickleball is no different. Though there's no foolproof method to guarantee pickleball players don't get hurt playing the game they love, here are some tips that can reduce injury risk:

- Gear up. Pickleball is



Pickleball has quickly gained a following, especially among older players. PHOTO COURTESY OF METRO EDITORIAL SERVICES

a competitive sport, but there's a tendency among some players, particularly novices, to take a casual approach to the game. Veteran players may know better, but anyone new to

the game should be sure to wear the appropriate gear when playing. Athletic shoes with ample traction can reduce the likelihood that players will slip or fall. The right racket can also reduce

risk for elbow injuries. The sporting goods experts at Dick's Sporting Goods note that paddles should feature a light to medium weight, comfortable grip and a large sweet spot. The right paddle will be different for everyone, so novices are urged to speak to veteran players for advice on which paddle might be best for them.

• Embrace physical activity. Pickleball can be a great workout, and players can reduce their injury risk by embracing physical activity even when they are not playing. Leg exercises can help build lower-body strength, but strength exercises that focus on the upper body can also reduce injury risk.

• Loosen up before playing. Taking the court right after getting out of the car is a recipe for injury. Arrive five to 10 minutes before a game and use that time to loosen up. A short walk and

some subsequent stretches can help players make sure their bodies are not too tight to play. Some brief warm-up exercises and stretching can reduce muscle tension and make the body less vulnerable to injury.

• Hydrate before, during and after a game. The experts at Johns Hopkins Medicine note that water cushions the joints, which helps athletes maintain their flexibility. Flexibility can reduce injury risk, particularly in a sport like pickleball. A study published in Injury Epidemiology noted that 60% of pickleball injuries are sprains, strains or fractures. Remaining flexible can reduce athletes' risk for sprains and strains. Johns Hopkins recommends adults consume between six and 12 ounces of water for every 20 minutes of sports play and to drink between 16 and 24 ounces afterward.



*Making  
your body  
healthy*





## HEALTH

# I'm a doctor. Here are 10 science-backed tips to help you get healthier in 2026

By Dr. Trisha Pasricha

SPECIAL TO THE WASHINGTON POST

If you want to build healthier habits in 2026, here's my advice: Give yourself time. New routines don't stick overnight. A classic study found that it takes on average 66 days of practicing a new dietary or physical behavior each day before it becomes a habit.

You need to make it easy to make it last. So choose one habit and list every barrier that will keep you from hitting the mark. Then pre-solve each one. Is it too cold to go for a jog early in the morning? Find a 30-minute cardio routine on YouTube that you can do in your bedroom. Don't have time to cook veggies from scratch? Frozen vegetables can save you time and money.

To give you a place to start, here are 10 simple, science-backed tips I have covered in previous columns. I hope they help you get healthier in the coming year.

### 1. SKIP THE PROBIOTICS

Proponents claim over-the-counter probiotic supplements can boost your microbiome — the organisms that live inside your gut — and help with digestive issues, immune function and even mental health.

But the marketing claims largely do not match the evidence. As a gastroenterologist, I rarely advise my patients to start a probiotic — much to their surprise. They are even more surprised when I tell them that is part of the evidence-based guidelines: The American Gastroenterological Association does not recommend probiotics for most digestive conditions.

Instead, here's what I do recommend: Eat a fiber-rich diet. This time-tested recommendation remains one of the strongest-studied ways to promote and preserve a healthy microbiome and improve your overall health.

### 2. STOP MICROWAVING PLASTIC

Did you know that microwaving food in a plastic container can release about 2 billion nanoplastics into your food? Micro- and nanoplastics are tiny pieces of plastic that scientists have found inside our brains, hearts and even placentas. There are a lot of unanswered questions about how microplastics impact our health. But one study found that people with dementia had three to five times more nanoplastics in their brains.

There are small steps you can take to limit your exposure. In 2023, scientists filled plastic



Sleep with an extra pillow, but not necessarily under your head. **ADOBE STOCK**

food-storage containers with water or with a slightly acidic solution that mimics food. After 10 days in the fridge or at room temperature, there were millions of nanoplastics in both groups.

What's more alarming is what happened after they microwaved those containers: Within three minutes, the containers with water shed about 200 million tiny plastic particles. But the ones mimicking food shed about 2 billion.

That's why I recommend you avoid heating up plastic in the microwave. Use glass containers to reheat leftovers instead.

### 3. SLEEP WITH AN EXTRA PILLOW

Try this simple change to optimize your sleep position: Add one more pillow. But I don't mean under your head. Place a pillow under your lower body.

Here's what to do:

- Side sleepers: Flex your legs slightly and put a pillow between them to help with back alignment. This also reduces pressure on the

hips and knees. Then, place the arm that is on the bedside on the opposite shoulder to "hug" that arm. This position more fully supports the neck and back. A 2021 study published in PLoS One found that side sleeping without these extra postural supports was associated with worse neck pain in the morning.

- Back sleepers: Place a pillow below the knees. This helps relax your back muscles, supporting its natural curve while you sleep.

- Stomach sleepers: Put one pillow under your pelvis. This can reduce lower back strain by providing support in the area where the spine dips. Belly sleepers should also opt for a slim pillow — or no pillow at all — at the head to minimize neck strain, as well as help keep the airway open.

### 4. START RESISTANCE TRAINING

Want to age better? Start resistance training. Start now in any amount. You're never too old, too young or too weak to start.

You don't have to weight train at a gym if you don't want to. Resistance training is any

exercise where you work against an external force. There are many moves that achieve this — with or without weights: squats, planks, push-ups, deadlifts, glute bridges and more.

But most adults aren't meeting the Centers for Disease Control and Prevention's guideline of doing muscle-strengthening activities at least twice a week.

This is a problem because resistance training is a key way to delay the muscle loss we all experience as we age. Especially for women. Resistance training can help address two critical issues of aging that disproportionately affect women: loss of muscle mass and bone density. These two are often linked, with increases in muscle strength helping prevent bone mineral density loss.

### 5. EAT TWO KIWIS A DAY

Gut symptoms like bloating and constipation are incredibly common, affecting up to a third of the population. Many people don't





Salmon is versatile, easy to find and quick to cook, so it's no mystery why it makes its way onto so many dinner tables. **DREAMSTIME — TNS**



# DOCTOR

From Page 20

want to take medication if there are more natural ways to help. But I also know that simply recommending people increase their fiber intake is vague and not always useful.

That is why I have been “prescribing” a dose of two kiwis a day to my patients for years now.

Kiwis are bursting with nutrients: A single kiwi contains 80% or more of an adult’s daily vitamin C requirement and packs two to four grams of fiber. In addition to vitamins E and K and other beneficial antioxidants and phytochemicals, one of the kiwi’s most important properties is an enzyme called actinidin. Actinidin is present in only a few dietary sources besides kiwis (including mango and pineapple), and it can help break down proteins, aiding in our digestion.

Consuming a diversity of plants is always the overarching goal for a healthy microbiome, and I tell patients that kiwis can be a great addition to that approach. I’ve seen the benefits firsthand in my patients and even my own family.

## 6. HEAT YOUR FEET FOR BETTER SLEEP

Struggling to get good sleep? Try heating up your feet at night by taking a warm bath or shower, doing a quick foot soak in warm water or wearing socks to sleep.

Warming the extremities before bed has been shown to help people fall asleep more quickly. It does as well as many over-the-counter sleep aids.

Decades of studies have confirmed this effect. An oft-cited 1999 study published in *Nature* found that the degree of dilation of the blood vessels in the feet, such as occurs when we wear warm socks, was the best predictor of how quickly people would fall asleep — more so than melatonin levels or even how “sleepy” the subjects felt.

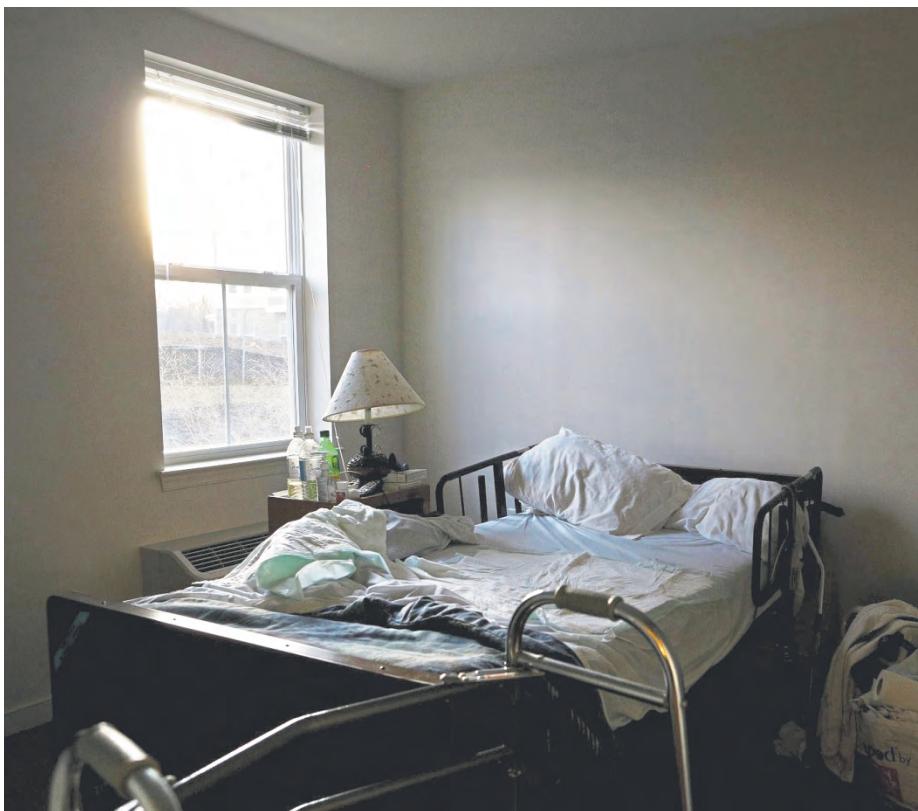
If you do opt for a full-on warm bath or shower, a 2019 meta-analysis found that doing so even for as little as 10 minutes one or two hours before bed helped people fall asleep about nine minutes quicker and boosted sleep efficiency — that is, the time of objectively measured sleep compared with time spent in bed.

For perspective, melatonin supplements help people fall asleep about seven minutes quicker, and zolpidem, sold as Ambien, helps people fall asleep around 10 to 20 minutes quicker. So, all things considered, falling asleep nine minutes quicker is pretty good for something as simple as warm water.

## 7. CONSIDER PSYLLIUM HUSK

In most cases, the supposed benefits of supplements popularized on social media aren’t backed by strong data.

But there is one supplement that robust studies have consistently shown may lower



There’s an advantage to morning sunlight. **PATRICK SEMANSKY, FILE — THE ASSOCIATED PRESS**

our cholesterol, dampen glucose spikes, help us stay full longer, and even aid in treating constipation and diarrhea, all while serving our microbiome a sweet, sweet feast: psyllium husk.

Psyllium husk — or psyllium, for short — comes from the mainly soluble fiber outer shell of the *Plantago ovata* plant. It’s the primary ingredient in many over-the-counter fiber supplements, but what sets psyllium apart from other fibers is two unique properties:

- It’s rich in arabinoxylan, a molecule that forms a gel when it contacts water, allowing psyllium to promote special reactions, including the conversion of cholesterol into bile acids, as it makes its way through the digestive tract.

- When psyllium reaches the colon, it becomes a prebiotic for your microbiome, spurring the production of beneficial metabolites like short-chain fatty acids.

These properties result in numerous health benefits that are backed by decades of research. Compared with other supplemental fibers, psyllium also rises above the rest in its ability to reduce the risk of cardiovascular, metabolic and gastrointestinal disease.

My personal preference is to get the tasteless kind (with no additives or sweeteners) that I stir into the cup of coffee that I’m drinking each morning anyway. That java may taste a bit grittier — or even take on a jellylike consistency if you let it linger too long — but considering that’s where your personal sacri-

fice ends, it’s a (nearly) effortless intervention with potentially outsize payoffs.

## 8. GET NATURAL LIGHT IN THE MORNING

Here’s a tiny move that will have a big impact on the rest of your day: Step outside and get some light exposure within the first hour of waking up.

That bright morning light is going to help you sleep better later, and randomized controlled trials have also shown it can improve alertness, productivity and depression. This is big, especially right now when a lot of people are dealing with seasonal affective disorder.

This works because the sun has blue light that triggers cells in our retinas to signal our brains to halt the production of melatonin — the naturally occurring sleep hormone. It jump-starts your circadian rhythm so you feel less sleepy during the day.

Even better: Try getting outdoor exercise in the morning. But if getting outside for an early walk or run is a nonstarter for you, think about investing in a light box to boost sun-like exposure and trying a quick and easy routine indoors to get your blood moving, like the 7-minute workout.

## 9. EAT THESE ANTI-INFLAMMATORY FOODS

The anti-inflammatory diet that multiple studies have shown works best is actually quite simple: vegetables, legumes, whole

grains, olive oil, nuts and fish. In one Spanish clinical trial, people were asked to eat more of these foods — and less processed meat and ultra-processed foods. Their inflammatory markers improved, and their risk of heart attack and stroke fell.

So which specific foods should you eat? The following foods are rich in anti-inflammatory compounds, such as vitamins, beta-carotene, polyphenols, omega-3 fatty acids and fiber. Aim to incorporate a variety of them into your routine most days of the week. When you’re planning a meal, think about emphasizing lots of plants, color and healthy fats.

- Whole grains, such as whole wheat, oats or brown rice
- Legumes, such as lentils, black beans and tofu
- Probiotic foods, such as Greek yogurt or kefir
- Green leafy vegetables, such as spinach or kale
- Green or black tea, or coffee
- Dark yellow vegetables, such as sweet potatoes, carrots or pumpkin
- Spices, such as turmeric, ginger and garlic
- Flavonoid-rich fruits, such as berries and citrus
- Nuts and seeds, such as walnuts, almonds and chia seeds
- Extra-virgin olive oil as your main cooking oil
- Fatty fish, such as salmon or mackerel

## 10. DRINK FILTERED COFFEE

Coffee consumption has been linked to a lower risk of Parkinson’s disease, colorectal cancer and Type 2 diabetes, among other things. Because of how much coffee Americans drink, it’s the No. 1 source of antioxidants in our diets.

Here’s an easy way to make your coffee even better for you: Drink filtered coffee.

A 2020 study of about half a million Norwegian adults examined the difference in outcomes between brewing methods: namely, filtered coffee vs. unfiltered coffee (such as with a French press or a traditional espresso). Researchers found that unfiltered coffee was associated with higher mortality during the study.

A separate study found that drinking three to five cups of espresso daily or six or more cups of French press coffee daily was associated with elevated cholesterol levels. The reason is that unfiltered coffee contains compounds called diterpenes. These compounds can raise cholesterol in several ways, including by decreasing the liver’s ability to remove low-density lipoproteins from our body’s circulation.

Paper filters better trap cholesterol-raising compounds and keep them from entering your cup. So if you’re someone who drinks multiple cups per day, aim mostly for filtered coffee.





*The anti-inflammatory diet that multiple studies have shown works best is actually quite simple: vegetables, legumes, whole grains, olive oil, nuts and fish. In one Spanish clinical trial, people were asked to eat more of these foods — and less processed meat and ultra-processed foods.*



## HEALTH

People run on treadmills at Life Time Athletic May 8, 2020, in Oklahoma City. **SUE OGROCKI**  
— THE ASSOCIATED PRESS, FILE



# Trying to improve your wellness in 2026? Keep it simple

**By Devi Shastri**  
THE ASSOCIATED PRESS

The new year is a time when many try to start new, good habits and commit to improving health and wellness.

But resolutions, lofty as they may be, can turn daunting quickly with all the advice and sometimes contradicting information coming at you from news reports, advertisers, influencers, friends and even politicians.

But they don't have to be.

This year, The Associated Press got the downlow on all manner of health and wellness claims and fads.

The good news is that the experts mostly say to keep it simple.

As 2026 arrives, here's what you can skip, what you should pay attention to and how to get credible information when you are inevitably faced with more confusing claims next year.

**PROTEIN AND FIBER ARE IMPORTANT, BUT YOU PROBABLY DON'T NEED TO PAY MORE**

When it comes to your diet, experts say most people can skip the upcharge. If you're eating enough, you're probably getting enough protein and don't need products

that promise some big boost.

And it's true that most people could use more fiber in their diets. But, please, ditch the "fiber-maxxing" trend. Instead, eat whole foods such as fruits, vegetables, beans and whole grains.

**A GOOD SKIN CARE ROUTINE IS NOT EXPENSIVE OR COMPLICATED**

That 20-step skin care routine and \$200 serum some TikTokker sold you on? Dermatologists say you really don't need it. Stay away from the beef tallow and slather on a good sunscreen instead (yes, even if you have darker skin), they say.

And the same rule for simplicity applies to that hour-long "everything shower." The best showers are simple and short, dermatologists say, no "double cleansing" required.

**THERE ARE MANY SIMPLE WAYS TO GET THAT WORKOUT IN**

If the gym and all its equipment feel intimidating, you can drop the illusion that a good workout requires either. This year, the comeback of calisthenics put the focus back on no-frills, bodyweight workouts you can do in the comfort of your home. Research shows calisthenics helps with muscle strength

and aerobic conditioning. You may eventually need weightlifting or other equipment, but it is a great place to start to build consistency and confidence.

**BE WARY OF WELLNESS FADS AND TREATMENTS — THEY ARE OFTEN TOO GOOD TO BE TRUE**

Even if you imbibe too much, doctors say you can do without "IV therapy" which has vitamins you can get more easily and cheaper in pill form — if you even need more, which is unlikely if you have a balanced diet. You're pretty much just paying for "expensive urine."



one doctor said.

Same for “wellness” focused products like microbiome testing kits that generate information that doctors can’t actually act on. And if you don’t have diabetes, there’s scant evidence that you need a continuous glucose monitor.

### TO IMPROVE YOUR HEALTH, GO BACK TO THE BASICS

The idea of a panacea pill, product or routine can be enticing.

But science already knows a lot about how to improve mental and physical health, and they are tried and true:

**1.** Whether you’re in the city or the country, walk more. Research shows walking is great

for physical and mental health. It’s so good for you, doctors are literally prescribing time in the outdoors to their patients.

**2.** Take steps to get certain health metrics under control, like high blood pressure, which often goes undiagnosed and is known to cause a range of health problems down the road. Prioritize getting enough sleep, and make sure your family does, too. Don’t just eat right — eat slower.

**3.** Give your mind some care, too. Set better boundaries with your technology and regain and retrain your attention span. Build out your social networks and invest in all forms of love for the people around you.

These lifestyle changes don’t just make you feel better in the moment. Research shows

they impact your life for years to come, by lowering the risk of dementia and many other health issues.

### DON’T KNOW WHO TO TRUST? START WITH YOUR DOCTOR

It can be tough to know who to listen to about your health, faced with compelling personal stories on social media from people who swear something worked from them, or clever marketing and advertising from companies that scare you or promise an easy fix.

Doubts have been raised this year about established medicine, including the safety of food dyes, fluoride dental treatments, hepatitis B shot for newborns,

and hormone therapies for menopause.

While the medical system is not perfect, your doctor remains the best person to talk to about prevention, health concerns and potential treatments.

When you do get that doctor’s appointment, you can make the most of it by bringing a list of written questions — and don’t hesitate to ask for any clarification you need.

*The Associated Press Health and Science Department receives support from the Howard Hughes Medical Institute’s Department of Science Education and the Robert Wood Johnson Foundation. The AP is solely responsible for all content.*



Jackie Brennan, of Merrimac, Mass., front, pedals on a stationary exercise bike with others during a spinning class in a parking lot outside Fuel Training Studio, Sept. 21, 2020, in Newburyport. **STEVEN SENNE — THE ASSOCIATED PRESS, FILE**



HEALTH

# What to know about the first GLP-1 weight-loss pill that's now available

By Daniel Gilbert  
THE WASHINGTON POST

Novo Nordisk launched the first GLP-1 weight-loss pill on Monday, Jan. 5, with a pledge that manufacturing investments will enable it to avoid the type of shortages that plagued the rollout of its injectable version.

The company said doctors can now prescribe the new oral version of Wegovy, and patients can pick it up at more than 70,000 pharmacies and via mail-order services throughout the country.

The starting dose of the once-daily pill costs \$150 a month for patients without insurance coverage, while the largest dose — on which patients lose the most weight — will be available for \$300 a month.

For those with employer insurance coverage, the company says it will cost as little as \$25 a month.

By introducing the semaglutide-based tablet, the Danish drugmaker is aiming to avoid a pitfall that has cut into sales of its two leading injectable drugs, Ozempic and Wegovy: churning out enough of the medicine to keep up with patient demand.

Novo Nordisk executives say they are confident they'll have enough pills, pointing to the scale of the launch: the pill will be available in pharmacies like CVS and Costco, as well as on telehealth platforms that have partnered with the company, and Novo Nordisk's own direct-to-consumer service.

"We are launching the Wegovy pill in a way that we've never launched before," Dave Moore, an executive vice president who heads Novo Nordisk's U.S. operations, said in an interview. "We have the benefit now of living through multiple launches of our GLP-1s," he said. "So we're prepared, we're ready to go."

The Wegovy pill was approved by the Food and Drug Administration in December to treat obesity and lower cardiovascular risk, touching off a new phase of the GLP-1 weight-loss era with a version that doesn't require a jab.

It is a moment Novo Nordisk has spent years preparing for: the Wegovy pill is being made end-to-end at a manufacturing hub in Clayton, North Carolina, that is halfway through a \$4 billion expansion, according to the company.

Novo Nordisk is counting on the heavy

**Meet the new GLP-1 pill on Ro**

↓ **32lbs**  
Based on 235lbs starting weight

AUTHENTIC  
novo nordisk  
MEDICATION

**Average weight loss is 14% in 1 year, with diet and exercise.**

Based on a 64-week manufacturer trial studying 25 mg of oral medication in non-diabetics with obesity, or with overweight plus a weight-related medical condition, when paired with diet and exercise changes (vs 2.2% with diet and exercise alone).

Rx only. See Important Safety Information about GLP-1 medications, including Boxed Warning, at [ro.co/safety](https://ro.co/safety)

Novo Nordisk launched the first GLP-1 weight-loss pill Jan. 5. **PRNEWSFOTO — NOVO NORDISK INC**

manufacturing investment to avoid a repeat of what happened when it couldn't keep up with demand for its other semaglutide-based drugs, Ozempic and Wegovy: the FDA designated them in shortage for more than two years, opening the door for compounding pharmacies to make cheaper, off-brand versions and seize a sizable share of the market.

It is also aiming to avoid losing ground to its

main rival, Eli Lilly, which is seeking regulatory approval for its own GLP-1 weight-loss pill.

Eli Lilly has steadily overtaken Novo Nordisk's lead in the injectable weight-loss market with its tirzepatide-based drug Zepbound. Now it is emphasizing the convenience of its experimental pill, orforglipron, which — unlike Wegovy — doesn't come with limitations on eating and drinking.

Though both companies are offering the same price for their lowest dose, Novo Nordisk has priced the Wegovy pill's largest doses at a \$100 discount to the larger doses of orforglipron that Eli Lilly has publicly announced for patients paying cash.

"We felt like that was the right price, roughly \$5 a day for an introduction to an oral GLP-1," Novo Nordisk's Moore said of the cost of the lowest dose. He emphasized how much





This is the 1.5 mg starter dose of Wegovy's new weight-loss pill. **PRNEWSFOTO** — **NOVO NORDISK INC**

weight participants in a clinical trial lost — 14% on the highest dose over 64 weeks, or an estimated 17% if they'd all stayed on the treatment protocol — which is comparable to the injectable version. “Injection-like efficacy in a pill,” Moore said.

Novo Nordisk is hoping its pill will reach millions more people with obesity who have opted not to try a GLP-1 shot, perhaps out of fear or uncertainty about needles.

“Maybe it was they just didn’t see themselves treating their disease with an injection,” Moore said.

## What to know

### HOW MUCH WILL IT COST?

One thing to keep in mind: The weight-loss figures that Novo Nordisk touts, and that helped it win approval for the pill, are based on a clinical trial that studied the highest dose of 25 mg. The starting dose with that \$149 price is 1.5 mg.

### HOW MUCH WEIGHT DO PATIENTS LOSE ON THE WEGOVY PILL?

Participants who took the highest dose of the Wegovy pill lost an

average of about 14% of their body weight over 64 weeks in the clinical trial, or about 11% more weight than patients who got a placebo. That is close to the amount patients lost in a clinical trial of the injectable form of Wegovy, but falls short of the 20% weight loss achieved with Eli Lilly’s tirzepatide-based injectable Zepbound.

### DOESN'T NOVO NORDISK ALREADY OFFER A GLP-1 PILL?

The company also makes Rybelsus, a GLP-1 pill approved to treat diabetes. The Wegovy pill

is expressly approved for weight loss. Though both drugs contain the same active ingredient, semaglutide, the Wegovy tablet has a much higher maximum dose (25 mg) than Rybelsus (14 mg).

### HOW DOES THE WEGOVY PILL COMPARE WITH ELI LILLY’S?

Eli Lilly said in December that it has asked the FDA to approve its GLP-1 pill, orforglipron, for treating obesity. Like Novo Nordisk, the company received a new, controversial type of voucher from the FDA designed to speed up approval of

promising medicines. Financial analysts expect it will win approval and launch during the first half of 2026.

Patients taking orforglipron lost on average slightly less weight in a clinical trial than those taking the Wegovy pill, but it can be tricky comparing trials with different designs. Eli Lilly has emphasized orforglipron’s convenience; while Wegovy tablets are supposed to be taken on an empty stomach in the morning with up to four ounces of water, orforglipron has no restrictions on eating or drinking.



## HEALTH

# This fun hobby may reduce your dementia risk by 76%

By Dr. Trisha Pasricha

SPECIAL TO THE WASHINGTON POST

There are several science-based ways to lower your risk of dementia, but one especially fun option might surprise you — dancing.

Dancing combines some of the best elements known to be associated with longevity: exercise, creativity, balance and social connection.

You're investing the same time as walking or other exercise activities but may be getting much more out of it.

In fact, one study found that people who danced frequently (more than once a week) had a 76% lower risk of dementia than those who did so rarely.

In the early 1980s, a group of researchers at Albert Einstein College of Medicine set out to better understand the aging brain by recruiting almost 500 men and women ages 75 to 85 living in the Bronx.

Each person underwent neuropsychological tests and responded to questionnaires about their health and lifestyle. Then, over the next couple of decades, the researchers tracked the people's cognition.

Perhaps not surprisingly, the scientists found that, for every cognitively challenging activity performed one day a week, there was an associated 7% reduction in dementia risk.

The more often people tested their brains — such as with board games or crossword puzzles — the less likely they were to develop Alzheimer's or vascular dementia.

But when it came to physical activity, one hobby stood out above the others after controlling for other lifestyle and health factors — dancing.

The researchers, who published their findings in the *New England Journal of Medicine* in 2003, concluded that physical activities such as swimming and walking also trended in the right direction, but that their results were not as profound as those associated with dancing. (Because people in the early stages of dementia may cut back on activities like dancing, the study was designed with a long period of observation to correct for this.)

Physical activity, especially aerobic exercise, in general is wonderful for our brain



As people grow older, it becomes more difficult to find chances to socialize and meet new people, but with square dancing, participants are constantly working in a group of at least seven other people, creating a tight-knit community and the chance to socialize with others.

NOAH FRANCIS — FOR MEDIANEWS GROUP

health. And this isn't intended to knock walking: A small randomized controlled trial of walking versus ballroom dancing among older adults found both activities benefited memory and learning.

But combining physical activity with creativity and cognitive challenges may help protect the brain further. Dancing asks your

brain to do several things at once: match a rhythm, remember steps (or quickly improvise some new ones), navigate space and perhaps even respond to a partner.

While more studies are needed, the data suggest that this degree of cognitive multitasking gives your brain the right kind of workout.

## DANCING MAY ALSO BOOST BALANCE AND STRENGTH

Dancing is simply music-based movement — ideally of a kind that makes you feel good and involves the company of others. And it can truly be for almost everyone. In my own clinic, we recommend dancing as therapy for patients with movement disorders like



Parkinson's disease.

Even among people who already have dementia, limited studies indicate regular dancing boosts cognitive scores.

Besides brain health, there are other great reasons to consider shaking a hip. A 2020 meta-analysis of 29 randomized trials among healthy older adults found that social dance-based activities were associated with a 37% reduced risk of falling, as well as improvements in balance and lower body strength.

### 3 SIMPLE WAYS TO BECOME A DANCER

- Try something new to find what's right for you: You might learn that this whole time you thought you had two left feet was simply because you were born to salsa and not Charleston.

- Look for online dance classes: While many community centers offer dance classes specifically for older adults (often free), I know that dance classes suited to your interests and needs are not always easily available nearby. The world of online dance classes blossomed over the pandemic, and, personally, I cannot get enough. Where else would I have found my true calling — modern Bollywood dance classes — but online? There are also several classes on YouTube tailored to possible physical limitations and needs. (As always, check with your physician before starting a new exercise routine.)

- Don't write off video games: And, of course, let's not forget video games about dancing (who else was a star at "Dance Dance Revolution?"). Similar games have actually been studied among older adults and found to improve executive function, with effects lasting as long as a year.

### JUST PLAIN MUSIC CAN HELP, TOO

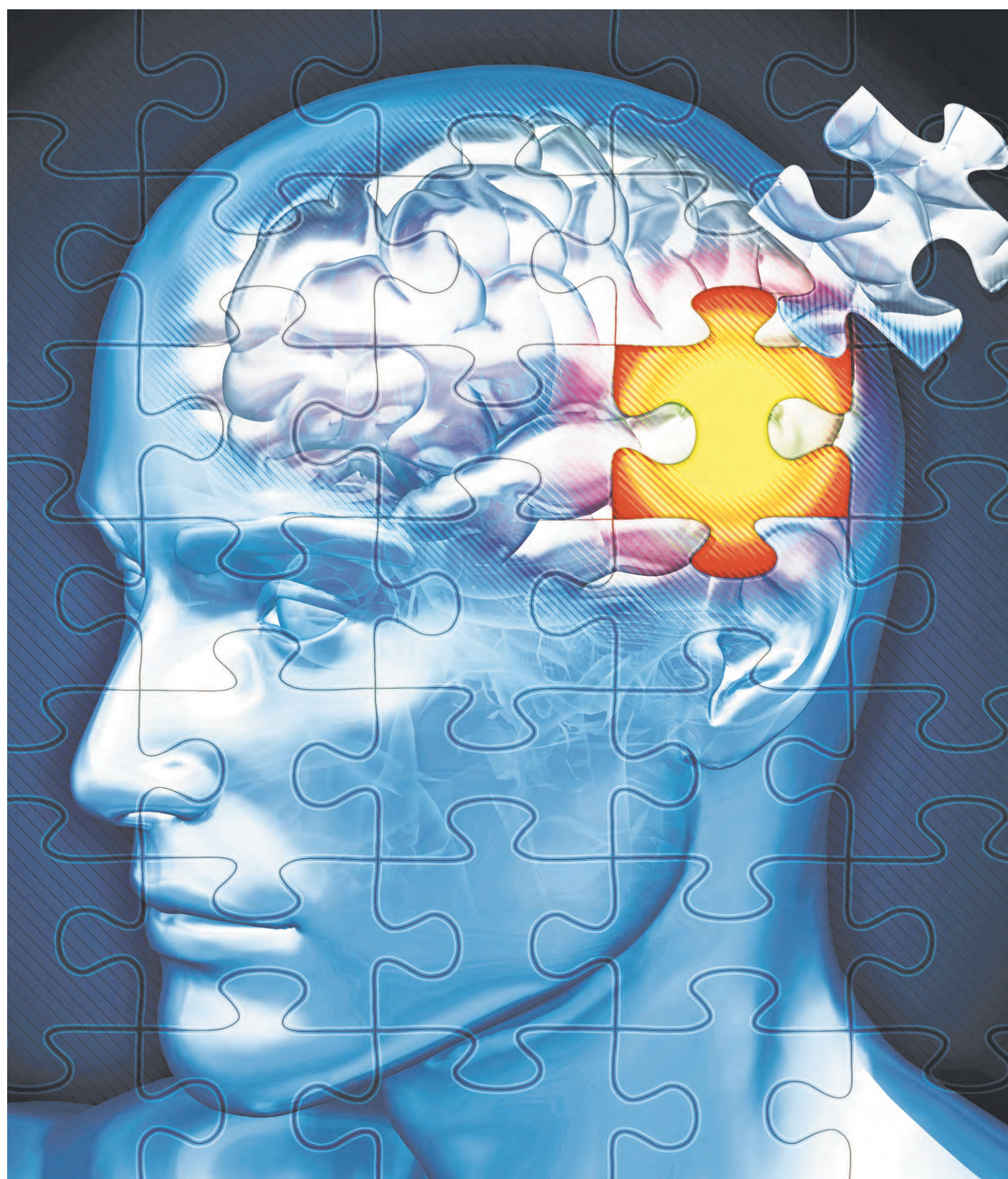
Even if you're not up for dancing, there's still power in playing your favorite tunes: A large population study published recently found that just listening to music most days was linked to a decrease in dementia risk.

Music can evoke memory and emotions, but certain kinds of it can also offer a distinctly enjoyable challenge to the brain. As you listen to music, your brain is constantly evaluating its predictions regarding what comes next: Will the next note and beat be the one you're anticipating?

A potent driver of the urge to groove is syncopation.

When music is syncopated — meaning, you expect to hear a loud beat in line with the rhythm, but instead it's weak, or there's a quick pulse of silence — it challenges our brain's expectations. Think "Satisfaction" by the Rolling Stones or "Uptown Funk" by Bruno Mars.

Syncopation creates an exciting sense of "push and pull" in the music. Humans perceive songs with a healthy dose of syncopations as more pleasurable. Studies have found that those syncopations strongly compel us to bust a move, completing that



Although dementia is common, there is a great deal of confusion and misinformation surrounding it. **METROCREATIVE CONNECTION**

gap our brain is craving to fill.

### WHAT I WANT MY PATIENTS TO KNOW

There's no magic bullet to prevent dementia. Cognitive changes are the result of several

factors converging in our brains — our genetics, lifestyle, stress, diet and environmental exposures. Walking and other forms of physical activity can help boost your brain health, but doing so shouldn't feel like a chore. Cogni-

tive strength can also grow out of many activities that give us great joy — moving to music you truly love, sharing space with someone else's company, and trying something new without worrying about how you look doing it.



## HEALTH

# As cannabis users age, health risks appear to grow

By Paula Span  
KFF HEALTH NEWS

Benjamin Han, a geriatrician and addiction medicine specialist at the University of California, San Diego, tells his students a cautionary tale about a 76-year-old patient who, like many older people, struggled with insomnia.

“She had problems falling asleep, and she’d wake up in the middle of the night,” he said. “So her daughter brought her some sleep gummies” — edible cannabis candies.

“She tried a gummy after dinner and waited half an hour,” Han said.

Feeling no effects, she took another gummy, then one more — a total of four over several hours.

Han advises patients who are trying cannabis to “start low; go slow,” beginning with products that contain just 1 or 2.5 milligrams of tetrahydrocannabinol, or THC, the psychoactive ingredient that many cannabis products contain. Each of the four gummies this patient took, however, contained 10 milligrams.

The woman started experiencing intense anxiety and heart palpitations. A young person might have shrugged off such symptoms, but this patient had high blood pressure and atrial fibrillation, a heart arrhythmia. Frightened, she went to an emergency room.

Lab tests and a cardiac work-up determined the woman wasn’t having a heart attack, and the staff sent her home. Her only lingering symptom was embarrassment, Han said. But what if she’d grown dizzy or light-headed and was hurt in a fall? He said he has had patients injured in falls or while driving after using cannabis. What if the cannabis had interacted with the prescription drugs she took?

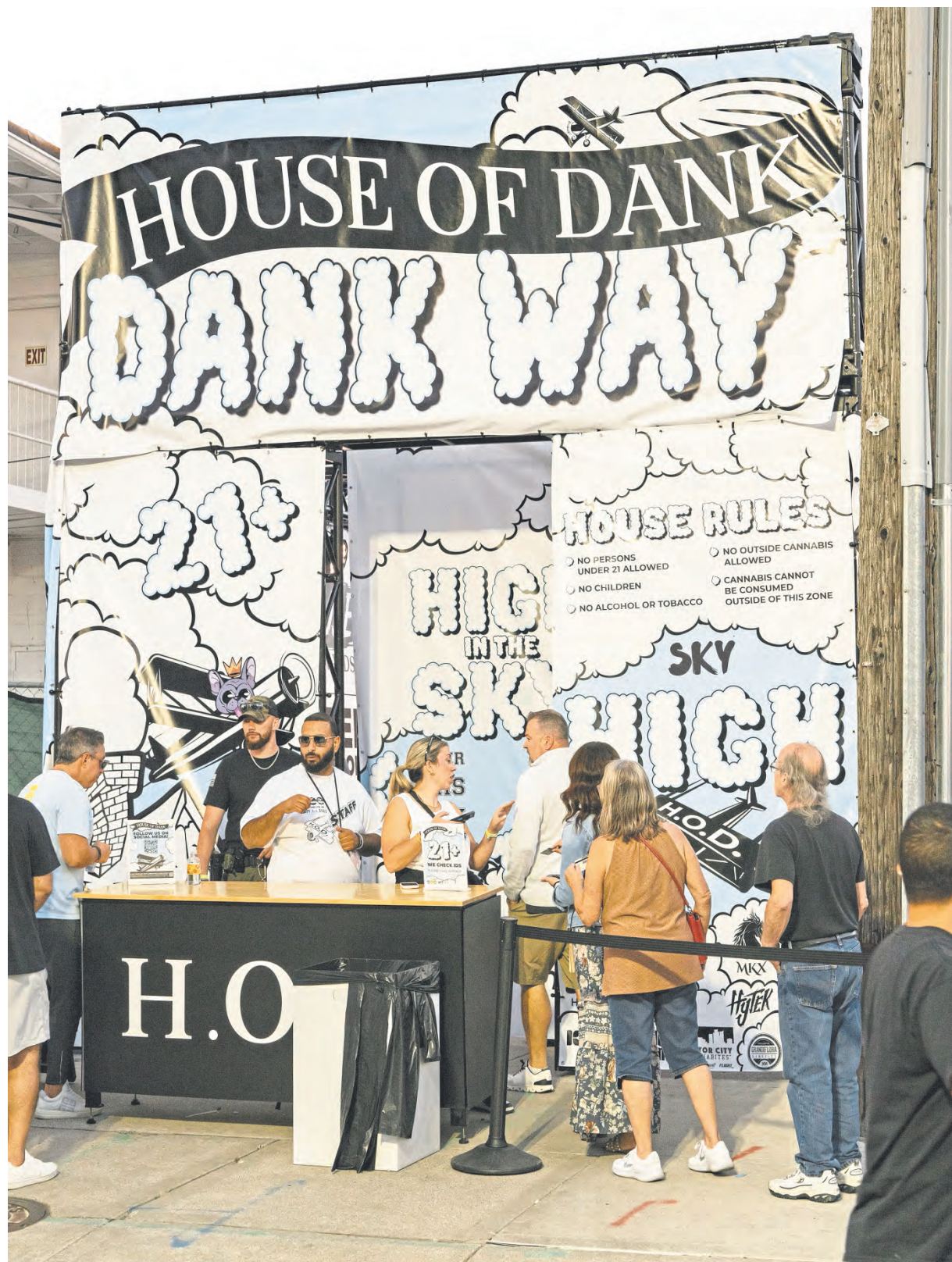
“As a geriatrician, it gives me pause,” Han said. “Our brains are more sensitive to psychoactive substances as we age.”

Thirty-nine states and the District of Columbia now allow cannabis use for medical reasons, and in 24 of those states, as well as the district, recreational use is also legal. As older adults’ use climbs, “the benefits are still unclear,” Han said. “But we’re seeing more evidence of potential harms.”

A wave of recent research points to reasons for concern for older users, with cannabis-related emergency room visits and hospitalizations rising, and a Canadian study finding an association between such acute care and subsequent dementia. Older people are more apt than younger ones to try cannabis for therapeutic reasons: to relieve chronic pain, insomnia, or mental health issues, though evidence of its effectiveness in addressing those conditions remains thin, experts said.

In an analysis of national survey data published June 2 in the medical journal JAMA, Han and his colleagues reported that “current” cannabis use (defined as use within the previous month) had jumped among adults age 65 or older to 7% of respondents in 2023, from 4.8% in 2021. In 2005, he pointed out, fewer than 1% of older adults reported using cannabis in the previous year.

What’s driving the increase? Experts cite the steady march of state legalization — use by older people is highest in those states — while surveys show that the perceived risk of cannabis use has declined. One national survey found that a growing proportion of American adults — 44% in 2021 — erroneously thought it safer to



The entrance to House of Dank’s Dank Way cannabis sales and consumption area at Arts, Beats and Eats. PHOTO PROVIDED BY HOUSE OF DANK CANNABIS COMPANY





Sheila Hogan tends to her garden in the Edgewater neighborhood of Chicago on Aug. 24, 2024. Cannabis gummies have helped relieve Hogan's debilitating pain from spinal stenosis, allowing her to resume activities such as gardening. **TESS CROWLEY — CHICAGO TRIBUNE**



# CANNABIS

From Page 30

smoke cannabis daily than cigarettes. The authors of the study, in JAMA Network Open, noted that “these views do not reflect the existing science on cannabis and tobacco smoke.”

The cannabis industry also markets its products to older adults. The Trulieve chain gives a 10% discount, both in stores and online, to those it calls “wisdom” customers, 55 or older. Rise Dispensaries ran a yearlong cannabis education and empowerment program for two senior centers in Paterson, New Jersey, including field trips to its dispensary.

The industry has many satisfied older customers. Liz Logan, 67, a freelance writer in Bronxville, New York, had grappled with sleep problems and anxiety for years, but the conditions grew particularly debilitating two years ago, as her husband was dying of Parkinson’s disease. “I’d frequently be awake until 5 or 6 in the morning,” she said. “It makes you crazy.”

Looking online for edible cannabis products, Logan found that gummies containing cannabidiol, known as CBD, alone didn’t help, but those with 10 milligrams of THC did the trick without noticeable side effects. “I don’t worry about sleep anymore,” she said. “I’ve solved a lifelong problem.”

But studies in the United States and Canada, which legalized nonmedical cannabis use for adults nationally in 2018, show climbing rates of cannabis-related health care use among older people, both in outpatient settings and in hospitals.

In California, for instance, cannabis-related emergency room visits by those 65 or older rose, to 395 per 100,000 visits in 2019 from about 21 in 2005. In Ontario, acute care (meaning emergency visits or hospital admissions) resulting from cannabis use increased fivefold in middle-aged adults from 2008 to 2021, and more than 26 times among those 65 and up.

“It’s not reflective of everyone who’s using cannabis,” cautioned Daniel Myran, an investigator at the Bruyère Health Research Institute in Ottawa and lead author of the Ontario study. “It’s capturing people with more severe patterns.”

But since other studies have shown increased cardiac risk



Miguel Laboy, a daily cannabis user, vapes, Friday, Oct. 3, 2025, in Brookline, Mass. **ROBERT F BUKATY — THE ASSOCIATED PRESS**

among some cannabis users with heart disease or diabetes, “there’s a number of warning signals,” he said.

For example, a disturbing proportion of older veterans who currently use cannabis screen positive for cannabis use disorder, a recent JAMA Network Open study found.

As with other substance use disorders, such patients “can tolerate high amounts,” said the lead author, Vira Pravosud, a cannabis researcher at the Northern California Institute for Research and Education. “They continue using even if it interferes with their social or work or family obligations” and may experience withdrawal if they stop.

Among 4,500 older veterans (with an average age of 73) seeking care at Department of Veterans Affairs health facilities, researchers found that more than 10% had

reported cannabis use within the previous 30 days. Of those, 36% fit the criteria for mild, moderate, or severe cannabis use disorder, as established in the Diagnostic and Statistical Manual of Mental Disorders.

VA patients differ from the general population, Pravosud noted. They are much more likely to report substance misuse and have “higher rates of chronic diseases and disabilities, and mental health conditions like PTSD” that could lead to self-medication, she said.

Current VA policies don’t require clinicians to ask patients about cannabis use. Pravosud thinks that they should.

Moreover, “there’s increasing evidence of a potential effect on memory and cognition,” said Myran, citing his team’s study of Ontario patients with cannabis-related conditions going to

emergency departments or being admitted to hospitals.

Compared with others of the same age and sex who were seeking care for other reasons, research shows these patients (ages 45 to 105) had 1.5 times the risk of a dementia diagnosis within five years, and 3.9 times the risk of that for the general population.

Even after adjusting for chronic health conditions and sociodemographic factors, those seeking acute care resulting from cannabis use had a 23% higher dementia risk than patients with noncannabis-related ailments, and a 72% higher risk than the general population.

None of these studies were randomized clinical trials, the researchers pointed out; they were observational and could not ascertain causality. Some cannabis research doesn’t specify whether users are smoking, vaping, ingest-

ing or rubbing topical cannabis on aching joints; other studies lack relevant demographic information.

“It’s very frustrating that we’re not able to provide more individual guidance on safer modes of consumption, and on amounts of use that seem lower-risk,” Myran said. “It just highlights that the rapid expansion of regular cannabis use in North America is outpacing our knowledge.”

Still, given the health vulnerabilities of older people, and the far greater potency of current cannabis products compared with the weed of their youth, he and other researchers urge caution.

“If you view cannabis as a medicine, you should be open to the idea that there are groups who probably shouldn’t use it and that there are potential adverse effects from it,” he said. “Because that is true of all medicines.”



## HEALTH

# Doctor sees new hope for Alzheimer's disease patients and their families

By Pamela Ruddell  
PRUDELL@COURANT.COM

The combination of a blood test for the detection of Alzheimer's disease, combined with two medications that slow the progression of the disease, is drastically improving outcomes for patients and their families, according to a neurologist and surgeon at Yale New Haven Health.

Dr. Ausim Azizi is among those seeing the overall early results, as Yale New Haven Hospital is in the forefront of research and clinical care, he said, calling it "tops in the country," and home to a federally-funded Alzheimer's Disease Research Center.

"We have started 350 people on these drugs," he said. "Everybody I see feels better," and feels, along with their families that they have "more control" of their lives.

With easy early detection and treatment, patients may never reach the end stage of the disease, he said. The medication slows the disease progression and maintains what patients have longer, he said. In terms of quality of life, someone 75 years old, retired with significant memory problems, can still have friends and "a good life" with early detection and treatment, Azizi said.

The debilitating, progressive condition robs sufferers of their memory and cognitive abilities.

Azizi said there is no cure for Alzheimer's, but the disease can be "modified" with medications from two different companies.

The medications approved about two years ago are Lecanemab, also known as Leqembi and Kisunla, also known as Donanemab. The drugs are administered through an IV infusion that targets amyloid plaque in the brain.

Azizi said confirmation of Alzheimer's, as opposed to other forms of dementia, is needed to treat with those medications, and until the blood test diagnosis, it was complicated, stressful, and expensive, Azizi said.

The blood test, Lumipulse G, for Alzheimer's Disease, approved in late May, can confirm the disease with 98% accuracy, he said.

Prior to the blood test, doctors confirmed the disease by drawing spinal fluid to test for chemicals or through a PET scan, Azizi said.

The blood test is not predictive and the test is for people 55 and older suffering cognitive issues, he said. Confirmation of Alzheimer's is needed for the medication to be prescribed.



The Detroit Zoo was adorned in purple Sunday for the Alzheimer's Association's Walk To End Alzheimer's. KATHRYN K CAGLE — FOR MEDIANEWS GROUP

That early detection is key, he said, because while the medications don't cure Alzheimer's, they slow progression.

According to the Alzheimer's Association, it is a progressive disease, "where dementia symptoms gradually worsen over a number of years. In its early stages, memory loss is mild, but with late-stage Alzheimer's, individuals lose the ability to carry on a conversation and respond to their environment.

"On average, a person with Alzheimer's lives four to eight years after diagnosis but can live as long as 20 years, depending on other factors," according to the association.

The association notes that its "2025 Alzheimer's Disease Facts and Figures" report found that "nearly 4 in 5 Americans would want to know if they had Alzheimer's disease before it impacted their lives," which means "91% of Americans say they would want to take a simple test — such as a

blood biomarker test — if it were available," because that would then open access to early treatment.

Azizi said that, in Alzheimer's, sticky proteins or plaques are found on the brain that he likened to rust on an engine.

"The wheels don't turn, things are squeaky," he said.

People with the plaques have trouble with cognition, sequencing events and their memory noticeably going, he said.

The new medications "clear the rust," and slow progression, but the damage already done remains, he said.

Cognitive problems can develop with other forms of dementia, but the same medications don't work for those. He said 70% of the time when there are cognitive problems, it's Alzheimer's.

"Before we treat, we ask, do you have biologic evidence?" Azizi said.

He said of early treatment, "It's huge for the family."

Simple lifestyle changes can also improve outcomes, he said.

He said 10 factors that boost the brain and help prevent dementia include:

- Control blood pressure, low number should be below 80

- Control blood sugar to around 100

- Control cholesterol, total fasting less than 200

- Adequate and restful sleep

- Diet, eat mostly unprocessed plants

- Maintain a healthy body weight

- If you are smoking, stop

- Reduce alcohol intake — maximum of 3 to 4 drinks per week

- Increase physical activity, including daily aerobic exercise

- Engage in enjoyable and healthy social and mental activities



HEALTH

# Strokes: 7 ways to reduce your risk; 6 tests to measure your risk

By Metro Editorial Services

Stroke is a serious medical condition that results from impaired blood flow to the brain, the consequences of which can be trouble with mobility, speech complications, lack of muscular control and even death. UTMB Health indicates stroke is the fifth leading cause of death in the U.S., but up to 80% of all strokes are preventable.

These seven strategies can help individuals reduce their risk of stroke:

**1.** Lower your blood pressure, as hypertension can double or even quadruple stroke risk if it is not controlled. Harvard Health says high blood pressure is the biggest contributor to the risk of stroke in both men and women.

**2.** Keep a healthy weight, as being overweight or obese increases risk for stroke, says the Centers for Disease Control and Prevention.

**3.** If you smoke, quit. Smoking can lead to hardening of the arteries that can make it more difficult for blood to flow to the brain, according to the Office of Disease Prevention and Health Promotion.

**4.** Exercising can help lower blood pressure and keep weight in check, but Harvard Health says it also stands on its own as a method for reducing stroke risk. Reach a rate of exercise that involves breathing hard but still being able to talk.

**5.** If you drink alcohol, keep it to no more than one to two drinks per day. After which, increased drinking elevates stroke risk sharply.

**6.** Control cholesterol levels, and have your cholesterol checked at least once every five years, says the CDC.

**7.** Manage your atrial fibrillation. Afib is an irregular heartbeat that can cause the formation of clots in the heart. These clots can then make their way to the brain. Afib increases stroke risk significantly.

## TESTS CAN HELP IDENTIFY STROKE RISK

Stroke seems to strike out of the blue, but it's really a bunch of cumulative effects that lead to a stroke.

Although it may seem like stroke is unpredictable and there is no way to pinpoint exactly when one might happen,



Health officials and stakeholders from across the state's medical community have come together to improve the statewide EMS protocols for stroke patients. **PHOTO COURTESY OF METRO CREATIVE CONNECTION**

there are tests that can be done to help determine if a person is at elevated risk for stroke. This may help people make marked changes to their lifestyles and undergo more frequent screenings for health conditions that can contribute to stroke risk.

Health experts say every 40 seconds, someone suffers a stroke in the United States, and every four minutes someone dies of a stroke. Stroke remains the No. 1 cause of disability in the U.S.

Here are the tests that measure higher stroke risk so people can take action:

- **Heart auscultation:** When a doctor takes out a stethoscope and listens to your heart, he or she is performing a heart auscultation. This simple test can

help identify problems with heart valves or heartbeat irregularities. Both of these conditions can cause blood clots that lead to stroke.

- **Carotid ultrasound:** Harvard Health says a carotid ultrasound can detect the buildup of cholesterol-filled plaque in the carotid arteries in the neck. As these arteries deliver blood to the brain, a blockage can compromise that and lead to a stroke.

- **Cerebral angiography:** Healthline says a cerebral angiography involves injecting a contrast medium into your blood so that imaging will clearly show blood vessels in the brain, which can help identify any blockages or bleeds.


- **Electrocardiogram:** An EKG monitors

heart rhythm by using sensors positioned on the chest to show heartbeat waves. An abnormal heart rhythm or heart rate can put you at risk of stroke.

- **Blood pressure measurements:** It's important to have blood pressure measured regularly, as more than two-thirds of individuals who experience a stroke have hypertension, says Verywell Health. Chronically elevated blood pressure can lead to disease of the blood vessels over time, all of which can cause a stroke.

- **Cholesterol check:** Getting cholesterol levels checked at least once every five years can help doctors identify if high cholesterol is a problem. Lowering LDL, the "bad" cholesterol, helps reduce stroke risk.



A man with dark hair, wearing a black tank top, a white headband, and blue headphones around his neck, is shown from the chest up. He has a distressed expression, with his mouth open as if shouting or gasping, and his hands are clutching his chest. The background is a blurred green, suggesting an outdoor setting.

*Although it may seem like stroke is unpredictable and there is no way to pinpoint exactly when one might happen, there are tests that can be done to help determine if a person is at elevated risk for stroke. This may help people make marked changes to their lifestyles and undergo more frequent screenings for health conditions that can contribute to stroke risk.*



## HEALTH

# As a doctor, here's my simple, science-backed schedule for a healthier day

By Dr. Trisha Pasricha

SPECIAL TO THE WASHINGTON POST

How can I organize my day so I can feel as good as possible?

The morning routines and “biohacks” you see on social media can seem extreme and often oversell the science. But consistent daily routines do matter.

Routines are linked to better health, academic success and even resilience. We can all take simple steps to synchronize our activities with our circadian rhythms and biology. Small tweaks in the timing of things can pay off.

I analyzed dozens of studies to separate hype from science, and here's my straightforward advice for a healthier day: Maximize your efforts in the morning. That's when much of the magic can happen for your health and productivity. And be consistent with your nighttime rituals. The quality of your sleep, and your subsequent day, depend on it.

Here's a science-backed daily schedule to try. Think of it as a template to help you plan a healthier day, with exact times adjusted to fit your life.

### EARLY MORNING

■ **Goal:** Get sunlight or light exposure early, engage in physical activity and fuel up with protein and fiber. It may not be possible to pull all these off each morning — like if you're a caregiver or have a long commute — but try to check as many of these boxes as possible.

■ **7 a.m.:** Outdoor exercise, then shower. If getting outside for an early walk or run is a nonstarter for you, think about investing in a light box to boost sun-like exposure and trying a quick and easy routine indoors to get your blood moving, like the 7-minute workout.

■ **8 a.m.:** Eat a high-fiber, high-protein breakfast (aim for 25-30 grams of protein). Studies have found that when people pump up the protein at breakfast — think eggs, yogurt and whole grains — they feel fuller and snack less later in the day. And getting in your daily coffee in the morning, before noon, is linked to a 16% lower risk of dying from all causes compared with people who sip throughout the day.

■ **8:30-9 a.m.:** Morning commute or settle in for the day if you work from home.



Schedule some time for the deskwork you need to be tuned into. **AMANDA SWINHART — THE ASSOCIATED PRESS**

■ **Why this works:** Going outside first thing is key. Exposure to blue light halts melatonin production (the sleep hormone) and has been shown in randomized controlled trials to improve alertness, productivity and depression.

■ You'll get bonus points if you exercise with a friend: A workout buddy boosts accountability, and social connectedness is an underappreciated key to longevity and happiness.

And about those cold showers that are all the hype on social media: If you enjoy them, sure. But the data on cold water immersion isn't slam dunk, and cold plunges may actually undo the benefits of strength training.

### LATE MORNING

■ **Goal:** This is the most productive window of your day, so tackle activities requiring the greatest focus.

■ **9 a.m.-noon:** Write the essay, read the stack of scientific papers piled on your desk, or finish working on that budget you've been procrastinating. Personally, this is when I leave my smartphone in another room and nix notifications.

■ **Why this works:** Our alertness and intellectual performance peak as we approach midday. Riding the high of your early morning cortisol (and your first coffee), this is the window when you're bringing your A-game.

While you're working, set a 5% timer for

micro-breaks. A meta-analysis showed that a 10-minute or less break every hour — to stretch, stroll around the cubicles or do a brief meditation exercise — can enhance, not hurt, performance.

### AFTERNOON

■ **Goal:** Counter that post-lunch inertia with a brisk walk, not more caffeine. Then tackle simple tasks.

■ **Noon:** Eat with a friend, family member or colleague if you can, then take a 15-30-minute walk.

■ **1-4 p.m.:** Now's the time to get those mindless errands (or worse, mind-numbing meetings) out of the way.



■ **Why this works:** Decision fatigue builds as the day goes on. We're all susceptible: A 2019 study published in JAMA Network Open found that as the afternoon wears on, primary care doctors are less likely to order breast and colorectal cancer screening tests for their patients than in the morning — and perhaps more interestingly, patients are also less likely to follow through with future screenings if that first appointment is in the afternoon.

High-stakes moments are better scheduled earlier, but you can help counter the fatigue with a post-lunch walk outdoors. Pro-tip: If the weather is bad, a 10-minute walk inside will help control your blood sugar after the meal, so still prioritize movement.

## EVENING

■ **Goal:** Eat early and start winding down.  
 ■ 5 p.m.: Pick up the kids, drive home, prep dinner and pair your evening grind with a joy snack. I enjoy a fun podcast, calling my mom or even just doing random acts of kindness for

my fellow commuters, like pausing to allow someone to cut in.

■ 5:30 p.m.: Aim to eat within an 8 to 10-hour window each day, so chow down on the earlier side. If this timeframe isn't doable, try to eat ideally at least two hours before bedtime.

■ 8 p.m.: Think of this as your digital sunset. Minimize screens and dim household lights, which can suppress melatonin.

**Why this works:** Evidence for intermittent fasting is most promising when we're talking about an eating window of 8-10 hours within a day. The exact same meal can raise your blood sugar more at night than if you ate it early in the morning due to circadian effects.

## BEDTIME

■ **Goal:** Avoid alcohol and vigorous exercise, and build in a nightly ritual to quiet the mind.

■ 9 p.m.: Take a warm bath one hour before bed or slip on some cozy socks.

■ 9:30 p.m.: Engage in a short mindfulness or journaling exercise.

■ 10 p.m.: Lights out. The next seven to nine hours are for you and your pillow. Nighty-night.

■ **Why this works:** In my ideal schedule, I would have showered after my morning workout, so if you already bathed once, no need to repeat. Instead, wear some warmer clothes to start getting your body ready to sleep. This trick can be as effective as melatonin to help you fall asleep quickly by helping your core temperature drop.

A randomized controlled trial found that mindfulness exercises — even starting with just five minutes daily — helped improve sleep quality compared with standard sleep hygiene education, offering tips such as dimming lights and avoiding alcohol or caffeine at night. Journaling can also help the mind unwind: Studies have found that actually writing a gratitude letter to someone specific (regardless of whether you send it) is more effective than making a simple gratitude list.

I also love to write a specific to-do list about the coming days. It helps alleviate

nighttime worry, and a 2018 study found that people who do this fall asleep faster.

## WHAT I WANT MY PATIENTS TO KNOW

New routines don't stick overnight. A classic study found that it takes, on average, 66 days of practicing a new dietary or physical behavior each day before it becomes a habit.

This routine is a great goal. But some days, with my two toddlers in the mix, work deadlines and ruthless traffic congestion, I don't nail it.

You need to make it easy to make it last. So choose one habit and list every barrier that will keep you from hitting the mark. Then pre-solve each one. Is it too cold to go for a jog early in the morning? Find a good 30-minute cardio routine on YouTube that you can do in your bedroom.

Don't have time for a 15-minute walk after lunch? Turn one of your afternoon calls into a walking-and-talking meeting (a personal favorite), or take a smaller win with a 5-minute lap around the building.



Making time to sit down at the table and enjoy a home-cooked dinner as a family is well worth the effort. **STATEPOINT MEDIA**



HEALTH

# Should you brush your teeth before or after breakfast?

By Lindsey Bever  
The Washington Post

The question: Is it better to brush your teeth before or after breakfast or a cup of coffee?

The science: We all have our morning routines. Some of us make a beeline for the bathroom to brush away morning breath. Others prefer to start with a cup of coffee and a bit to eat before brushing. But which is better for your teeth? We asked dental experts to explain the science — and tell us their own personal preferences.

There is a case to be made for brushing your teeth before eating or drinking. Microorganisms in the mouth, such as bacteria, can cause a bad taste and odor, and in dental plaque — a film made up of primarily bacteria, food particles and saliva — can lead to cavities, gingivitis and other forms of gum disease.

Brushing your teeth with a fluoride-containing toothpaste and the correct technique when you wake up helps remove plaque and bacteria that develop overnight. This can make “juice, coffee and breakfast” taste better, and the toothpaste coats your teeth with fluoride and other minerals that protect your teeth during the meal, said Steven Katz, president of the American Association of Endodontists.

“When food interacts with plaque, which is a sticky film of bacteria, acid production occurs, leading to erosion of the enamel and tooth decay,” he said.

It is also a good idea to brush after eating or drinking. Brushing after a meal removes the food particles that get trapped in the grooves of your teeth, between the teeth, along the gumline and in the biofilms formed by the bacteria that coat your teeth, said Margherita Fontana, a professor at the University of Michigan School of Dentistry.

That’s why two of the three experts who spoke to The



Mighty Tooth made an appearance at a previous Detroit District Dental Society event. PHOTO COURTESY OF ROBERT RAIBLE



A healthy oral cavity is increasingly crucial in preventing gum disease as we age. PHOTO COURTESY OF METRO CREATIVE CONNECTION



Hansjoerg Reick looks at a display of Oral-B Genius X smart toothbrushes at the Procter & Gamble booth before CES International, Monday, Jan. 7, 2019, in Las Vegas. **JOHN LOCHER — THE ASSOCIATED PRESS**



Washington Post said they brush both before and after their morning meal. The third expert brushes before breakfast and then again in the middle of the day.

For people who prefer to brush their teeth first thing in the morning, brushing again after breakfast may not always be practical. But it may make sense for adults who are more prone to cavities, Fontana said.

“If you brush appropriately, you can brush as frequently as you want,” she said.

If you cannot brush both before and after breakfast, it should be fine as long as you are brushing at least twice per day — morning and night — and flossing, ideally after your last meal of the day to avoid consuming any food or beverages other than water once teeth are clean, Fontana said.

#### **SHOULD YOU WAIT A CERTAIN AMOUNT OF TIME AFTER BREAKFAST BEFORE BRUSHING?**

Typically, there is no reason to wait. If, however, you consume acidic foods or drinks such as citrus fruits and those containing vinegar, wine or carbonation, some experts recommend waiting 30 to 60 minutes. (Coffee is not that acidic, so no reason to

delay brushing after a cup of joe, experts said.)

“Acids temporarily soften the enamel, and brushing too soon can wear it away. Rinsing with water right after eating is a good alternative in the meantime,” Katz said.

If you cannot rinse with water, chewing sugarless gum after a meal can allow your saliva to continue flowing, effectively washing away the food particles and debris and protecting your teeth, said Ruchi Sahota, a spokeswoman for the American Dental Association.

Pro tip: If you notice that food keeps getting stuck in the same spot, tell your dentist, as it could mean there is decay in that area that needs to be addressed, Sahota said.

#### **WHEN SHOULD YOU FLOSS, AND SHOULD YOU DO IT BEFORE OR AFTER BRUSHING?**

There is no wrong time to floss, though some experts said cleaning between your teeth before going to bed has an advantage, ensuring you do not leave behind food particles that can breed bacteria and encourage the formation of plaque overnight.

Also, there is no official guidance on the

correct sequence of brushing and flossing, but two small studies suggest there may be benefits to flossing between your teeth before brushing them.

Clearing those hard-to-reach spaces first “not only reduces the risk of cavities and gum disease, but also allows the fluoride in your toothpaste to reach more surfaces of your teeth,” Katz said.

#### **WHAT ELSE SHOULD YOU KNOW?**

When brushing your teeth, the correct tools and technique are crucial; brushing too aggressively can lead to gum recession, erosion of the enamel and tooth sensitivity for some people, dental experts said.

Here’s what they recommend:

- **Brushing:** Brush at least twice per day — morning and night — for at least two minutes with a soft-bristled toothbrush or, even better, an electric toothbrush and a fluoride-containing toothpaste. The advantage of electric toothbrushes is that they do the work for you. They oscillate and rotate or vibrate to dislodge food particles and plaque; many have timers to tell you how long to brush, and some have pressure sensors to alert you when you are brushing too hard. But with

the proper technique, manual toothbrushes can get the job done, too. Ask your oral health provider to walk you through best practices.

- **Rinsing:** After brushing your teeth with a fluoride-containing toothpaste, skip the rinse, experts said. This allows the fluoride to stay on your teeth. If, however, you feel that you need to rinse, do so with a small amount of water, such as a sip from your hand. Or if you feel that you need a more thorough rinse, consider using a mouthwash that contains fluoride.

- **Flossing:** Floss, ideally before brushing your teeth, at least once per day and use the proper technique. For flat-edged teeth, such as the front teeth for some people, flossing in an up-and-down motion may work. But for rounded teeth such as the back molar, use the C-shape technique — start at the base of the tooth near the gumline, curve the floss in the shape of a C, and glide it up and down several times to clear food particles and plaque from under the gumline and on the tooth surface.

- **The bottom line:** Brushing before or after breakfast is a personal choice. And while there are advantages to doing both, in general, brushing after any meal is a good idea.



## HEALTH

# Is medical insurance a matter of life and death?

By Todd C. Frankel  
THE WASHINGTON POST

Richard Kronick was feeling anxious. The respected health policy researcher in San Diego was about to publish a study that would propel him into the politically charged debate over who gets health insurance.

This was in 2009, when the country was debating whether to help millions more Americans buy health insurance policies through what we now know as Obamacare.

The political fight over health care is still going today. And some of the current dispute has roots in the topic that Kronick was researching — the effect of insurance on mortality.

Kronick hoped his study would show that insurance really was a matter of life or death — and perhaps shift the national discussion. It was clear where he stood on the issue.

He was a few months away from taking a health policy job in the Obama administration as it rolled out the Affordable Care Act.

But his results were not what he expected. He even considered burying what he found.

Kronick's 2009 study, published in the *Health Services Research* journal, showed "little evidence" that giving health insurance to more people would have a big effect on the number of U.S. deaths.

His work criticized an earlier, widely cited study from the Institute of Medicine, part of the National Academy of Sciences, that claimed a lack of insurance resulted in 18,000 excess deaths a year. That was, Kronick wrote, "almost certainly incorrect."

"I was pretty aware of the political difficulties for me," Kronick said recently. "But also as a scientist, I felt it was important to make the evidence clear."

It would take more than a decade before the evidence became strong enough to convincingly show that health insurance actually saves



U.S. President Barack Obama is applauded after signing the Affordable Health Care for America Act during a ceremony with fellow Democrats in the East Room of the White House March 23, 2010 in Washington, DC. The historic bill was passed by the House of Representatives Sunday after a 14-month-long political battle that left the legislation without a single Republican vote. Pictured is also Rep. Sandy Levin (D-MI), U.S. Vice President Joe Biden, U.S. Speaker of the House Rep. Nancy Pelosi (D-CA), Senate Majority Leader Harry Reid (D-NV), Rep. Henry Waxman (D-CA), Rep. Charlie Rangel (D-NY), Rep. George Miller (D-CA), House Majority Leader Steny Hoyer (D-MD), Rep. John Dingell (D-MI), House Majority Whip Rep. James Clyburn (D-SC), Marcelas Owens, Rep. Patrick Kennedy (D-RI), Sen. Ted Kennedy's widow Victoria Kennedy, Health and Human Services Secretary Kathleen Sebelius. **WIN MCNAMEE — GETTY IMAGES**

lives, although researchers still aren't sure precisely why.

Kronick's failure to find a clear link between insurance and mortality at the time echoed several other studies that found that while uninsured people tended to die earlier, it wasn't possible to definitively link the two. Too many other factors were in play.

The topic could be surprisingly complex. Some research even indicated uninsured people might live longer because many of those willing to go without insurance tended to have fewer medical problems.

Other issues were considered

settled: Studies consistently showed that health insurance made people less likely to face medical debt or bankruptcy.

But the evidence on mortality, for the moment, wasn't there.

The lack of a clear result helped fuel the national debate. If insurance fell short in the ultimate measure of health outcomes, was it really that important?

"The Spurious 'People Will Die' Claim," read a commentary headline from the libertarian think tank Mercatus Center. The fact-checking site PolitiFact used Kronick's study to cast doubt on a congress-

man's claim that 22,000 Americans die each year from lack of health insurance. In 2017, U.S. Rep. Raúl R. Labrador (R-ID) told a town hall crowd: "Nobody dies because they don't have access to health care."

The ACA became law despite some lingering doubts about insurance's impact on deaths — and, in doing so, unexpectedly gave researchers the conditions needed to run something close to a true national experiment.

The Supreme Court ruled that the ACA's Medicaid expansion to more low-income people was optional for states — and about half

decided against doing it.

Researchers suddenly had a way to look at the effects of health insurance in real time, with an effectively random selection of Americans.

"We had many discussions about how terrible decisions (about Medicaid expansion) would be devastating in the real world but a gold mine for researchers," Kronick said.

A flurry of studies followed.

Benjamin Sommers, a doctor and health economist at the Harvard T.H. Chan School of Public Health, co-wrote a 2019 review that evaluated the research on the ACA's





Rep. John Dingell (D-MI) (L) holds up one of his crutches as he arrives for the signing ceremony of the Affordable Health Care for America Act in the East Room of the White House March 23, 2010 in Washington, D.C.

impact on health outcomes.

While the studies were not unanimous, there was a sharp trend.

One study that he cited estimated an 8% drop in mortality among older adults in expansion states, resulting in roughly 19,200 fewer deaths in the first four years of the ACA. Another found a drop of about 3% to 6% in disease-related deaths among young adults in states with expanded dependent coverage.

"We have better evidence for this than for other things taken as a given," Sommers said in an interview.

Then came the Internal Revenue Service data.

In 2017, the IRS accidentally created a randomized experiment when it mailed letters to nearly 4 million American taxpayers who'd paid a penalty two years earlier for failing to get health insurance under what was then an ACA mandate.

The letter encouraged them to sign up for health insurance.

But the IRS didn't mail letters to every penalty-payer.

About 15% didn't get one — creating a control group. Researchers wanted to know what happened to people who received letters and got insured.

This group with new policies saw a much lower mortality rate over the

next two years among people 45 to 64 years old.

"The IRS study finished it for me," Sommers said. "I don't have much doubt in my mind anymore."

The study's design made it so "we could be more confident about assessing causation," said Jacob Goldin, one of the authors of the IRS study and a law professor at the University of Chicago.

Goldin said they still don't fully understand why health insurance drove down deaths.

It's possible that insurance encourages people to see a doctor more quickly for ambiguous problems that turn out to be life-threat-

ening conditions.

Insurance might also open up the door to preventative visits and life-saving medications, he said.

"We don't know exactly as much as we'd like to about why this happens," Goldin said.

Last year, a new study came out with a rigorous assessment of the state of research on health insurance and mortality.

The 2025 Annual Review of Public Health study, which focused on mortality, found the evidence had become so much stronger since it last looked at the issue in 2008 that it "now unequivocally supports the conclusion that health

insurance improves health." Despite deaths setting a high statistical bar because they are relatively rare and are hard to clearly correlate, according to the study, "we know that the available evidence now clears this bar."

The study did not explore why insurance appeared to save lives. But the effect appeared to be strongest among adults older than 45 and, to a lesser extent, younger adults.

"This is a big deal," said Helen Levy, co-author of both reviews and a professor at the University of Michigan's Institute for Social Research. "We know health insurance saves lives. Full stop."



## HEALTH

# When a hearing aid isn't enough

By Paula Span  
KFF HEALTH NEWS

Hearing loss among older adults remains vastly undertreated. Federal epidemiologists have estimated that it affects about 1 in 5 people ages 65 to 74 and more than half of those over 75.

"The inner ear mechanisms weren't built for longevity," said Cameron Wick, an ear, nose, and throat specialist at University Hospitals in Cleveland.

Although hearing loss can contribute to depression, social disconnection, and cognitive decline, fewer than a third of people over 70 who could benefit from hearing aids have worn them.

For those who do, "if your hearing aids no longer give you clarity, you should ask for a cochlear implant assessment," Wick said.

Twenty-five years ago, "it was a novelty to implant people over 80," said Charles Della Santina, director of the Johns Hopkins Cochlear Implant Center. "Now, it's pretty routine practice."

In fact, a study published in 2023 in the journal *Otology & Neurotology* reported that cochlear implantation was increasing at a higher rate in patients over 80 than in any other age group.

Until recently, Medicare covered the procedure for only those with extremely limited hearing who could correctly repeat less than 40% of the words on a word recognition test.

Without insurance — cochlear implantation can cost \$100,000 or more for the device, surgery, counseling, and follow-up — many older people don't have the option.

"It was incredibly frustrating, because patients on Medicare were being excluded," Della Santina said. (Similarly, traditional Medicare doesn't cover hearing aids, and Medicare Advantage plans with hearing benefits still leave patients paying most of the tab.)

Then, in 2022, Medicare expanded cochlear implant coverage to include older adults who could identify up to 60% of words on a speech recognition test, increasing



Some states don't require private insurance plans to cover hearing aids for children, so many don't. But about two or three of every 1,000 babies in the U.S. are born with detectable hearing loss in one or both ears, according to the National Institute on Deafness and Other Communication Disorders. **DREAMSTIME — TNS**

the pool of eligible patients.

Still, while the American Cochlear Implant Alliance estimates that implants are increasing by about 10% annually, public awareness and referrals from audiologists remain low.

Less than 10% of eligible adults with "moderate to profound" hearing loss receive them, the alliance says.

Cochlear implantation requires commitment. After the patient receives testing and counseling, the surgery, which is an outpatient procedure, typically takes two to three hours. Many adults undergo surgery on one ear and continue using a hearing aid in the other; some later go on to get a second implant.

The surgeon implants an internal receiver beneath the patient's scalp and inserts electrodes, which stimulate the auditory nerve, into the inner ear; patients also wear an

external processor behind the ear. (Clinical trials of an entirely internal device are underway.)

Two or three weeks later, after the swelling recedes and the patient's stitches have been removed, an audiologist activates the device.

"When we first turn it on, you won't like what you hear," Wick cautioned. Voices initially sound robotic, mechanical. It takes several weeks for the brain to adjust and for patients to reliably decipher words and sentences.

Within one to three months, "boom, the brain starts getting it, and speech clarity takes off," Wick said. By six months, older adults will have reached most of their enhanced clarity, though some improvement continues for a year or longer.

How much improvement? That's measured by two hearing tests: The CNC (consonant-nucleus-conso-

nant) test, in which patients are asked to repeat individual words, and the AzBio Sentence Test, in which the words to be repeated are part of full sentences.

A Johns Hopkins study of about 1,100 adults, published in 2023, found that after implantation, patients 65 and older could correctly identify about 50 additional words (out of 100) on the AzBio test, an increase comparable to the younger cohort's results.

Participants over 80 showed roughly as much improvement as those in their late 60s and 70s.

"They transition from having a hard time following a conversation to being able to participate," said Della Santina, an author of the study. "Decade by decade, cochlear implant results have gotten better and better."

Moreover, an analysis of 70 older patients' experiences at 13 implantation centers, for which Wick

*Cochlear implantation requires commitment. After the patient receives testing and counseling, the surgery, which is an outpatient procedure, typically takes two to three hours. Many adults undergo surgery on one ear and continue using a hearing aid in the other; some later go on to get a second implant.*

was the lead author, found not only "clinically important" hearing improvements but also higher quality-of-life ratings.

Scores on a standard cognitive test climbed, too: After six months of using a cochlear implant, 54% of participants had a passing score, compared with 36% presurgery. Studies that focus on people in their 80s and 90s have shown that those with mild cognitive impairment also benefit from implants.

Nevertheless, "we're cautious not to overpromise," Wick said. Usually, the longer that older patients have had significant hearing loss, the harder they must work to regain their hearing and the less improvement they may see.

A minority of patients feel dizzy or nauseated after surgery, though most recover quickly. Some struggle with the technology, including phone apps that adjust the sound. Implants are less effective in noisy settings like crowded restaurants, and since they are designed to clarify speech, music may not sound great.

For those at the upper end of Medicare eligibility who already understand roughly half of the speech they hear, implantation may not seem worth the effort. "Just because someone is eligible doesn't mean it's in their best interests," Wick said.



## HEALTH

# The heart-body connection: How other organ systems affect heart health

By Family Features

Heart health is about more than just the heart itself.

It's a two-way street between the heart and the rest of the body. However, many U.S. adults aren't aware of the connection between organs.

According to a survey conducted by The Harris Poll on behalf of the American Heart Association, 42% of U.S. adults do not understand how the heart can be impacted by other organ systems.

Health issues in other organ systems, like the kidneys or metabolic system — which includes how the body manages weight and blood glucose — can lead to heart trouble.

The close relationship between heart health, kidney health and metabolic health is known as cardiovascular-kidney-metabolic health, or CKM health, and it is the focus of an American Heart Association initiative to raise awareness of how the systems function together.

When one system is affected, it can make the others worse — creating a condition called CKM syndrome.

Close to nine in 10 U.S. adults have at least one component of CKM syndrome, according to a study in the Journal of the American Medical Association.

Components include high blood pressure, abnormal cholesterol or other lipids, high blood glucose (sugar), excess weight and reduced kidney function. The interplay of these risk factors increases the risk for heart attack, stroke and heart failure more than any one of them alone.

The survey also found that while only 12% of U.S. adults have heard of CKM health or CKM syndrome, 72% said they're interested in learning more and 79% agreed that it is important that they understand more about CKM health.

"What we want people to know is it's really common to have heart disease, diabetes or metabolic



Health issues in other organ systems, like the kidneys or metabolic system, can lead to heart trouble. PHOTO COURTESY OF GETTY IMAGES

disease and reduced kidney function at the same time," said Dr. Eduardo Sanchez, the American Heart Association's chief medical officer for prevention. "It's reassuring to hear that once the CKM connection was defined, around three-quarters of respondents understood that it was important and wanted to learn more."

While providing resources to help people understand how heart, kidney and metabolic health are connected, the American Heart Association's CKM Health Initiative is also working with health care teams across the country to improve collaboration among health care professionals who care for patients living with multiple

health conditions. Better awareness and improved screening can help people take action early to prevent a heart attack, heart failure or stroke.

Learn more about CKM health by visiting [heart.org/myCKMhealth](http://heart.org/myCKMhealth).

## SIMPLIFIED TRUTHS

- The heart pumps blood to the body.

- The metabolic system turns glucose (sugar) in the blood into energy.

- The process of metabolism dumps waste back into the blood.

- The kidneys filter waste from the blood and balance fluids, which helps with blood pressure.

- Blood pressure affects how the heart pumps blood to the body.



## HEALTH



*“A lot of people don’t realize they have high LDL (bad) cholesterol because it doesn’t have symptoms. That’s why I always encourage my patients to get their cholesterol checked and have honest conversations with their doctors. Knowing your LDL number is one of the most important things you can do to protect your heart.”*

— DR. AMIT KHERA, AMERICAN HEART ASSOCIATION NATIONAL VOLUNTEER EXPERT AND CARDIOLOGIST

Left: A cholesterol check should occur around age 20, then every five years until age 35. Afterward it can occur annually. PHOTO COURTESY OF METRO CREATIVE CONNECTION

# Monitoring, controlling your ‘bad’ cholesterol could save your life

## By Family Features

Getting your cholesterol checked and talking with your doctor about steps to control high cholesterol could save your life.

If you, or someone you love, has experienced a heart attack or stroke, you know how life-changing those moments can be.

What many don’t realize is that high LDL (low-density lipoprotein) cholesterol often plays a silent role behind the scenes. Taking control of cholesterol numbers starts by knowing your LDL number and working with your doctor to put together an appropriate treatment plan.

Your body produces all the cholesterol it needs to stay healthy. Cholesterol helps make new cells, some hormones and substances that aid in food digestion. However, having

too much cholesterol can contribute to serious health risks.

Knowing more about cholesterol and its role in your body and overall health can help you protect yourself from potential life-threatening conditions like a heart attack or stroke, even if you’ve already had one.

Learn more with this information from the American Heart Association’s “Lower Your LDL Cholesterol Now” initiative, nationally sponsored by Amgen, so you can take control of your heart health:

### KNOW YOUR NUMBERS

Keeping tabs on your cholesterol is an important step toward managing potentially serious risks to your heart, brain and overall health. LDL cholesterol, also known as “bad” cholesterol, can cause fatty buildup

called plaque in your arteries.

Nearly one in three adults in the U.S. has high LDL (bad) cholesterol, but many don’t know until it’s too late. Having too much LDL (bad) cholesterol can silently increase your risk for a heart attack and stroke when it goes unchecked, but you have the power to change that.

“A lot of people don’t realize they have high LDL (bad) cholesterol because it doesn’t have symptoms,” said Dr. Amit Khera, American Heart Association national volunteer expert and cardiologist. “That’s why I always encourage my patients to get their cholesterol checked and have honest conversations with their doctors. Knowing your LDL number is one of the most important things you can do to protect your heart.”

Studies show that an LDL level at or below

100 milligrams per deciliter (mg/dL) is ideal for most adults. If you have a history of heart attack or stroke and are already on a cholesterol-lowering medication, your doctor may aim for your LDL to be 70 mg/dL or lower.

### GET TESTED

Don’t wait; schedule a cholesterol test as soon as possible. High cholesterol often has no symptoms, so it’s important to get your cholesterol checked even if you feel fine. In fact, the American Heart Association recommends all adults 20 and older have their LDL (bad) cholesterol checked every four to six years as long as risk remains low. If you have had a heart attack or stroke, talk to your doctor about the right frequency of testing.

A blood test to measure your cholesterol numbers, called a “fasting” or “non-fasting”



lipid profile or panel,” assesses several types of fat in the blood. The test gives four results: total cholesterol, LDL (bad) cholesterol, HDL (good) cholesterol and triglycerides (blood fats).

### TALK TO YOUR DOCTOR

Your doctor is there to help you reach your health goals, including keeping your LDL (bad) cholesterol at a healthy level. Making decisions together is the best way to create a treatment plan you'll be more likely to stick to. If you don't understand something, ask for further clarification.

Discuss your risk factors, including your personal and family medical history. Having a candid conversation about your lifestyle can also help pinpoint potential risk factors and areas you can work to reduce your risk and improve your health.

If your LDL cholesterol number is high, your doctor may recommend treatment options. Together, you can review the benefits, risks and side effects to decide on the treatment plan that works best for you.

### TAKE ACTION EARLY

The sooner you manage high LDL (bad) cholesterol, the more you can reduce your risk of heart attack and stroke. Proactively monitoring and taking steps to slow or reverse your numbers can halt or delay the buildup in your arteries. In addition, treatment options can be more effective when a high LDL number is detected early.

Learn more about the steps you can take to combat high LDL (bad) cholesterol at heart.org/ldl.

### LIVING WITH HIGH LDL CHOLESTEROL

If your LDL (bad) cholesterol is elevated, lifestyle changes can help lower your overall risk of heart disease, but may not be enough to counteract individual risk factors such as genetics and family history. Check your LDL (bad) cholesterol number, then talk to your doctor about next steps, including these changes to take back control of heart health.

### EAT A HEART-HEALTHY DIET

From a dietary standpoint, the best way to

lower your cholesterol is to follow a balanced diet, which is low in saturated fats, trans fats and cholesterol.

Following a heart-healthy diet means limiting your intake of fatty meats and dairy products made with whole milk. Choose lean cuts of meat and skim, low-fat or fat-free dairy products instead.

It also means limiting fried foods and cooking with healthy oils, such as liquid vegetable oils instead of butter or coconut oil, which are high in saturated fat and cholesterol.

### BE MORE PHYSICALLY ACTIVE

A sedentary lifestyle lowers HDL (good) cholesterol. Less HDL means there's less good cholesterol to remove bad cholesterol from your arteries.

At least 150 minutes of moderate-intensity aerobic exercise a week is enough to lower both cholesterol and high blood pressure. Brisk walking, swimming, bicycling or even vigorous yard work can fit the bill.

In addition, the American Heart Asso-

ciation recommends adding moderate- to high-intensity muscle-strengthening activity — such as resistance training or weightlifting — at least two days each week.

### QUIT SMOKING

When a person with unhealthy cholesterol numbers also smokes or vapes, the risk of heart disease increases even more. Smoking also compounds other risk factors for heart disease, such as high blood pressure and diabetes.

By quitting, smokers can lower their triglycerides and increase their HDL cholesterol numbers. Quitting can also help reduce damage and improve how the arteries function.

### LOSE WEIGHT

Living with excess weight or obesity tends to raise the chances of increasing LDL (bad) cholesterol and lowering good cholesterol. Weight loss of even 5% to 10% may help improve some cholesterol numbers and other heart disease risk factors.

Knowing key health numbers like blood sugar, blood pressure and cholesterol, and working closely with your doctor to manage them, are keys to preventing heart disease and stroke.

**PHOTO COURTESY OF METRO CREATIVE CONNECTION**





## HEALTH

# Look for these signs of common sports injuries in youth athletes

By Metro Editorial Services

Youth sports attract scores of participants each year. The National Council of Youth Sports estimates that around 60 million children are registered to play youth sports in the United States.

The benefits of sports play are numerous, but the advantages of being active and competitive should not overshadow the need to be safe during sports play.

According to the Centers for Disease Control and Prevention, nearly 2.7 million young people are treated in the emergency room every year for sports-related injuries.

Parents, coaches and other adults working and volunteering in youth sports must learn to recognize signs that a player has become injured and address those injuries as soon as possible.

It can be hard to spot certain sports injuries.

Here are some sports injuries and their symptoms:

- **ACL tears:** Anterior cruciate ligament injuries occur when the ligament connecting the thigh bone and the shin bone tears after an athlete suddenly turns and changes direction, which is common in many sports. Pain is often immediate when suffering a torn ACL, and swelling can occur within several hours of being injured. The child may express that they heard or felt a pop in the knee area and are having trouble supporting their weight.

- **Internal abdominal injuries:** Internal injuries are less common than other sports injuries, but Stanford Medicine Children's Health says some studies suggest they are on the rise. Injuries to the kidneys, spleen and liver can occur. These injuries can produce pain in the abdomen. The spleen is in the upper left side of the abdomen. The liver is in the upper right side. The kidneys are on the flanks of the body. Blood in urine may be a sign of internal abdominal injury and needs to be addressed promptly.

- **Ankle sprain:** When the ankle twists or the foot rolls on its side, the ligaments that support the ankle joint can stretch and tear. Swelling and pain usually occur



PHOTO COURTESY OF METRO EDITORIAL SERVICES

on the outside of the ankle within minutes to a few hours of the injury, depending on injury severity. Because it may be impossible to differentiate an ankle sprain from an ankle fracture without an X-ray, particularly if the pain in the ankle makes putting weight on it unlikely, a visit to an orthopedic doctor may be necessary.

- **Broken bones:** Bone fractures often happen during collisions with other players or from falls. Sometimes a fracture is obvious, but not always. A snap or grinding sound at the time of injury often signals a fracture, says VCU Health. If there's a break in the skin and the bone is showing, or the athlete cannot bear weight or use the extremity after 15 minutes, an X-ray is likely.

- **Concussion:** Any activity that can cause an injury to the head may lead to a concussion. A concussion is a mild traumatic brain injury that occurs when

the brain is shaken or hit. It can cause temporary changes in brain function. The American Academy of Pediatrics says signs of a concussion can include an athlete who appears dazed or stunned. There may be confusion and the youth could move clumsily and answer questions slowly. An inability to recall events before or after the head trauma, or losing consciousness even briefly, are additional signs of concussion. In older children and teens, nausea, vomiting, balance problems, light sensitivity, and headache also can occur.

- **Growth plate injuries:** Growth plates are soft cartilage at the end of bones like the arms, legs and fingers that are replaced by strong bones as children get older and stop growing. Growth plates are more susceptible to injury than the rest of the bone. A fracture may not be readily visible in a growth plate, but doctors can

look for other signs. The Mayo Clinic says pain and tenderness and an inability to move the affected area or put weight or pressure on the limb are signs of a growth plate injury. It's important to note that growth plate fractures occasionally can be caused by overuse from repetitive throwing or during sports training.

## TIPS TO REDUCE HEAD INJURIES

The Centers for Disease Control and Prevention, which collects data about traumatic brain injuries, says about seven out of 10 emergency department visits for sports- and recreation-related traumatic brain injuries and concussions affect children ages 17 and under. Boys have about twice the rate of emergency department visits for these types of injuries than girls. However, the CDC warns that girls have a higher chance for sports-related concussion than boys in sports that use the same rules, like soccer and basketball. Preventing concussions and TBIs comes down to education and practicing certain safety guidelines.

It's important to know which youth sports produce the highest rates of concussion and other head injuries.

Boys tackle football, girls soccer, boys lacrosse, boys ice hockey, boys wrestling, girls lacrosse, girls field hockey, girls basketball, boys soccer and girls softball have the highest rates of concussion in this order, according to a report in the journal *Pediatrics*. Across all sports, two out of three concussions result from collisions among athletes.

Young athletes should wear the correct protective equipment for their sports, such as helmets, padding, eye and mouth guards and shin guards. This equipment should be worn consistently, fit properly and be well maintained.

Full-contact play should be delayed until later in adolescence.

The Children's Hospital of Philadelphia says high school-age athletes are better equipped cognitively to understand and learn proper sports play techniques to protect themselves from injury-causing impacts. Coaches should teach and consistently emphasize proper technique to young athletes.



*The benefits of sports play are numerous, but the advantages of being active and competitive should not overshadow the need to be safe during sports play. According to the Centers for Disease Control and Prevention, nearly 2.7 million young people are treated in the emergency room every year for sports-related injuries.*





HEALTH

# Test what you know about heart health

By Family Features

As you age, your doctor's interest in your cholesterol level is likely to increase.

That's no coincidence.

High cholesterol and age are two significant risk factors for heart disease, which is the leading cause of death in the United States.

You may not be able to slow the hands of time, but elevated low-density lipoprotein (LDL) cholesterol, also known as "bad" cholesterol, is one of the most significant addressable risk factors for the development of cardiovascular disease. Uncontrolled high LDL-C can lead to death, heart attack, stroke or the need for a coronary revascularization.

While statins are considered first-line treatment for people with high LDL cholesterol, an estimated 29% of patients stop taking their statin within the first year, based on findings published in the American Journal of Cardiology. Up to 30% of people have some degree of statin intolerance, according to research published in the Journal of Clinical Lipidology.

Test your heart health knowledge and learn more about managing your risk factors, including high cholesterol, with this quick quiz:

**1.** Do cardiovascular diseases, including heart disease and stroke, claim more lives in the U.S. than all forms of cancer and accidental deaths (the Nos. 2 and 3 causes of death, respectively) combined?

Yes. Cardiovascular disease is the No. 1 killer of men and women in America and worldwide, killing more people than both cancer and accidents each year.

**2.** According to the American Heart Association, which of the following are true?

- Men are more likely to have heart attacks at a younger age than women.
- Women experience different symptoms indicating potential heart disease.
- Women have a higher risk of fatality because their symptoms are frequently misunderstood or misdiagnosed, leading to delayed treatment.

All are true. While many factors are at play, one major underlying



Because it typically has no symptoms, you may not know you have high cholesterol until it's causing problems. PHOTO COURTESY OF METRO CREATIVE CONNECTION

issue is historically, women simply haven't been well represented in clinical trials of heart-related conditions. However, Harvard Health reports that culture is slowly changing and some of the gaps are starting to close.

**3.** Does statin intolerance mean statins are not effective?

No. On the contrary, statins are the standard of care to lower LDL cholesterol. However, some people cannot take statins at any dose because of statin intolerance symptoms, such as muscle pain, while others may have their LDL cholesterol remain uncontrolled because they are not able to take

higher doses.

**4.** Are women more likely to be statin intolerant than men?

Yes. According to the National Institutes of Health, being female is a risk factor for statin intolerance.

**5.** If a person is statin intolerant, are there other treatments available to help lower their uncontrolled LDL-C?

Yes. Alternative treatments are available for people with statin intolerance. A health care provider can help explain what options are available if you experience potential statin-associated side effects.

**6.** Are muscle-related symptoms typically the most common side

effect of statins?

Yes. Muscle pains or cramps (myalgias) are the most common symptoms people experience. Your health care provider may run tests or change your medication to address these symptoms.

For more information on statin intolerance, talk with your health care provider or visit [statinalternatives.info](http://statinalternatives.info).

## HOW TO LOWER BAD CHOLESTEROL

LDL cholesterol, commonly referred to as "bad" cholesterol, leads to plaque in your arteries, reducing blood flow and poten-

tially damaging your cardiovascular system.

If your bloodwork shows elevated LDL cholesterol levels, you can take some steps to reduce them:

**1.** Eat a healthy diet low in saturated and trans fats and high in fiber, with an emphasis on fruits, vegetables and whole grains.

**2.** Get at least 30 minutes of exercise daily, and if you carry extra weight, work to lose it.

**3.** Talk to your health care provider about cholesterol-lowering medications, which can help lower bad cholesterol and reduce the risks associated with heart disease.