


reduce the risk for prostate cancer and some kinds of breast cancer. White button, crimini and portobello mushrooms have the highest levels of aromatase inhibitors.

5-alpha-reductase, an enzyme found in white button mushrooms, suppresses the conversion of testosterone to *dihydrotestosterone* (DHT), a hormone that promotes the development of prostate cancer.

WEIGHT CONTROL

An average serving of mushrooms has only about 28 calories and 0.4 g of fat—nearly ideal for a weight-loss diet. The high water (more than 90%) and fiber (up to 1.8 g in shiitake mushrooms) contents make mushrooms more filling than many other low-calorie foods. The chitin in mushrooms is also beneficial for weight loss because it reduces the absorption of fats. 

New Migraine Danger

Migraines with auras linked to heart disease risk. *Background:* Auras, which sometimes precede a migraine headache, include such symptoms as light flashes, blind spots or blurred vision. *New finding:* In a 10-year study of 27,840 women age 45 or older, women who had migraines accompanied by auras were about twice as likely to suffer cardiovascular events, such as heart attack, stroke or angina, or to die of cardiovascular disease, as those who had migraines without auras. The biological links between migraines and auras are not yet understood, and more research is needed. The association is also believed to occur in men. *Self-defense:* If you have migraines with auras, pay special attention to the cardiovascular risk factors that you can control, such as inactivity, obesity, high blood pressure and smoking.

Tobias Kurth, MD, assistant professor of medicine, Harvard Medical School, division of preventive medicine, Brigham and Women's Hospital, Boston.

Jordan S. Josephson, MD

SINUSITIS

Surprising New Findings

Lung problems, digestive disorders and sleep apnea have been linked to this common condition.

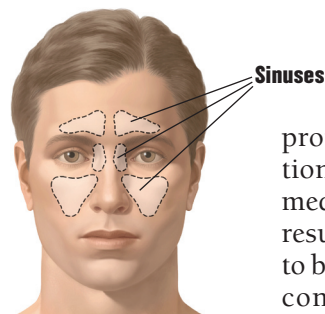
Chronic sinusitis is often part of a cluster of health problems that includes asthma and bronchitis as well as serious digestive problems, such as chronic heartburn. Sinusitis also is a cause of sleep apnea (temporary cessation of breathing while sleeping), which can indirectly lead to heart attack and stroke. Knowing that these conditions can be connected helps sinusitis sufferers to protect themselves from seemingly unrelated health problems.

SINUSITIS DANGERS

When the sinuses become inflamed by infection or allergy, the tissues swell, closing off the airflow and making it difficult to breathe through the nose. As a result of inflammation, mucus turns thick and sticky and can become yellow, green, brown or tan.

The inflammation and infection associated with sinusitis can spread to the respiratory tract and affect the digestive system as well, causing a broad set of health problems called chronic airway-digestive inflammatory disease, which results in...

Lung problems. When the sinuses no longer cleanse the air



What are the SINUSES?

The sinuses are hollow spaces in the facial bones that surround the nose. Each sinus is lined with mucus to catch bacteria, viruses, fungi and other particles. Tiny hair-like cilia move most of these particles toward the back of the nose and down the throat into the stomach to be destroyed and excreted.

properly, inflammation of the large and medium airways can result. This can lead to bronchitis, causing congestion, coughing and shortness of breath. Inflammation of the small airways can cause asthma.

Digestive disorders. Infectious mucus dripping down the back of the throat may inflame the stomach, causing acid to back up into the esophagus, leading to chronic heartburn, a symptom of gastroesophageal reflux disease (GERD). (For more information on heartburn,

see page 11.)

Sleep apnea. Many people who snore also suffer from sleep apnea. Besides the stress of extreme fatigue caused by repeated awakenings, sleep apnea reduces oxygen levels in the blood, increasing heart attack and stroke risk.

BEST TREATMENT APPROACHES

Mild sinus symptoms should be treated the same way you would treat a cold—with lots of fluids to

Bottom Line/Health interviewed Jordan S. Josephson, MD, director of the New York Nasal and Sinus Center, which treats people who suffer from sinus disease and related conditions, in New York City. He is the author of *Sinus Relief Now: The Ground-breaking 5-Step Program for Sinus, Allergy and Asthma Sufferers* (Penguin).





CHARLES B. INLANDER

How to Save Big on Medications



Everyone wants to save as much money as possible on medications, but some of the best ways for doing so are not well known. *My advice...*

Stay up to date on generic drugs. Generic drugs are as safe as brand-name medications and can sometimes cost 50% to 70% less. Unfortunately, most people—even many doctors—are not aware when drugs become available in generic form. In the past year, the popular cholesterol-lowering drug Zocor (generic name *simvastatin*), the antidepressant Zoloft (*sertraline*) and the allergy-control nasal spray Flonase (*fluticasone*) became available in much less expensive generic forms.

Shop around for generic drugs. Pharmacies are now in a price war over generic drugs. It started last year when Wal-Mart announced that it would sell 300 commonly prescribed generic drugs at \$4 per 30-day supply. Other chains, including Target and Kmart, and food stores, such as Wegmans and Price Cutter, have similar programs now.

Look at the generic drugs you take to see if any are on the discount list of a store near you. These lists are available on store Web sites or you simply can call the pharmacy. If the generic medication you take is not listed, ask your doctor if you can switch to one that is. Your savings will be significant. For example, the popular generic blood pressure drug *lisinopril* is \$4 for 30 10-mg tablets at Wal-Mart, compared with \$18.99 at Drugstore.com and \$30 at several community pharmacies I called. Even if you have medication insurance, the \$4 price is probably lower than your current copayment.

Ask about older brand-name drugs. Of course, not all drugs are available in generic form. More than half of all medications dispensed are brand-name drugs. But you still can save money if you ask your doctor to consider prescribing an older drug rather than one of the newer, more expensive drugs. Brand-name drugs on the market for seven or more years are often up to 40% cheaper than newer ones. Studies show that most older drugs are just as effective as new ones. It's also smart to shop around. Regardless of the drug, prices vary by up to 25% from pharmacy to pharmacy. There are even price variations within the same chain!

Opt for medication insurance. If your employer offers drug coverage, get it. It will save you up to 90% in out-of-pocket expenses. When you become eligible for Medicare, unless you have private insurance from a previous employer, sign up for one of the many Medicare drug programs available in your state. *Warning:* Even if you use no drugs at the time you sign up for Medicare, get the insurance. If you do not and decide to buy the drug insurance later, you will pay a 1% penalty on your premium for every month you were not in the program. So if you wait four years to enroll, your premium will be 48% higher than if you had enrolled when you first became eligible for Medicare.

Charles B. Inlander is a Fogelsville, Pennsylvania-based consumer advocate and health-care consultant. He was the founding president of the nonprofit People's Medical Society, a consumer advocacy organization credited with key improvements in the quality of US health care in the 1980s and 1990s, and is the author of 20 books, including *Take This Book to the Hospital with You: A Consumer Guide to Surviving Your Hospital Stay* (St. Martin's). Please send comments and suggestions for future columns to Mr. Inlander in care of *Bottom Line/Health*, Box 10702, Stamford, CT 06913-2061...or via E-mail at Inlander@BottomLineHealth.com.

keep mucus thin and flowing, and plenty of rest (ideally, 12 or more hours each night). An over-the-counter decongestant, such as *pseudoephedrine* (Sudafed), can relieve stuffiness and pain. Decongestants have stimulant effects and should be used for no more than two days without the guidance of a physician. If used for longer than a few days, decongestants can have a rebound effect, leading to more congestion. Avoid antihistamines unless sinusitis is caused by an allergy.

If sinus symptoms last for more than 48 to 72 hours or are accompanied by even a mild fever or nausea, diarrhea, facial swelling or swollen neck glands, or if the pain is severe, see your doctor. You may have a bacterial infection and need to take an antibiotic.

Important: Some sinusitis symptoms are often overlooked—headache, typically around the eyes and forehead...persistent cough...hearing loss (caused by fluid build-up in the middle ear), resulting in ringing in the ears (tinnitus)...and toothache (the roots of some teeth are close to the sinuses).

To prevent sinusitis or if it recurs twice a month or more, or if symptoms linger despite treatment, follow a program of self-care that includes...

Irrigation. Washing out the sinuses maintains healthy mucous membranes and keeps air passages open. When symptoms are acute, irrigate the sinuses twice a day. Daily irrigation will keep problems from returning, especially in the winter and during allergy attacks.

What to do: Use "normal saline"—a solution of salt water diluted to the same concentration as bodily fluids. Good sterile saline preparations, which are available at drugstores, include Ayr... Breathe-ease XL...or Goldberger's Ultra Saline Nasal Mist (available at 800-228-5382, goldbergerspharmacy.com).

Environmental control. Airborne allergens...other irritants,

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including cleaning chemicals and smoke...and microorganisms, such as mold, trigger and exacerbate sinusitis. Household dust is a common allergen and irritant.

To minimize dust exposure: Wash bedding weekly in hot water, and place plastic covers or allergen-resistant fabric covers on the mattress and pillows...vacuum at least weekly, with a vacuum cleaner that has a high-efficiency particulate air (HEPA) filter...remove carpeting and shampoo area rugs once or twice a year...use sealed wood, plastic and metal furniture...and replace drapes with venetian blinds.


To prevent mold exposure: Clean mold-prone areas (in and around the shower, kitchen sink and washing machine) with a solution of bleach and water. Because mold thrives in damp places, don't let kitchen and bathroom walls and floors remain wet, and don't let water accumulate around the washer, sink or refrigerator. Leave the washer door open after use, to let it dry out inside. Repair roof and basement leaks promptly.

To keep sinus membranes from drying out, use a humidifier in the winter to add moisture to the air. **Important:** Clean the humidifier at least weekly to prevent the growth of mold and other microorganisms.

SURGICAL OPTIONS

When sinusitis persists despite medical treatment and self-help, surgery may be necessary...

Debridement removes scar tissue, scabs and infectious matter from the sinuses. It is usually performed in the doctor's office with a topical anesthetic.

Functional endoscopic sinus surgery (FESS) involves opening passages and removing small growths and other blockages to promote free movement of air and drainage of mucus. FESS is usually outpatient surgery that is performed in a hospital under local or general anesthesia. Bleeding and postoperative pain are generally minimal. 

Lauren Gerson, MD, Stanford University School of Medicine

What Most Doctors Don't Know About Heartburn

Late-breaking research for the millions of Americans who have this problem.

Most doctors tell patients who suffer from the searing, shooting pain of heartburn to avoid spicy foods, alcohol and chocolate. But new research has shown that for the majority of heartburn sufferers, switching to a bland diet doesn't eliminate pain-causing acid reflux.

SURPRISING NEW RESEARCH

Heartburn occurs when acid from the stomach backs up into the esophagus through a relaxed lower esophageal sphincter (the valve that prevents stomach acid from entering the esophagus). For decades, physicians have told heartburn patients to stop eating foods that can cause the sphincter to exert less pressure—namely, spicy, fried or fatty foods, as well as citrus, caffeinated or alcoholic beverages.

However, in my own practice, most of my patients who severely limited their diets for heartburn relief still had reflux. With this in mind, my colleagues and I set out to determine whether food avoidance actually has any benefit.

In an analysis recently published in *Archives of Internal Medicine*, we reviewed more than 2,000 studies published between 1975 and 2004 and found no evidence that removing specific foods or beverages from the diet would eliminate heartburn in most people.

A small percentage of heartburn sufferers do have triggers. For example, red wine causes immediate heartburn in sensitive patients,



possibly because of its acid content. Such people should avoid red wine and/or take preventive medication.

Some so-called heartburn triggers, such as caffeine-rich coffee and chocolate, as well as tea and cola, have been linked to relaxation of the esophageal sphincter. However, our findings suggest that the sphincter would relax regardless of the types of food eaten. Therefore, avoiding caffeinated foods won't eliminate heartburn.

We found the same to be true for spicy foods, citrus, alcoholic beverages and even smoking—no studies have shown that eliminating these “triggers” caused an actual reduction in heartburn symptoms. More research is needed to determine systematically if food avoidance can benefit heartburn sufferers, since very few published studies have been designed to examine this question.

LIFESTYLE CHANGES

Although diet had no effect on reflux relief, our research found that there are two factors that could reduce the incidence of heartburn—weight loss and elevating the head of the bed. Try these approaches—and other proven strategies—for four to six weeks before taking heartburn medication, which can cause headache, diarrhea and other side effects.

Bottom Line/Health interviewed Lauren Gerson, MD, an assistant professor of medicine at Stanford University School of Medicine and the director of the school's Esophageal and Small Bowel Disorders Center, both in Stanford, California.

