

An Anthology of  
Timely Tidbits, Personal Stories, and Fascinating Factoids for

# Savvy Jersey Seniors



Advice, Humor, and Miscellaneous Words of "Wisdom"  
For & About Seniors

Volume 5, Number 9 & 10 • September-October 2024

## Welcome!

In this latest edition of *Savvy Jersey Seniors* for September and October of 2024 we present an intriguing account of a successful professional "Second Chapter" from South Jersey senior Steve Lubetkin, a bank executive turned media guru, whose company specializes in "telling stories in sound and images."

Plus, we have our usual potpourri of information that we feel might make a difference to our senior friends across South Jersey, including some notes on:

- Best travel sites for the over-50 set,
- How drinking, taking antibiotics, even high blood pressure can tax your liver in potentially dangerous ways from AARP health contributor Beth Howard, and
- The boom in concierge medicine.



"Podcast Steve"

By the way, please don't forget that we always welcome your ideas for any topic that you'd like to see us tackle. As we've noted previously, we're especially interested in the avocations and hobbies of our readers.

In that vein, remember that we especially want to hear about the volunteer efforts that seniors across South Jersey are making on behalf of the literally thousands of non-profit organizations that serve our region. Just drop us a note at [savvyjerseyseniors.com](http://savvyjerseyseniors.com).

### **Steve Lubetkin's Second Chapter: Bank Exec Turned Podcasting Guru**

When Steve "PodcastSteve" Lubetkin left the world of banking, he actually turned the clock back more than half a century. Steve is the managing partner of The Lubetkin Media Companies LLC and here's his story.

"I got bit by the radio bug in high school. My dad worked at Fort Monmouth, the military base in

central New Jersey where the US Army had its training school for the Signal Corps, the unit that handled the Army's communications needs. The base taught photography, television, and radio skills to military and civilian personnel from the US Armed Forces and from our allies.

"When I was about 16, my dad arranged for me to spend an afternoon at the mock radio studio where service personnel trained to become Armed Forces Radio Service announcers and disk jockeys. One of the instructors taught me how to work the board, cue up vinyl records, and segue between them, interspersing station IDs and promos from tape cartridges. From that day on, I knew I wanted to be in radio.



"When I got to college, I got on the air staff of WMCX-FM, the radio station at Monmouth College (before it was a university) and I did my first full radio show on September 9, 1974, just over 50 years ago.

"The following year, one of my radio station friends who had gotten a position voicing commercials at a local commercial radio station got me a job there that eventually led to being the radio newscaster on Friday and Saturday nights.



"I stayed in radio for almost five years—including a memorable assignment in 1977, when I and another reporter became the first journalists to cover a rock concert with a portable computer. It was a Grateful Dead concert in Englishtown, NJ, and the newspaper/radio station sent us with a "portable" data terminal to file our stories.

"After I graduated from college, I found it hard to stay in print and broadcast journalism. It wasn't long before I was recruited into a much higher-paying public relations position with a company that I covered as a reporter. I stayed in corporate PR positions for the next 25 years.

"After a couple of large bank mergers, my corporate PR career came to an end in 2004 and I began looking at ways to use my expertise as a consultant.

"Right around this time, my wife heard an early NPR feature about podcasting, which was becoming visible as the newest form of what we then called "new media." She suggested I focus on podcasting because of my radio background.

"Boy, did she turn out to be right!. We started producing audio podcasts for clients in 2005 and within a couple of years we jumped into video production as well.



"Since then, we've produced livestream video broadcasts, Internet streaming radio newscasts, and audio podcasts. During the COVID-19 pandemic lockdown we helped a Cherry Hill synagogue keep broadcasting religious services to its members while staying safely quarantined. This included a complete recording of High Holy Days services in 2020. We also helped planning and zoning boards and township councils hold public hearings on Zoom when they couldn't be in person.

"I'm still enjoying the adventure of learning new video and audio tools and techniques and sharing my expertise with other content producers," Lubetkin concludes.

Steve's book with pioneering Toronto Podcaster Donna Papacosta, *The Business of Podcasting: How to Take Your Podcasting Passion from the Personal to the Professional*, is available in either paperback or as an e-book for instant purchase for the Amazon Kindle reader and Kindle apps.

Steve also authors a regular column for the *Jewish Community Voice*. You can reach Steve by email at [steve@lmediacos.com](mailto:steve@lmediacos.com) and more information is available on the company website, <https://www.lubetkin.net/>.



STEVE LUBETKIN & DONNA PAPACOSTA

### **Best Travel Sites for People Over 50**

Traveling is a wonderful way to explore new places, learn about different cultures, and create lasting memories. For older adults, it can also provide numerous health benefits, including improved mood, decreased stress, and increased physical activity. Here are seven top travel sites that cater specifically to people over 50:



- *Road Scholar*: Formerly known as Elderhostel, Road Scholar offers educational tours in over 100 countries. With a strong focus on lifelong learning, it attracts many retired educators and other curious travelers over 50.
- *Walking the World*: Based in Colorado, Walking the World provides walking and hiking tours mainly for travelers over 50. It offers immersive experiences in various destinations, including the Rocky Mountain National Park and Ireland.
- *Adventures Abroad*: While it caters largely to travelers over 50, Adventures

Abroad's tours are open to adults of all ages. The company's "soft adventure" trips focus on the culture and history of a destination.

- *Elder Treks*: The world's first adventure travel company designed exclusively for people 50 and over, Elder Treks offers small-group experiences in over 100 countries.
- *Grand Circle Travel*: Known for its excellent customer service and tour guides, Grand CircleTravel offers trips that cater to a range of styles and budgets.
- *Overseas Adventure Travel*: A part of Grand Circle, Overseas Adventure Travel offers small group adventures for travelers over 50.



- *Saga Holidays*: This British company offers a variety of travel options for those in the 50 and over demographic, from hotel stays and cruises to escorted tours.

Each of these sites offers unique travel experiences, so you can choose the one that best fits your travel style and preferences.

However, before embarking on your journey, it's crucial to consider travel insurance. It provides a safety net if things go wrong, covering everything from medical emergencies to trip cancellations. When choosing a travel insurance plan, seniors should consider medical coverage, trip cancellation or interruption, coverage limit, exclusions, and cost. Remember, every policy differs, so consider your coverage priorities based on your travel plans and choose accordingly.

### **Health Rankings See Shift in Long-Term Trends...Seniors' Access to Care Improving**

Earlier this year, The United Health Foundation released the *2023 Senior Report*, which provides a portrait of the health and well-being of older adults across the United States. This year's *Senior Report* finds recent shifts in long-term trends and highlights disparities in the health of older Americans:

- The early death rate among older Americans increased for the second consecutive year, breaking a long-term improvement. Since 2019, deaths among adults ages 65-74 rose 22 percent.
- The prevalence of frequent physical distress rose from 14.5 percent to 15.8 percent between 2020 and 2021.
- There were continued improvements in key measures of older adults' access to care, as the number of geriatric providers and home health care workers per capita both increased.
- The decade-long rise in drug death rates continued among older Americans. The number of drug deaths increased 43 percent nationally between 2016-2018 and 2019-2021. Opioid deaths were a major component of this rise.
- In 2021, 5.6 million adults ages 65 and older lived in poverty, representing a 10% increase since 2019.
- The number of senior centers per capita receiving federal funds from the Older Americans Act decreased 5 percent between 2020 and 2021—a 23 percent decrease since 2019.
- The healthiest states for older adults were Utah, New Hampshire, Colorado, Minnesota and Vermont. Mississippi had the most opportunity to improve, followed by Louisiana, Kentucky, West Virginia and Oklahoma.



### **Concierge Medicine Is Booming...But the Price Tag for Patients Is Steep**

Many of us have experienced the frustration of trying to find a physician who's accepting new patients, waiting a long time to see a doctor, and rushed appointments. Enter concierge medicine.

"Concierge medicine is when people pay an annual membership fee for a more personalized approach to their health care," says Bret Jorgensen, CEO of MDVIP, the largest network of concierge providers, with over 1,100 affiliated primary care physicians.

Given the rise in chronic diseases and the rapid growth in the older adult population, there's an increased need for healthcare services. As a result, the global concierge medicine market is booming, with North America leading the way.



While there is no national registry of physicians using a concierge model, one industry publication estimates there are between 12,000 and 13,000 physicians in the U.S. offering a subscription-based medical program. That's a drop in the bucket compared to the more than 500,000 primary care physicians in the U.S., but the number of concierge physicians is growing at a rate of 3% to 5% annually.

All of MDVIP's concierge physicians accept Medicare, and over half of its 400,000 members are on Medicare.

The average cost of an annual concierge membership ranges from \$2,000 to \$5,000 per year. This allows concierge doctors to serve a smaller number of patients, generally ranging from 400 to 600, compared with 2,000-3,000 in a traditional primary care practice.

### **Assessing Different Brain Functions with Cognitive Tests**

What are cognitive tests? They're brief screening tools, a 10-minute series of questions to assess different brain functions.

Two of the most common are called the MMSE, Mini-Mental State Exam, and the MoCA, Montreal Cognitive Assessment.

Recalling a list of five unrelated nouns or seeing how many words beginning with F you can say in a minute can assess short-term memory and language. Counting backward by 7s tests attention and concentration. Drawing a clock with the correct time is a clue to spatial awareness.

"These tests don't diagnose health problems. A bad score is just a red flag that indicates a need for further testing to see if there is a health problem and uncover what kind," says Dr. James Galvin, a neurologist at the University of Miami.

A good score usually is good news. But the highly educated especially tend to be good test-takers even if cognitive trouble is starting to brew. So if someone scores OK yet they, a family member or the doctor sees some day-to-day concern, more testing still could be warranted.

"We simply use it as a benchmark to determine our suspicion level," Galvin said.

"A screening test is exactly a snapshot in time. So it tells you in that moment how someone does on that test," Galvin stressed. "It doesn't tell you how a person is functioning in their everyday life."

Simply reporting a concern is reason enough for a primary care doctor to perform one. But it's also supposed to be part of the annual Medicare wellness visit for those 65 and older.



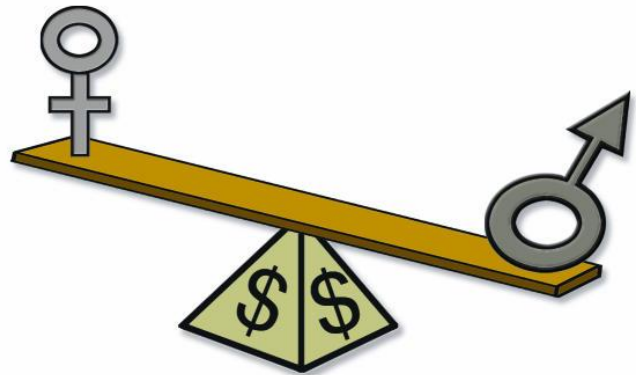
Cognitive screenings are “pencil and paper tests” usually handled by primary care doctors, while neurologic exams generally are performed by a specialist.

### **Medical Research Shortchanges Women**

You’re probably aware that medical research has shortchanged women for decades. This is particularly true of older women, leaving physicians without critically important information about how to best manage their health.

One example: Many drugs widely prescribed to older adults, including statins for high cholesterol, were studied mostly in men, with results extrapolated to women.

“It’s assumed that women’s biology doesn’t matter and that women who are premenopausal and those who are postmenopausal respond similarly,” said Stephanie Faubion, director of the Mayo Clinic’s Center for Women’s Health.



“This has got to stop: The FDA has to require that clinical trial data be reported by sex and age for us to tell if drugs work the same, better, or not as well in women,” Faubion insists.

Consider the Alzheimer’s drug Leqembi, approved by the FDA last year after the manufacturer reported a 27 percent slower rate of cognitive decline in people who took the medication. A supplementary appendix to a Leqembi study published in the *New England Journal of Medicine* revealed that sex differences were substantial—a 12 percent slowdown for women, compared with a 43 percent slowdown for men—raising questions about the drug’s effectiveness for women.

This is especially important because nearly two-thirds of older adults with Alzheimer’s disease are women. Older women are also more likely than older men to have multiple medical conditions, disabilities, difficulties with daily activities, autoimmune illness, depression and anxiety, uncontrolled high blood pressure, and osteoarthritis, among other issues, according to scores of research studies.

Even so, women are resilient and outlive men by more than five years in the U.S. As people move into their 70s and 80s, women outnumber men by significant margins. If we’re concerned about the health of the older population, we need to be concerned about the health of older women.

### **More People Are Living Longer...and Movement Is the Key**

More people are living to 100 than ever, and the trend is predicted to continue for decades. Exercise is playing a major role. In short, longevity is having a moment.

Fitness culture is now full of discussions of the distinction between “lifespan” (how long a person might live) and “healthspan” (the period of life when you’re generally healthy and free of serious or chronic illness).

Maintaining strength, endurance, and flexibility means you’re less likely to grow frail, dependent,



or sidelined by common chronic illnesses like type 2 diabetes, obesity, and heart disease.

One study published in the journal *Circulation* suggests that sticking to these five behaviors could extend a woman's life at age 50 by 14 years, and a man's by 12 years. They are:

1. Don't smoke.
2. Keep a healthy weight.
3. Get regular physical activity (30 minutes a day in this study).
4. Consume a healthy diet.
5. Drink alcohol moderately, if at all.

All five factors are tied to the top killers—cancer and diseases of your heart and blood vessels. Taking these steps can make a big difference in your quality of life, as well as your longevity.

### **One in Three Older Adults Experience Occasional Constipation**

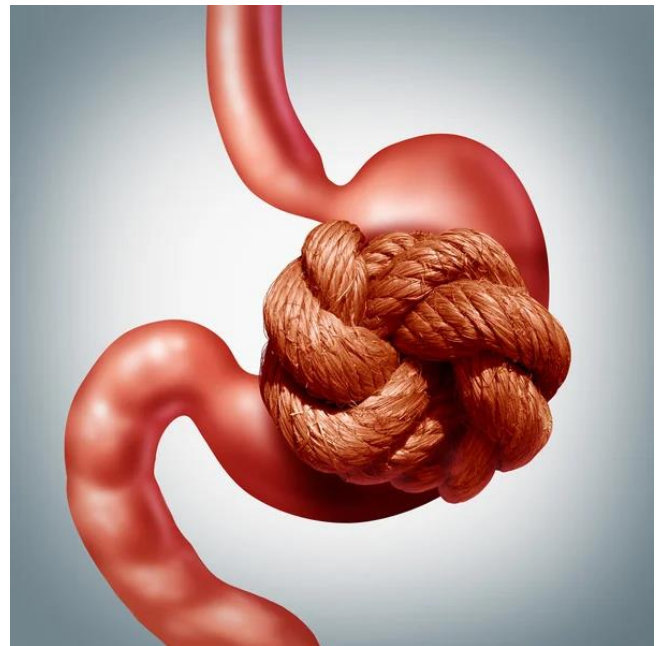
According to the National Institute on Aging, people differ in how regularly they have bowel movements. Having "regular" bowel movements simply means that bowel movements occur at a frequency that is normal for that individual. If a person experiences infrequent bowel movements, they may have constipation.

Around one in three older adults experiences occasional symptoms of constipation. These may include:

- Producing fewer than three bowel movements in a week
- Having difficulty passing stools
- Producing lumpy or hard stools
- Experiencing a sensation of having blocked bowels or not having fully emptied the bowels.

Older adults can try the following home remedies for constipation:

- Eating three meals per day and avoiding skipping meals
- Increasing intake of fiber-rich foods of gradually
- Drinking 6 to 8 glasses of water per day
- Limiting or avoiding highly refined and processed foods
- Exercising regularly and including walking or other weight-bearing exercises three or more times per week
- Going to sleep at the same time each night, and getting good quality sleep
- Managing stress.



If these home remedies don't work, you should obviously see your family physician.

### **How to Advocate for a Loved One in the ER or Hospital**

Picture your 80-year-old father in the intensive care unit needing dialysis or your 76-year-old



mother with severe dementia facing emergency surgery.

These scenarios are becoming increasingly common as 1 in 6 adults in the U.S. are now over 65, a number steadily rising with the aging baby boomer generation.



And as our population ages, the likelihood of an older family member becoming hospitalized grows. Many of us will inevitably confront the challenges of hospitalization—oftentimes due to a medical emergency when we least expect it.

The critical question is: Are you prepared? Families often find themselves unprepared for the profound impact illness and injury can have on a loved one.

While a patient may have been active and healthy before needing hospitalization, illness in a 75- or 80-year-old is not the same as illness in a 50-year-old. Older patients generally need extra support in the hospital, require longer recoveries after serious illness or injury and are less likely to return to their prior quality of life.

Understanding how to advocate for your loved one in the emergency department or inpatient hospital setting is crucial for ensuring they receive the best possible care.

In order to provide the best support for them, go with them to the hospital, be prepared with essential information, ask questions, communicate with their health care team, seek out hospital resources, and plan for post-hospitalization care.

**Ten Ways to Prevent Pickleball Injuries.**

As noted in earlier issues of *Savvy Jersey Seniors*, pickleball-related injuries are on the rise. Here are 10 tips from orthopedic surgeons to help reduce your risk of injury on the pickleball court.

1. Consult your physician before starting pickleball, if you're not usually physically active.
2. Aim for 150 minutes a week of regular exercise outside of pickleball to limit fatigue when playing. Great options include walking, jogging, running, swimming, biking, using an elliptical trainer or walking in a pool.
3. Wear supportive, non-slip shoes that have good lateral stability.





4. Warm up properly, including dynamic stretching and light cardiovascular exercises to prepare the muscles and joints for activity.
5. Ramp up the duration and intensity of play gradually.
6. Do strengthening exercises that focus on shoulders, core and legs to improve stability.
7. Learn and practice proper playing techniques to avoid overuse strains.
8. Take regular breaks and allow for rest periods.
9. Listen to your body—pay attention to pain or discomfort and address it promptly to prevent making a potential injury worse.
10. Rest one day per week

“Pickleball is fun and can bring out the competitor in you, but you shouldn’t just pick up a paddle and play,” orthopedic surgeon Cassandra Lee explains. “With any sport, you should take lessons to learn the mechanics to not only improve performance, but to limit injury.”

Orthopedic surgeon Mariano Menendez agrees: “As a pickleball player myself, I think it’s a fun sport that can be played safely with the right precautions.”

### **Tips on How to Prevent Fraud and Avoid Scams**

Nobody wants to be a victim of a fraud or scam. At best, it’s embarrassing. At worst, it can literally ruin your life.

The AARP Fraud Watch Network offers the following tips on how to prevent fraud:

- *Beware the faux phone call.* The phone is still No. 1 in the heart of scammers. Use your voicemail or answering machine to screen incoming calls when you aren’t absolutely certain who is calling. You can’t trust caller ID because scammers use technology to hide their identity. Know that federal, state and local government agencies will not call you out of the blue and demand money. Same with major retailers, such as Amazon and utilities, like your water company. And add all of your phone numbers to the National Do Not Call Registry at [donotcall.gov](http://donotcall.gov) or 1-800-382-1222. This will reduce the number of legitimate telemarketing calls, making it easier to spot scam calls.



**NATIONAL ELDER  
FRAUD HOTLINE**

**1-833-FRAUD-11**

**1-833-372-8311**

- *Don’t click those links.* These days, it’s easy for criminals to send authentic-looking emails or texts that appear like they are coming from an entity you do business with. Skip the click. Instead, go to your web browser and type in the web address of who you think is trying to contact you. If you have an app for them, log in to see if they are really trying to reach you. Beware of online ads, too. A click on a scam ad

could send you to a perfect copy of a legitimate retailer’s site or could download malicious software intended to steal your credentials. Stick with retailers that you have already done business with or that you trust.

- *Social distance on social media.* Avoid accepting friend requests from strangers and know that accounts are easily hacked, so a message from a friend encouraging you to click a line for a free grant may actually be a criminal who has hacked your friend’s account.
- *Pay safely.* Consider any request for an unusual payment method to be a red flag. These include money transfer apps, gift cards, cryptocurrency and wire transfers. The safest way to

pay for purchases is with credit cards because they offer consumer protection.

Debit cards have similar protections, but if yours is compromised and money leaves your account, you have no access to that money until the card issuer confirms fraud did occur. This could take weeks.

For more information, go to [aarp.org/fraudwatchnetwork](http://aarp.org/fraudwatchnetwork). And remember there is also a National Elder Fraud Hotline: 1-833-FRAUD-11

### **Liver Disease: Hidden Risk Factors and Warning Signs**

Drinking, taking antibiotics, even high blood pressure can tax your liver in potentially dangerous ways. Many think of alcohol as the main cause of liver complications. But contrary to popular belief, various factors impact liver health, including weight, certain medications, genetics and even viral infections.



No matter the trigger, a major concern surrounding liver disease is its silent progression. Your liver could be losing its ability to filter out harmful substances from your blood long before symptoms appear.

Most of the time you don't know your liver has been harmed until you develop the advanced symptoms of cirrhosis.

"That's the tough part of treatment," says Anurag Maheshwari, M.D., a

gastroenterologist with the Institute for Digestive Health and Liver Disease at Mercy Medical Center in Baltimore. "Convincing patients that they need to act now in order to avoid complications in the future can sometimes be a challenge, because they don't feel any different today."

In the early stages of chronic liver disease there are often no symptoms. Occasionally people with early-stage liver disease experience fatigue, right-side abdominal pain, increased bruising or itching—symptoms that are usually missed because they could be caused by other ailments. The liver is located in the upper-right portion of the abdomen, below the diaphragm and on top of the stomach, right kidney and intestines. In adults, it weighs about three pounds and is shaped like a cone.

"If you have discomfort on your side, for instance, it could be a million other things," says Jamile Wakim-Fleming, M.D., director of the Fatty Liver Disease Program at Cleveland Clinic. Routine checkups, lab tests or imaging studies are typically how patients first find out if they're developing a liver problem or disease.

As liver disease advances, the signs become clearer and warrant immediate medical attention:

- Jaundice or yellowing of the eyes or skin.
- Pain and distention of the abdomen due to the release of fluid from the liver.
- Swelling of the lower legs due to fluid retention.
- Confusion or forgetfulness—when the liver isn't functioning properly, toxins build up in the blood and can travel to the brain, affecting brain function.
- Dark-colored urine.
- Pale-colored stool.

- Chronic fatigue.
- Nausea or vomiting

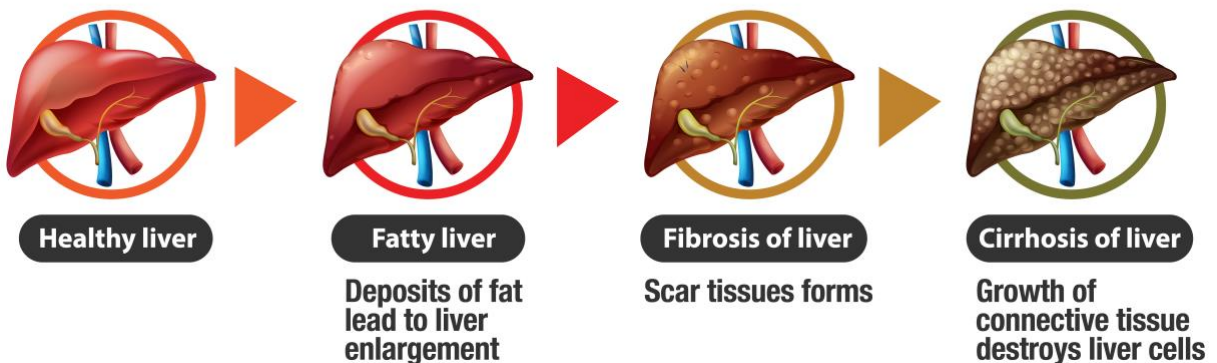
Older adults who are in good health are not inherently more prone to liver disease. But older age can amplify the severity of symptoms associated with liver problems, making recovery more challenging. What's more, treatments may not work as well in older people as they do in younger people.

It's always better to prevent liver failure than to treat it. Here are some common—and not so common—risks and how you can avoid or stop the damage.

*Risk No. 1: Alcohol intake:* We all know that alcohol can be hard on your liver. But how much is too much? Maheshwari notes that a safe alcohol limit may seem surprisingly low: no more than one alcoholic beverage a day (or seven drinks in a one-week period) for women and two or fewer drinks for men (or 14 drinks over a week's time).

"When patients drink alcohol in excess, beyond the capacity of the liver to metabolize it, the excess alcohol is turned into fat and stored," Maheshwari says. "Called steatosis, this fat interferes with the liver's function and causes cell death."

## STAGES OF LIVER DAMAGE



The good news? Putting the brakes on alcohol consumption can stop the progression of fibrosis, and liver function may improve. "But it depends on when it was caught," says Wakim-Fleming. "A lot of people who have alcoholic liver disease end up needing liver transplants because they don't stop drinking until [too] late." Of course, if you suspect you may have a problem, talk to your doctor, who may refer you to a specialist for evaluation and tests.

*Risk No. 2: Weight:* With obesity rates on the rise in the U.S., there's been—along with an alarming increase in diabetes and other metabolic ills—a growing epidemic of nonalcoholic fatty liver disease (NAFLD), which occurs when too much fat is stored in the liver.

"Obesity, diabetes, high blood pressure, high cholesterol—common features of metabolic syndrome—are all known major risk factors for the development of fatty liver disease," says Craig Lammert, M.D., associate professor of medicine at the Indiana University School of Medicine and a practicing gastroenterologist and hepatologist at IU Health. As with alcohol-related liver damage, these conditions cause fat to be deposited in the liver.



"The scary piece of this is, anywhere from 15 to 50 percent of the nation's population may have too much fat in the liver," says Lammert. Of those, he says, about 5 percent are at risk of inflammation that can damage the liver. "But we don't always know who that's going to be."

Inflammation hurts the liver by way of a condition known as nonalcoholic steatohepatitis (NASH), which damages and kills liver cells. "We're hearing a lot about this because over the next few years, fatty liver disease will probably be near the top, if not the top, cause for liver transplantation in this country," Lammert notes.

If you're carrying around excess pounds or battling diabetes, high cholesterol, or high blood pressure, the risk of liver failure just adds another good reason to shed some weight and get your blood sugar, cholesterol, and blood pressure under control. Although there is no cure for NAFLD, it can be reversed.



A new study published in the *Journal of Hepatology* found that diet and exercise are an effective way to treat and improve liver disease that's often associated with

excess weight.

Researchers at the University of Missouri School of Medicine divided 24 patients with a type of liver disease caused by excessive fat buildup into two groups. One followed an intensive diet and exercise program for 10 months; the other followed the standard of care treatment. The diet and exercise group saw "significant and clinically meaningful" effects on their liver health, the researchers discovered with imaging and diagnostic biopsies.

"Obesity and diabetes are going up in the country, and they are the two main risk factors for fatty liver disease," said study author Elizabeth Parks, a professor of nutrition and exercise physiology at the University of Missouri School of Medicine. "We know diet and exercise can alleviate these health conditions. Liver disease is increasing too fast. We were able to show in our research how diet and exercise should be the mainstay of treatment for the disease."

*Risk No. 3: Drugs and Supplements:* Certain drugs and supplements can also injure your liver, depending on the dose and other factors. Taking too much acetaminophen (Tylenol) is the most common over-the-counter risk. "People who overdose with Tylenol overwhelm the metabolizing system and drive liver toxicity," Lammert says.

But patients should have few problems if they take the pain reliever as prescribed, which includes consuming no more than 4,000 milligrams in a day. Those with existing liver disease may be advised to take less than 2,000 milligrams.

One caveat: If you're taking acetaminophen at those levels, be sure to avoid alcohol, which would add to the cumulative burden on the liver, Lammert advises. Other painkillers, including NSAIDs like ibuprofen (Motrin) and naproxen (Aleve), can be similarly harmful under the same circumstances. If you are taking anything approaching the maximum dose of acetaminophen, be aware that the drug



is often found in other products, such as multi-symptom cold and flu formulations, making it easy to unwittingly double the amount you are taking. So be sure to check product labels for acetaminophen.

Surprisingly, "antibiotics are probably the most important cause of liver injury we see," Lammert says. This is particularly true of Augmentin (a combination of amoxicillin and clavulanate), which is used to treat common bacterial problems like sinus and urinary tract infections. Liver complications affect an estimated 30,000 people a year taking this compound in the U.S. And although most of the harm is temporary, some is so damaging as to require a liver transplant.

There are also reports of liver damage with certain supplements, including bodybuilding and weight-loss supplements that contain green tea extract, linoleic acid, and androgenic anabolic steroids. Even two essential nutrients, vitamin A and niacin, can harm the liver if taken above the recommended doses.

*Risk No. 4: Viral Infections:* Hepatitis B and C are viral infections of the liver that can lead to liver damage and even cancer. (The vast majority of people with hepatitis A recover with no lasting harm.) As with other liver diseases, people with hepatitis often don't have symptoms and may not know they are infected, Wakim-Fleming says.

People contract hepatitis B (HBV) through blood, semen, and other body fluids and by sharing personal items (needles, razors) with someone who has the infection. Hepatitis C (HCV) is contracted through contact with the blood of someone with HCV, often through the sharing of drug paraphernalia or through a transfusion of contaminated blood or organ transplant prior to 1992, when blood started to be screened for the virus. More than half of people with HCV develop a chronic infection, and up to 25 percent develop cirrhosis over 10 to 20 years,

according to the Centers for Disease Control and Prevention.

Vaccines are available for HBV, and everyone ages 18 to 79 should get an HCV test at least once, particularly those born between 1945 and 1965. "The guidelines over the past 10 years or so are that all baby boomers should be screened for hepatitis C," Lammert says. Despite this recommendation, too few people who are eligible seek testing. "The good news is we now have good treatments to eradicate the disease."



*Risk No. 5: Genetics and Autoimmune Conditions:* Genetic conditions like hemochromatosis and Wilson's disease can contribute to the development of liver disease. In these conditions, excess metals can build up in the liver, causing cirrhosis and organ toxicity.

Additionally, autoimmune conditions may lead to liver disease and, to some extent, genetics may play a role,

as well.

The exact cause of autoimmune liver disease is not fully understood by doctors; however, it is theorized that factors such as infection, medication, or chemical exposure could act as triggers. While there may be a genetic predisposition, the specific role of genetics in causing autoimmune diseases remains unclear.

Treatment for autoimmune liver disease typically involves long-term management, and while the majority of patients respond well to treatment, they often require lifelong medication.

When to see a doctor? Given liver disease's silent nature, patients should see a doctor as soon as they become concerned about their liver function, Maheshwari says. Make sure that routine liver tests are incorporated into physical exams so any abnormalities can be detected early.

Note that AST and ALP blood tests, which assess liver function, don't necessarily correlate with liver injury. If levels are slightly elevated longer than six months, a full evaluation may be necessary to determine the underlying cause. A specialist may administer a noninvasive test, such as an elastography, to better understand liver function.

Treatment options for liver disease vary depending on the cause, with a liver transplant being the last resort. For some, eliminating alcohol or inflammatory medications may be necessary. In the case of viral hepatitis, medications may be required to combat the virus.

Meanwhile, for individuals dealing with an autoimmune liver disease, a medication to suppress the immune system from attacking itself may be needed.

Unfortunately, genetic conditions often have limited treatment options, and a liver transplant becomes the ultimate recourse for those with end-stage liver damage.



## Magnesium: Your Body Can't Make It, So You Have to Get It from Your Diet

Magnesium is a mineral that helps your body work properly. But your body can't make magnesium on its own, so it's important to get enough of it from your diet.

A low magnesium level, also called "hypomagnesemia," is a blood magnesium below 1.7 mg/dL. There are several different causes, like poor dietary intake or loss of magnesium from the urinary or digestive tract. Severe magnesium deficiency can cause problems with the function of your nervous system and heart. It can lead to things like muscle spasms, seizures, or heart arrhythmias.



Oral or intravenous magnesium can supplement a low magnesium level. But it's important to find and address the underlying cause.

Magnesium is a mineral that the body uses for many processes in every organ and cell.

We often hear more about other electrolytes—like sodium, potassium, and calcium—and less about magnesium.

But like these other electrolytes, magnesium plays a critical role in our metabolism and overall functioning.

It's especially important for the nervous system and the heart's electrical conduction system.

Low or deficient magnesium levels can cause a variety of problems. Some are more serious than others. Many of the symptoms involve problems with the electrical conduction in your nervous system and heart.

Some of the symptoms of hypomagnesemia may include:

- Weakness and fatigue
- Tremors or muscle twitching
- Muscle cramping
- Heart palpitations or heart arrhythmias
- Numbness
- Seizures
- Confusion or mood changes.

Some medications can cause you to lose more magnesium in your urine. These medications include:

- Diuretics that treat high blood pressure and heart conditions, like hydrochlorothiazide
- Antibiotics, like aminoglycosides
- Chemotherapy medications, like cisplatin
- Proton pump inhibitors, like pantoprazole.

If your magnesium is low because you aren't getting enough magnesium in your diet, try to eat more of the following foods that have lots of magnesium:

- Nuts and nut butters—especially almonds, peanuts, and cashews
- Spinach
- Grains, like rice and whole-wheat breads and cereals
- Black beans and edamame
- Soy milk
- Yogurt
- Potatoes



The bottom line is that magnesium is an important mineral in the body. It plays an especially important role in the electrical conduction pathways in the nervous system and heart. A low magnesium level can have many different causes. And it's important to identify and address the underlying reason in addition to treating the low level with oral or IV supplementation.

Luckily, many causes of low magnesium are easily

treated. And you can often fix the magnesium level by taking oral supplements and increasing magnesium-rich foods in your diet.

### **Foods You Can Eat Without Gaining Weight**

Here are some healthy options that are light on calories and fat, plus they fill you up.

Cutting is critical when you're trying to lose weight. You cut calories. You cut fat. Basically, anything that's crammed with carbs, sweetened with sugar, or dipped in a deep fryer is suddenly off-limits.

But dieting doesn't have to require deprivation, according to AARP. Many delicious (and healthy) foods can still be part of your dining repertoire. Some members of the produce family are so light in calories and fat that you can eat them with (relative) abandon.

The one category of foods that you can eat loads of without suffering the consequences of weight gain are nonstarchy vegetables, says Alexis Supan, an outpatient dietitian with the Cleveland Clinic Center for Integrative & Lifestyle Medicine.

"Mostly any vegetable besides potato, corn and peas, you can eat endlessly," she says.

Indulge in these to your heart's content, along with a balanced diet.

1. Celery
2. Lettuce
3. Watermelon
4. Broccoli
5. Cauliflower
6. Grapefruit
7. Mushrooms
8. Strawberries
9. Blackberries
10. Raspberries
11. Blueberries
12. Kiwi
13. Carrots
14. Spinach
15. Kale



A cup of chopped broccoli or a grilled portobello mushroom contains just 30 calories and less than 1 gram of fat. You can chow down on two entire cups of lettuce and consume less than 16 calories. Because of its high water content, a whole tomato has a mere 22 calories.

Cauliflower, kale, carrots and sprouts are similarly nutrient-dense and light in calories.



These produce mainstays bring a few other things to the table. "What makes them so incredible and so beneficial for weight maintenance and weight loss is they are high in macronutrients [such as carbohydrates] and micronutrients [vitamins and minerals]. And they're rich in fiber," says Beata Rydyger, a registered nutritionist based in Los Angeles. Fiber keeps your blood sugar levels stable, which helps you avoid sudden attacks of the munchies that might otherwise make you crave junk foods.

If vegetables aren't your favorite foods, you might be thinking how unappealing this way of eating sounds. But there are ways to spice up your veggies to make them more palatable.

Roast them in olive oil spray, then add a blend of garlic and other herbs and spices, Supan suggests. If you love dip, which tends to be high in fat, use salsa instead to add even more vegetables into the mix. Or blend a ranch flavor packet into plain Greek yogurt. "Now you have a really high-protein, very healthy dip that you can use along with your vegetables," she says.

Fruits are a different story. With most of them, you don't want to go overboard. "Grapes are a



perfect example. A lot of people love to snack on grapes and could eat the whole bag in an afternoon without really thinking about it. But grapes are a high-sugar food,” Supan cautions. “Keeping most fruits to a cup-and-a-half for the day is a good goal to have.”

The exceptions are berries (strawberries, blueberries, blackberries), kiwi, and grapefruit. These fruits are high in fiber and low on the glycemic index—which means they won’t boost your blood sugar too much. Just be careful before eating grapefruit to make sure it doesn’t interact with any medications (such as statins) you take. And don’t load it up with sugar to make it taste sweeter.

If you’re looking for all-you-can-eat foods, it may be worth revisiting your entire diet to make sure it’s satisfying. “When people eat the right meals throughout the day, that tends to fill them up much more, and they don’t have that constant hunger,” Supan says.

Many other foods pack a powerful nutritional punch for their calorie count. Examples are healthy proteins such as fish, chicken, tofu or beans, which should be part of each meal. You also want to add healthy fats from nuts and olive oil, vegetables and whole grains such as quinoa or brown rice to your meals. “These foods will create satiety, and you can go longer without feeling that urge to snack, so you won’t overindulge,” Rydyger says.

Snacking on other high-protein, high-fiber foods will help to hold you over until dinnertime. A can of tuna, an apple with a tablespoon of peanut or almond butter, a handful of nuts, a cup of



plain air-popped popcorn, a half-cup of cottage cheese, or a hard-boiled egg all make excellent options. Though they do contain calories, they’re high in protein, so you won’t be tempted to overeat at your next meal.

Moving away from processed meats and toward plant-based proteins can provide benefits for your heart as well as your waistline. A November 2023 analysis of studies published in *BMC Medicine* found that replacing processed meats with nuts, legumes, and whole grains led to a lower risk of heart disease and death.

Drinking a glass of water or having a cup of bone broth (which contains protein in the form of collagen) might also help fill you up before a meal.

When you’re used to eating a certain way, making large-scale changes to your diet can feel overwhelming. “That’s why I recommend for clients to start very slow. Make a few swaps each week, and see if that works. Maybe add one vegetable into a meal once a day,” Rydyger suggests. “Starting very small and

building your way toward a lifestyle change is important.”

When it comes to dieting, the aim is not “How low can you go?” Your body needs calories for

energy. Try to focus less on the numbers and more on the overall quality of your diet. The most important thing is to eat whole foods—ones that aren't processed in a factory.

Eating nothing but low-calorie foods could rob your body of the nutrients it needs, such as the calcium that keeps your bones strong. Plus, it could leave you starving and have the opposite of the intended effect.

"Those low-calorie diets lead to blood sugar instability and harsh crashes," Rydyger says. "You're bound to crash at some point and overcompensate with even more food than you had originally planned to eat."

When making changes to your diet, you don't need to go it alone. It's preferable to get some help from your primary care doctor or a dietitian. Your doctor can check your vitamin and cholesterol levels to make sure you safely embark on your new way of eating. A dietitian can assess your needs and create a meal plan that's not only tailored to your goals but also sustainable over the long term.



"Where do you want me to wait?"



### **The People Who Have Helped Make SJS Happen**

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