

(Ed Redfern): Our first question Dr. Leipzig you spoke about high blood pressure, how low is blood pressure what's low blood pressure?

Dr. Rosanne Leipzig: Low blood pressure depends on the individual and the status of their heart as well. In general blood pressure below 90 over 60 are of concern. But for any individual you may have symptoms of low blood pressure where your pressure is a little higher than that. Symptoms of low blood pressure include feeling a little dizzy particularly when you stand up or try and move around. It also can make you feel a little faint and give you the tendency to feel as if you are going to fall. So it is a concern, it's rare to see it happen because of the treatment of high blood pressure but you want to keep your blood pressure for the most part above 90 over 60.

(Ed Redfern): OK, next question. Is the vaccine for shingles covered under the new health care plan?

Dr. Rosanne Leipzig: The health of this – vaccine for shingles has been covered as a prescription drug not as a vaccine and to my knowledge that does not change with the new health care plan. What that means is that you have to pay for it out of pocket and you get reimbursed as you would for any other medication under part D Medicare. The concern with that is that that means about 200 dollars out of pocket although you will get reimbursed by your medication plan.

(Ed Redfern): Next question ...

Dr. Rosanne Leipzig: Let me just – Let me just add on that that it's extremely an effective vaccine particularly for people who are 60 to 80. The younger old people get much a much greater benefit from it. It decreases the likelihood that you are going to get shingles and probably more important for most people, if you get shingles it decreases the likelihood that you are going to have that terrible pain and that terrible prolonged pain that you hear from people having. So if you can, try and get that vaccine.

(Ed Redfern): Thanks. I want to encourage our listeners that they can ask questions or during this Q&A period. Just go to the top of the screen and click down the

icon for Q&A. The next question is what happens to screening for prostate cancer for men.

Dr. Rosanne Leipzig: Screening for prostate cancer for men remains a big question at the moment. The problem with this is that the PSA which is the way in which – it's a blood test which is used to screen for prostate cancer is very non specific. PSA goes up with a number of conditions that are not prostate cancer. So the fact that you have an elevated PSA doesn't mean that you have prostate cancer. So if you have an elevated PSA I advise you to take it. And again, another confusing point as men get older almost all men have areas of prostate cancer in their prostate. The vast majority of them will never have clinically evident cancer.

So this is one of those areas where the idea that catch it early means you will save your life and save yourself from disease and morbidity isn't necessarily true. We have a number of studies that show that looking early and finding early prostate cancer, people can go 15 to 20 years before they are going to actually have disease from that. If you treat that initially then you have all the side effects for treatment 15 to 20 years before you would have had problems with the cancer. So it's a very difficult area. The last time the test was looked at, basically the feeling was men who were 75 and older there was really no reason to be doing PSAs.

Most people would out live the disease. They would die of something else and would never know that they had prostate cancer. For men younger than 75 the answers aren't in yet as to whether it really saves lives or not. What we need is a better screening test for prostate cancer.

(Ed Redfern): OK. The next question is my doctor says I have pre diabetes can I do something to prevent getting diabetes?

Dr. Rosanne Leipzig: Absolutely. That's one of the reasons to get screened and to see your doctor regularly is to pick up conditions before they become manifest. So pre diabetes means that your sugar is higher than it should be but lower than what we use to cut off for saying you actually have diabetes. And people with pre diabetes are able to prevent developing diabetes by losing weight and

increasing exercise. It is interesting because this has been compared to medications and weight loss and exercise are better than the medication for the preventing going from pre diabetes to diabetes. So another good set of reason to follow some of the other recommendations that I gave today.

(Ed Redfern): Follow up question that is what is normal pre meal glucose level for pre diabetes person.

Dr. Rosanne Leipzig: That's a hard question to answer because the real answer is what should a normal pre med pre meal glucose be. So for those of you who aren't familiar with diabetes, diabetes is the elevation of blood sugar – but you know your blood sugar changes throughout the course of the day and certainly every time you eat your blood sugar changes and it goes up. Before your next meal if you hadn't been eating it goes down and what you would like it to do is to go down into normal range regardless of whether you are pre diabetic, diabetic or non diabetic and that's below – a hundred or below is where you would like it to go. So that's the target.

(Ed Redfern): OK. So the doctor's still do digital rectal exams for – to check prostates?

Dr. Rosanne Leipzig: Yes, they do. Digital rectal exams are exactly what they sound like OK. Your doctor does this as part of your regular physical exam and what we are looking for there are nodules on the prostates and the nodules are far much likely to be prostate cancer than that elevation in the blood test that we talked about before: The PSA. So they are done there are still not a lot of great data showing that doing a digital rectal exam and every man who comes in every year increases or decreases the chance of men dying from prostate cancer.

And to a large degree it has been – the PSA has taken over from it over the last several years. So we'll have to see if we go into the future whether people will start relying more heavily on the digital rectal exam.

(Ed Redfern): OK. The next question is if I wanted to get a colon – colonoscopy, where do I figure out where to go?

Dr. Rosanne Leipzig: You need to go to your doctor and talk to your doctor. That's not something you want just to decide on your own that you need to have happen. Mainly because you need to do the preparation for it and you need to have some sort of relationship with the person who is going to end up doing this exam. They need to know your medical history. Colonoscopies are done under anesthesia. Not the kind of anesthesia that requires intubation and all that but what's called the conscious sedation.

You are kind of aware of what's going on but you feel like the time passes very quickly and actually you are sleeping during the most of it. So in order to have that you need to be seen by a physician who really finds out your medical history and works with you, provides you with the right preparation for you to clean out your colon. So my answer is see your doctor.

(Ed Redfern): OK. Here is a two part question. Are there different kinds of machines used for mammography and what should I ask for when selecting a place to have one?

Dr. Rosanne Leipzig: OK. There are three different types of tests currently done to screen for breast cancer and doing imaging. The first is the mammography that most women are familiar with and that results in a film in X ray. These are being replaced by digital mammography. There is probably no major benefit to the patient but there is a major benefit in terms of being able to store the images and just like things went from VCRs to DVDs, mammograms are going from film to digital. The biggest change is the MRI for – to screen for breast cancer and MRIs obviously are a lot more expensive but also they are really unnecessary for the vast majority of women who are at regular risk for breast cancer.

MRIs are best for people who are at extremely high risk, for people who have had cancer already or for people who have very dense breasts particularly many younger women it's very hard to get a good picture with a plain mammogram. The MRI is much better. As you get older actually the mammogram becomes much – a much better tool for picking up breast cancer in older women than it is in younger women. So basically there are two different types: There's the film or digital and there is the MRI and the vast

majority of people the film or digital is absolutely fine. The second part of the question, where to get it is you need to be sure that the place that you are getting your mammography is a certified mammography facility and the FDA certifies them. You can go to the web, you can search for MQSA Mammography Quality Standard Act certified mammography facilities and they will give you a list by zip code and you can find one in your area.

(Ed Redfern): OK thank you. I have pre hypertension. How can I correct this?

Dr. Rosanne Leipzig: You know pre hypertension and pre diabetes respond to the same thing. Exercise, losing weight, if you are a smoker stop smoking you can decrease your blood pressure ten point by stopping smoking. So that's a big one. For – and the other thing is to decrease your salt intake. Not everybody's blood pressure is responsive to decreasing salt but many people are not always decreasing your salt intake.

And the first thing you can do is stop cooking with salt because you put a lot of salt in for less taste when you are cooking with it. The second thing you can do is stop buying food that have high salt content and that's particularly processed and canned foods. And then the third thing you can do is just watch the salt shaker, taste your food before you salt it. Many of us are in the habit of just picking up that salt shaker before we even taste what the food is like. So those three things can help you with decreasing your salt intake as well.

(Ed Redfern): Are TSA irreversible?

Dr. Rosanne Leipzig: I am sorry I didn't hear you.

(Ed Redfern): Is a high TSA irreversible?

Dr. Rosanne Leipzig: A high TSA?

(Ed Redfern): Yes.

Dr. Rosanne Leipzig: OK. It depends on what is causing the high TSA OK? So the TSA alone is – the number is not what your concerned with as why it's high. If you have a large prostate which happens in most men and it's not cancer you will have a

high TSA and you don't need to do anything about that unless that large prostate is giving you trouble, making it difficult for you to urinate or getting up in the middle of the night to empty your bladder and you can live with a high TSA and it doesn't cause you a problem. It's really – the question is really why is the TSA high.

(Ed Redfern): OK. Another question if I have high cholesterol how will I know? Will I feel any different?

Dr. Rosanne Leipzig: No, unfortunately you won't at least not until you have had very bad side effects of having had high cholesterol that is the stroke or the heart attack and that's the reason why you really have to get it checked out. And go to your doctor, find out what your LDL and your HDL are.

(Ed Redfern): OK, where can someone go to get all the screenings in one place such as – does this place exist?

Dr. Rosanne Leipzig: In general no because you need to – you need to have the machine for the mammogram, you need to do the preparation for your colonoscopy but you can go and you should have one person your doctor, your primary care person who knows and follows with you all the screening tests that you need and can refer you to the appropriate places when he or she can't do them in their office.

(Ed Redfern): OK, the next question is I don't remember what screenings I have had and when I have had them how do I find out?

Dr. Rosanne Leipzig: Well that's again where the regular health care provider comes into play. Your regular health care provider should be able to provide you with a record of your screening. Now if you've had a mammogram you should have received a letter telling you the results and when you should schedule the next test. It's also important for you to keep your own records since you may have full screenings outside your doctor's office, for example a blood pressure check at the mall or cholesterol screening at a community health fair. On the hand out there is a link to view the men and women stay healthy at 50 plus checklist for your health and that includes a breakdown of recommended

health screenings and vaccines for men and women 50 plus and it's something that you can use to keep track of your screenings and preventive health care.

(Ed Redfern): Why is it important to be at a healthy weight and what difference does it make?

Dr. Rosanne Leipzig: I would love to be able to say it doesn't matter unfortunately increased weight has been associated with everything from difficulties with your heart as we talked about, increased diabetes problems with something called sleep apnea where at night your unable to – you stop breathing in essence and have to gasp and catch your breath, it's been associated with depression with a number of different conditions.

The question is what really is a healthy weight and that's something we are not 100 percent sure of, some work that has been done recently suggests that as you get older it might be OK to be carrying a few extra pounds around, the real problem is when you get to the point where it's affecting your health and your function. So extra weight can make it more difficult to do the things you want to be doing can make you more tired and fatigued doing things around the house or when you are going out and it also if you have medical conditions it can contribute and make them worse as we talked about before with high blood pressure and diabetes. So there is the reason why everybody is so concerned about healthy weight.

(Ed Redfern): OK and how does stress play into health and specifically diabetes, and can stress be reduced?

Dr. Rosanne Leipzig: Literally two questions, stress has been associated with many bad health outcomes including injure so when people are under stress they can get the same sorts of chest pain and pressure that you get from narrowing of coronary artery or from exercising when your arteries are narrowed, so stress can play into that. It can cause muscle skeletal aches and pains, muscle contractions and just feeling poorly in that way, people get ulcers from stress, asthma from stress. It can also contribute to diabetes in terms of its effect on blood sugar and the hormones that regulate blood sugar.

So stress in general is bad for your health. What can you do about it? There are a number of things that can be done, meditation, exercise both have been shown to decrease stress and to – actually help with decreasing blood pressure and improving peoples function. There is – meditation many people think what are you talking about here and really what we are talking about is calming yourself down learning to identify when your are feeling stress, when your body feels like when you are feeling stress and to take that deep breath and just stop. I think everybody knows how we get ourselves all caught up in certain thoughts and feeling and ruminate on them and something needs to break the cycle and it's sometimes taking a deep breath, sometimes it's getting up getting out of where you are and going for a walk. But each person has to figure out what the triggers are for our stress and then some things that can help it out.

(Ed Redfern): OK the next question is my brother has diabetes what are my chances of getting it and can I get tested?

Dr. Rosanne Leipzig: OK, well there is certainly a family relationship to getting diabetes there are two types of diabetes. There is type one which is usually seen in younger people and type two which is usually seen in older people and type two is the one that is more weight related, both have some genetic component but the type one has more. If you have a family member with diabetes you should make sure that your doctor knows and your doctor can work with you to decide how often you need to have your glucose tested to see if you are developing diabetes or not.

(Ed Redfern): Can I check my cholesterol without going to the doctor?

Dr. Rosanne Leipzig: You can. There are health fairs at wall greens and other drug stores. There is the ability to go and have cholesterol checked. The concern with this is you really need then to see someone to interpret the results for you, so often times all you will get during that is a total cholesterol it doesn't breakdown to the LDL and HDL. If your total cholesterol is high then you clearly need to see your doctor and get it checked out but the fact that it's not high doesn't mean that your LDL and HDL are where they should be, so it can be a test

that can kind of get you motivated to see your doctor to talk about it but if it's normal you still should probably have it checked out with your doctor.

(Ed Redfern): What is the best way to get the recommended amount of calcium and vitamin D for bone health?

Dr. Rosanne Leipzig: Calcium comes from milk, dairy products, cheese, yoghurt, George Bush's favorite vegetable broccoli has a lot of calcium and then if you take a look at a lot of the foods now their calcium and vitamin D fortified. Orange juice, cereal, tofu and many nuts contain calcium. So there are a lot of places like that, that you can get calcium. For vitamin D it may be a little bit harder to come by and that's why there is a recommended daily amount of vitamin D and many vitamin pills will give you vitamin D. The vitamin D in your body needs to be activated as well. Simply having it in the body does not work. You need to go out in the sun and get that 15 minutes of sun twice a week. So keep your – keep the sun screen off for 15 minutes OK. From your hands from your face, get out there and let the sun get in and then if you are going to be out there longer make sure you put it back on.

(Ed Redfern): OK. We have time for a couple of more questions here. Abdominal aortic aneurisms are more likely in families and if I am a female with a family's history should I get screened?

Dr. Rosanne Leipzig: If you are a female with a family history you should speak to your doctor about being screened. Again it is extremely unlikely that you will have the problem but you are more likely than the average woman. And women tend to get this problem at an older age than men. It's more common in 80 and older whereas in men as I mentioned age 65 to 75.

(Ed Redfern): Here's a question. Can you please explain shingles? There are a lot of questions about that.

Dr. Rosanne Leipzig: I can explain it personally as well as professionally. Shingles is a virus that happens – it's placed inside of the nerve cell when you have chicken pox. So many years ago you had chicken pox, you got better from it but the virus that caused it stayed in your body and your body protected you. Your immune system was working and protected you for a long period of time. Certain

things including stress and aging can cause your immune system to not be as vigilant as it was when you were younger and when that happens the virus can break out and it goes along the root of a single nerve.

So what happens then is that you develop a terrible pain for the most part along the distribution of one nerve and sometimes you develop that pain a few days before the rash that you think about as shingles comes out and that rash looks like a bunch of blisters in a line. And the blisters look very similar to what you had as chicken pox but instead of it being all over your body it's just along that nerve root. So that's what shingles is.

It is the reactivation of that virus along one single nerve causing pain and a rash and if you have pain that is like that or you start to see the rash call your doctor. The medications that we have to treat shingles are only effective in the first few days after you get that rash. So you really need to probably know right away.

(Ed Redfern): OK we can squeeze a few more questions in. I am a 72 year old and get a mammogram every year do I have to stop at 74?

Dr. Rosanne Leipzig: Absolutely not. The recommendation is not to stop is to talk to your doctor about whether it makes sense to keep going on. And that's because older people are a lot more different from each other than younger people are. They have a lot more life experiences, a lot more chance to have different diseases, different disorders, you are on different medications. There are a lot of differences and so it is really important to talk to your doctor about, for you, what the benefits might be and what the risks might be of having a mammogram.

(Ed Redfern): OK. I had a colon screening three years ago and had seven pellets removed. How often do I need to check?

Dr. Rosanne Leipzig: I can't answer that without knowing what the pellets were, what kind of pellets because there are different kinds and how large they were. So what I think you need to do is go back to the doctor who did the colonoscopy and ask him when you should be going back.

(Ed Redfern): And a kind of related question. I have heard from friends that colonoscopies are not fun. What happens when you get one?

Dr. Rosanne Leipzig: I think I tried to describe that a bit during the webinar. Basically what happens is you – the problem is less with the colonoscopy than with the preparation for it. So you need to take laxatives which means that you are going to be going to the bathroom a lot and having bowel movements a so the day before you actually have the colonoscopy. You will also stop eating solid foods 12 hours or so before the procedure. Each preparation is a little different and different doctors have different ways of doing the preparation.

On the day of the procedure you will go in and they will give you some light anesthesia that you will be sleeping during most of the process and they will put in this tube to your rectum and thread it all the way into your colon which is a long distance taking pictures and looking the whole way and getting – if they are any pellets seen they will strip them and send them to the lab to see whether they are cancer or not. So you will have the tube put in. This whole process takes depending on who is doing it somewhere between 15 minutes to half an hour to do the procedure and then it takes a little while for you to be able to wake back up again and be fully alert and most places want you to have someone with you to take you home and you certainly shouldn't be driving after the procedure.

(Ed Redfern): OK. One last question. What are the symptoms of osteoporosis and can I tell if I have it?

Dr. Rosanne Leipzig: You can't tell if you have it until you have broken a bone unfortunately. There are people who are at a higher risk and those are people with pale skin, whites and Asians are more likely to have osteoporosis than blacks. But as I mentioned it is still one in six people who smoke who took osteoporosis steroids all those sorts of medications, who have been heavier drinkers, are more likely to have osteoporosis. So there are a number of risk factors but you can't know that you have it until you get the test.

(Ed Redfern): Well OK thank you that's all the time we have for questions we tried to get as many as we could and we apologize that we couldn't get yours particularly in

general information and lots of questions from the following website
AARP.org/help/conditions/treatment. I would like to thank our expert Dr.
Leipzig on excellent information highly enlightening I hope you all download
this information and you take it and take some action thank you for
participating in this webinar on health screening we will be hosting more
webinars in the future.

Operator: This completes today's webinar you may now disconnect.

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