

Stomach acid and contents enter the esophagus, damaging the lining

Mayo Clinic Health Letter

Reliable Information for a Healthier Life

Barrett's esophagus

Keeping an eye on cancer risk

You know to stay away from large meals with fatty foods and alcohol to avoid triggering your acid reflux. You consistently take your prescribed reflux medication. And yet, you still regularly experience painful heartburn.

You've had this reflux for years, and now your doctor says she wants to examine the swallowing tube that connects your mouth to your stomach (esophagus). She's concerned you may have developed Barrett's esophagus, a condition in which the lining of the esophagus is damaged and a new, irregular lining forms in its place.

The bad news: If you have Barrett's esophagus, you also have an increased risk of cancer in your esophagus.

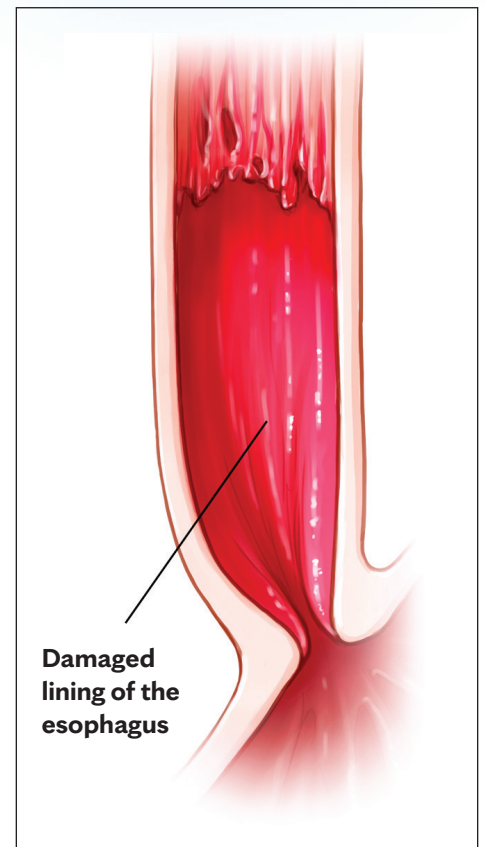
The good news: The risk is small, and there are ways to monitor and treat the condition to help prevent cancer.

Why the esophagus changes

The esophagus transports food and drink to the stomach, an acid-filled chamber with thick walls to handle this hostile chemical environment. That's why the muscle valve around the bottom of your esophagus (lower esophageal sphincter) is closed most of the time. It opens when you swallow to allow food and liquid to enter your stomach. And then it closes again. But if the sphincter valve relaxes when it shouldn't or weakens, corrosive stomach acid can flow back up into your esophagus — acid reflux.

It's not unusual to experience acid reflux from time to time. But if you have bothersome reflux on a regular basis, you may have gastroesophageal reflux disease (GERD).

Signs and symptoms of GERD include heartburn, chest pain, difficulty swallowing, regurgitation of food or sour liquid, and a sensation of a lump in your throat.



Damaged lining of the esophagus

It's thought that GERD, with or without symptoms, may trigger a change in the cells lining the lower esophagus, causing Barrett's esophagus. As it is damaged by reflux, the typically flat, pink lining of the esophagus — made of squamous cells — is replaced by thick, red cells like those in the small intestine — called columnar epithelium. Presumably, these intestinal cells are better able to withstand acid damage.

While this cellular change may improve GERD symptoms, it also brings an increased risk of developing esophageal cancer. That's why when Barrett's esophagus is identified, doctors generally recommended regular checkups with imaging and extensive biopsies of the esophagus to check for precancerous cells (dysplasia).

Who's at risk?

According to the American College of Gastroenterology, Barrett's esophagus screening may be recommended for men who have had reflux symptoms for five or more years or at least weekly for some time, and who have multiple risk factors, including:

- Having a parent or sibling with Barrett's esophagus or esophageal cancer
- Being white
- Being over 50
- Being a current or past smoker
- Having a lot of abdominal fat

You can develop Barrett's esophagus even if you don't notice signs and symptoms of GERD. It's possible that you are experiencing reflux without symptoms, and you may be subject to some of the above risk factors.

While women are significantly less likely to have Barrett's esophagus than are men, the American College of Gastroenterology notes that women may be screened if they have a combination of the previously mentioned risk factors, including chronic or frequent GERD.

It's important to seek immediate medical help if you have chest pain, as this may also be a symptom of a heart

attack. Other potential emergency signs and symptoms to have evaluated right away: You have difficulty swallowing; you are vomiting red blood or blood that looks like coffee grounds; you are passing black, tarry or bloody stools; or you are losing weight without trying.

Screening and diagnosis

Both screening for and diagnosing Barrett's esophagus can be done with an endoscopy. For this procedure, a lighted tube with a camera (endoscope) is passed down your throat to check for signs of changing esophageal tissue. Your doctor may also remove tissue (biopsy) from your esophagus during the procedure. The biopsied tissue can then be inspected to look for changes to the cells, including dysplasia.

Alternatively, a simpler, office-based screening test may be available. With this test, you will swallow a capsule that holds a small piece of polyurethane foam. The capsule shell dissolves in your stomach, and the foam is then pulled out by a connected string. The spongelike foam provides a cellular sample of the esophagus, which can be analyzed to detect Barrett's esophagus.

After an endoscopy, a doctor who specializes in looking for diseases in tissue (pathologist) determines the degree of dysplasia in the cells. At this point, your esophageal tissue may be classified as having:

- No dysplasia, if Barrett's esophagus is present but no precancerous changes are found.
- Low-grade dysplasia, if cells display early signs of precancerous changes.
- High-grade dysplasia, if cells display serious changes. High-grade dysplasia is believed to be the final step before cells change into esophageal cancer.

Fortunately, the majority of people with Barrett's esophagus will never develop esophageal cancer. In fact, the cancer risk for those with high-grade dysplasia is just 6% or 7% a year.

However, it's still important to take this risk seriously. Although esophageal cancer is not very common — it makes up about 1% of all cancers diagnosed in the U.S. — it has a five-year survival rate of just 20%. The good news is that there are multiple treatment options to prevent the problem from worsening.

Addressing dysplasia

If no dysplasia is found, your doctor will likely recommend periodic follow-up endoscopies to monitor the cells in your esophagus. He or she may also suggest medications, such as proton pump inhibitors, to address your reflux. Surgery or endoscopic procedures to better manage reflux symptoms may also be an option.

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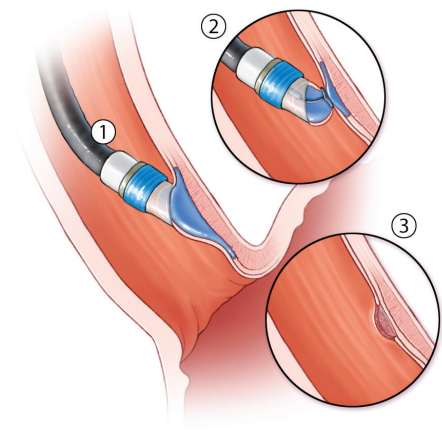
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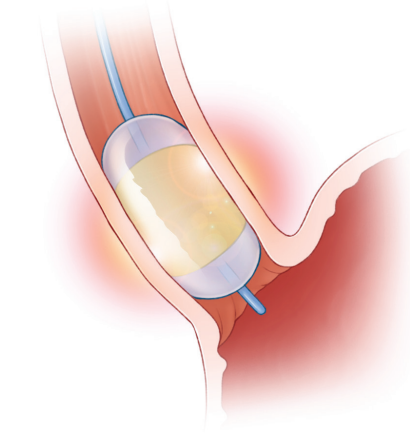
If low-grade dysplasia is found, your doctor may recommend that you wait and watch with more-frequent follow-up endoscopies. Or you may be advised to undergo certain treatments that are also recommended for those with high-grade dysplasia (shown below).

It's important to know that recurrence of Barrett's esophagus is possible even after you've been treated. Ask your doctor about any medications you will need to take and how often you will need to come back for follow-up testing. ■

TREATMENT OPTIONS FOR BARRETT'S ESOPHAGUS



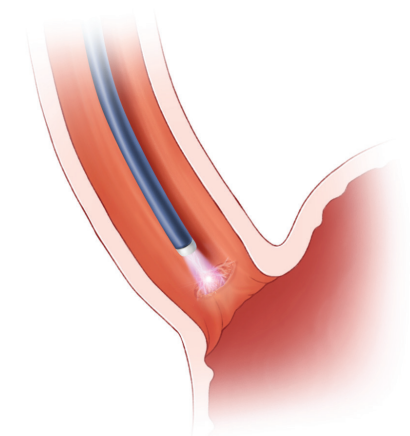
Endoscopic resection — This treatment uses an endoscope to examine the esophagus for damaged tissue, which is then cut out. The tissue is analyzed to see if there is dysplasia or cancerous cells and, if so, whether those cells have been completely removed. Additional treatment, such as radiofrequency ablation, may be done to treat more tissue or prevent recurrence.



Radiofrequency ablation — With this procedure, electrodes deliver energy to destroy irregular tissue.



Cryotherapy — With this therapy, an endoscope is used to deliver a cold liquid or gas to irregular tissue in the esophagus to freeze and kill it.



Argon plasma coagulation — This therapy burns off the irregular tissue using a gas, so the device does not actually touch the tissue.

Esophagectomy — A surgical procedure can remove some of the esophagus and then reconstruct it using part of another organ, usually the stomach. Because of its risks, esophagectomy is typically reserved for specific cases, such as if previous endoscopic treatments failed.

HEALTH TIPS

HELPING A SICK FRIEND

When a friend is navigating a serious illness, it can be hard to know how to be supportive. Use these tips to best offer a hand or an ear:

- **Connect regularly** — Send brief, frequent notes or text messages or make short phone calls. Call at times that work best for your friend and return messages quickly.
- **Visit with limits** — Visits can offer a welcome distraction and sense of normalcy. But don't overdo it. Call beforehand to make sure it's a good time. Schedule regular visits, but keep them short, especially if you sense your friend is becoming fatigued. While you visit, focus on your friend's interests and abilities.
- **Be willing to listen** — Try to hear and understand how your friend feels, even if you must put your own feelings and fears aside. Active listening sends an important message that your friend is heard and supported.
- **Know what to say** — Keep the conversation flowing if your friend has the energy. Ask questions and for advice or opinions. Focus on topics that bring up positive emotions, but also resist the urge to change the subject if the conversation takes a negative turn. Don't offer medical advice or insert your opinions on treatments, diet and alternative remedies.
- **Make a clear offer** — While "How can I help?" may seem thoughtful, it places the burden on your friend to come up with a task. Instead, offer a specific service at a set time. "I'd like to bring you dinner on Thursday" or "Can I drive you to your next appointment?" Your friend can choose to accept or not. Then always follow through on your offers.
- **Don't take offense if your friend refuses help** — He or she may be trying to maintain pride or a sense of independence. ■

Fungal lung infections

Persistent pneumonia a clue

There are multitudes of different fungi on Earth — mostly found in soil, trees, air and water. Most of these fungi typically don't cause problems for healthy people. Still, fungal lung infections, which are often misdiagnosed, can cause serious illness for those with weakened immune systems. They are also on the rise, in part due to increased travel and environmental changes.

Two main categories of fungi infect the lungs: opportunistic and endemic. Opportunistic fungi are those that are able to cause infection only under certain health circumstances. For example, the opportunistic fungus *aspergillus* — found in soil, plants and house dust — can cause the lung infection aspergillosis in people with weakened immune systems. This fungus is also turning up in people with acute respiratory distress syndrome (ARDS), including those infected with the COVID-19 virus.

Endemic fungi are continually present in certain regions and are able to produce infection in a healthy host. Several types of endemic fungi are discussed below.

Valley fever

Valley fever (coccidioidomycosis) is caused by the fungus *coccidioides*, which lives in the soil and is endemic to the southwestern U.S. and parts of Mexico, Central America and South America. It was also recently found in south-central Washington state. In fact, the incidence of valley fever has risen significantly in the last 20 years, and some scientists predict that the disease's range will more than double this century. Climate change, which is producing more dust storms, may be contributing to this increase.

Rates of valley fever are typically highest among people age 60 and older. People who have weakened immune systems or diabetes are more at risk of this disease, as are those who are of African or Filipino heritage.

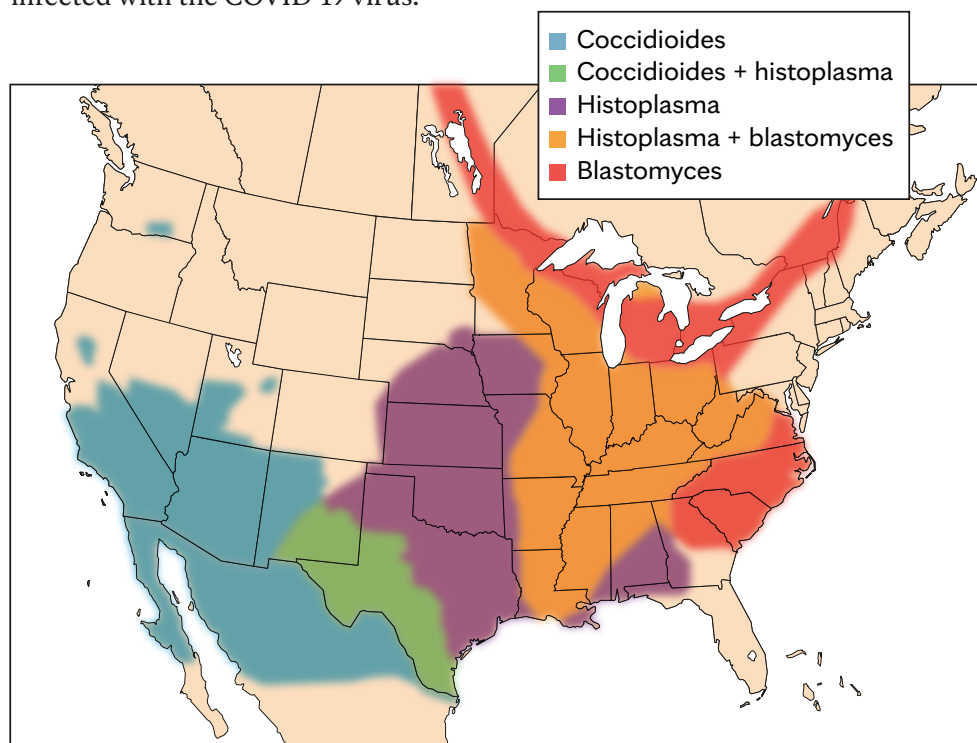
In some regions of Arizona, valley fever causes an estimated 15% to 30%

of community-acquired pneumonias. About 5% to 7% of people with pneumonia develop lung nodules, which may have to be removed or biopsied to rule out cancer. In some people, the disease spreads to the skin, bones, brain and other organs. If meningitis occurs, the person affected must take antifungal treatment for life.

Histoplasmosis

Histoplasmosis is a rare lung infection caused by breathing in spores of *histoplasma*, a fungus often found in bird and bat droppings. Thus, the infection is often linked to chicken coops, old barns, caves and parks.

The geographical range of histoplasmosis also is expanding. It most commonly occurs in people living in the Mississippi and Ohio River valleys. Recently, though, it's been found in people as far north as Alberta, Canada. Researchers are exploring whether climate change may have played a role in this expansion.



Areas where fungi are found in the environment.

MASK-WEARING NOT TIED TO FUNGAL LUNG INFECTIONS

Although some social media posts claim that people are entering emergency rooms with fungal lung infections from wearing masks, these claims are simply not true.

The mask collects what you are already breathing out, and fungal spores are not part of the normal flora of the mouth, nose or upper airway, says Kelly Pennington, M.D., a clinician who focuses on fungal lung infections at Mayo Clinic.

The consensus is that wearing masks can help prevent fungal lung infections in those with a severely weakened immune system, not cause them, Dr. Pennington says. She adds that people with weakened immune systems may be at risk of severe COVID-19 complications.

The most common manifestation in healthy people is lung nodules that usually show up on chest X-ray or CT scans completed for another reason and do not require treatment. In people who take medications that lower immunity, complications can include ARDS and meningitis.

Blastomycosis

Blastomycosis, which occurs primarily in the Southeastern, South Central and Midwestern states, also is increasing. Although blastomycosis can cause outbreaks of infection often associated with exposure to wooded areas along waterways or construction sites, it usually occurs sporadically. Of the endemic infections discussed here,

blastomycosis more commonly causes serious disease — including pneumonia and ARDS — in healthy people.

Animals can contract blastomycosis and valley fever, though rest assured, you can't catch either disease from your dog — or from another person for that matter.

Is it a fungal infection?

Bacteria, fungi and viruses can all cause pneumonia. It can be tricky to distinguish fungal pneumonia from other forms or diseases because the signs and symptoms are often similar. For instance, pneumocystis pneumonia, an opportunistic infection found in people with immunosuppression, is caused by the yeastlike fungus

Pneumocystis jiroveci and can imitate COVID-19. In addition, valley fever, blastomycosis and histoplasmosis can cause fever, cough and shortness of breath, similar to COVID-19.

A fungal infection may sometimes be suspected when pneumonia persists despite treatment with antibiotics. To determine if there's a fungus present, your doctor may order a chest X-ray or CT scans and tests of phlegm, blood, urine or spinal fluid. Treatment is based on your symptoms and the health of your immune system. Those with mild symptoms may not need treatment. For severe or persistent symptoms, your doctor may recommend antifungal medications, which are typically taken for months or even years. ■

NEWS AND OUR VIEWS

FEELING LONELY? REACH FOR THE PHONE

During the months of the COVID-19 pandemic and social isolation, you may have found yourself reaching for the phone to connect with loved ones to stave off loneliness or make sure they were feeling connected. A recent study in *JAMA Psychiatry* suggests that was a good instinct.

For the study, which took place in the midst of the pandemic, housebound adults who received Meals on Wheels services were called several times a week for four weeks. The callers were young volunteers who were given a quick training on how to speak and listen with empathy. The calls were meant to take 10 minutes or fewer, and to cover whatever the recipient wanted to discuss. A control group of housebound adults was not called.

At the beginning and end of the study, participants were assessed on measures such as loneliness, anxiety and depression. Those who received the calls experienced improvements in all three areas as compared with those who were not called, and their anxiety was found to be significantly decreased.

Loneliness is a serious issue. Studies have demonstrated that social isolation

and loneliness are associated with a greater risk of poor mental health and poor cardiovascular health, as well as other health problems.

Even as COVID-19 restrictions fade, many people — particularly older and housebound adults — may still feel lonely. Mayo Clinic experts recommend reaching out to loved ones on the phone if you can't be there in person, as the data suggests that phone contact improves psychological well-being. Remember, the phone rings on both ends — if people are not connecting with you, take the initiative and give them a call or set up a video chat. ■

NAPS: THE GOOD AND THE BAD

Up to half of older adults report that they take naps. This may be attributed to everything from changes in sleep patterns with aging to cultural beliefs that afternoon naps are beneficial for health.

Naps can be good for you. They may help reduce daytime sleepiness and fatigue, often the result of poor nighttime sleep. And some research — including a recent study published in *General Psychiatry* — suggests that naps could help brain functions such as processing memories and performing daily mental tasks (executive function).

Why naps might give the brain a boost isn't known for sure. One hypothesis is that sleep helps regulate immune system responses, so naps may boost the body's ability to counter inflammation associated with cognitive impairment.

But research has yet to show a definitive cause-and-effect relationship between napping and brain function, good or bad. Some studies tie long naps (90 minutes and longer) to a higher risk of brain health issues. This includes accumulation of amyloid-beta proteins, which can lead to dementia. Excessive napping tends to lead to reduced physical activity and socializing, which are both associated with maintaining healthy brain function. In addition, napping itself may be an early sign of cognitive problems.

While the news on napping is nuanced, getting enough sleep is essential for good health. Mayo Clinic experts advise that a quick nap — ideally, less than 30 minutes and earlier in the afternoon to avoid interfering with bedtime — may help recharge the brain. However, if you find yourself napping often or for long periods, speak with your doctor to rule out any underlying health issues. ■

Massage therapy

A look at the benefits

If you're experiencing tension, stress or pain, a little bit of touch may be just what you need. Massage — a general term for pressing, rubbing and manipulating your skin, muscles, tendons and ligaments — has been used for thousands of years in many cultures to heal, soothe and relieve pain.

Today, massage is being offered more frequently along with standard treatment for a wide range of medical conditions and situations. Mayo Clinic recognizes the value of massage therapy as an aspect of wellness and has been integrating massage therapy into the hospital setting for almost 20 years.

A massage may help you relax. But it can't cure everything that ails you. And if performed incorrectly, it could hurt you. Learning about massage before you have it can help ensure that the experience is safe and enjoyable.

What makes it effective?

Massage is effective for several reasons. First, muscles and tissues are being manipulated in a structured and purposeful way. This movement can help reduce pain, align the body and improve posture. Second, massage harnesses the power of human touch.

Environment also plays a role in the healing power of massage. For instance:

- Massage usually occurs in a safe, quiet, pleasant space.
- Aromatherapy is often used to assist in relaxation or address symptoms.
- Relaxing, soothing music generally plays during a session.
- Natural elements and plants also may be present, helping to promote thoughts of health and healing.

In most studies of massage therapy, researchers have found that people say their overall well-being is improved. Several studies also suggest that massage makes positive changes to the body, including a decrease in some stress chemicals, such as cortisol.

Beyond its specific treatment benefits, people enjoy massage because it often involves caring, comfort, a sense of empowerment and a connection with a massage therapist.

Despite the many benefits, massage should not replace conventional medical care. As with all integrative therapies, tell your doctor you're trying massage and be sure to continue your standard treatment plans.

What the research says

Massage effectively reduces stress, pain and muscle tension. Researchers find that massage releases endorphins — the body's natural painkillers. It can also reduce the heart rate and may even impact the immune system. Specific areas of benefit include:

- *Pain* — Massage is useful for chronic low back pain and neck pain, rheumatoid arthritis, osteoarthritis of the knee, burn rehabilitation or pain from scar tissue, and pain after heart surgery.
- *Fibromyalgia* — In terms of pain management, fibromyalgia has been a specific area of study for massage research. Researchers see potential benefits in the use of massage to relieve fibromyalgia symptoms if the therapy is continued long term.
- *Heart health* — In addition to relieving pain after heart surgery, massage may be therapeutic from a prevention standpoint. Massage therapy has been shown to help lower blood pressure and manage stress, both of which can promote heart health.
- *Mental health and wellness* — Massage therapy offers benefits for a number of mental health

conditions, including depression, anxiety and stress. Research also shows that massage can help people coping with seasonal affective disorder by improving mood and boosting energy levels.

- *Aging* — Massage therapy treats the aches and pains of aging and helps manage chronic pain. Researchers have found that regular massage promotes relaxation and stability and even lessens the effects of dementia, high blood pressure and osteoarthritis.
- *Cancer* — Massage may reduce pain, improve mood, promote relaxation and improve sleep in people with cancer. A massage therapist must take special precautions when treating someone with cancer, so finding a skilled therapist is important.

Risks of massage

Most people can benefit from massage, but it's not appropriate for everyone. If you have had a recent heart attack, have a bleeding disorder or are taking blood-thinning medication, talk to your doctor first. Also talk to your doctor before trying massage if you've had a recent blood clot in your leg or you have newer burns, fractures or severe osteoporosis; massage may be harmful in these cases. Massage should not be performed directly on tumors, and people with healing wounds or nerve damage should avoid pressure on affected areas of the body.

Keep in mind that you shouldn't feel significant pain during a massage, although some forms can leave you feeling a bit sore the next day. If a massage therapist is pushing too hard, ask for lighter pressure. ■



Abuse at home

Recognizing the problem, getting help

Quarantines, social isolation, travel restrictions — for much of the world in 2020, these were measures to help slow the spread of COVID-19. But for people experiencing intimate partner violence (IPV), these orders created a dangerous scenario that essentially trapped them at home with their abusers.

Domestic violence incident reports increased by about 8% nationally after the rollout of lockdowns and other COVID-related restrictions — although domestic abuse is not often reported, so actual rates are likely higher. Various police departments around the country saw increases in domestic violence reports ranging from 10% to 22%.

Many experts believe that pandemic measures likely played a role in worsening the existing problem of domestic abuse due to:

- *Financial changes* — Money is usually a major consideration for someone who's thinking of leaving an abusive partner. With many people losing jobs, financial hurdles only became more significant.
- *Isolation* — Stay-at-home orders and quarantines isolated people from friends and family outside of their homes, removing social support systems and making resources more challenging to access.

Recognizing abuse

Domestic violence refers to many different types of abuse. This includes IPV — which encompasses any physical or sexual violence, stalking, and psychological abuse by a current or ex-partner. It also includes intentional or neglectful harmful acts against older adults (elder abuse), and child abuse. IPV is a problem that affects people of all races, ages, cultures, genders, sexual orientations, socioeconomic classes and religions. However, people of color and other marginalized groups are disproportionately affected.

Overall, 1 in 4 women and 1 in 10 men experience IPV in their lifetimes.

Psychological abuse is the most frequently reported form of IPV and can affect all age groups, while rates of physical violence decline with age.

Abusers often display these common behaviors:

- Call you names or insult you
- Prevent you from leaving the house
- Stop you from seeing family members or friends
- Control how you spend money, where you go or what you wear
- Act jealous or possessive or accuse you of being unfaithful
- Get angry when drinking alcohol or using drugs
- Interfere with your visiting a health care provider
- Hit, kick, shove, slap, choke or otherwise hurt you, children or pets
- Threaten you with violence
- Force you to engage in sexual acts
- Blame you for their violent behavior or tell you that you deserve it

IPV causes physical and emotional damage. Chronic pain, digestive disorders, depression, substance misuse and sexually transmitted infections are just some of its linked health problems.

Older adults often experience abuse as neglect rather than violence, and specific programs are available for elder abuse. Still, people of all ages who experience abuse may benefit from programs that offer safety planning, counseling, emergency housing, and medical and legal advocacy.

Leaving an abuser

Leaving an abuser can be dangerous. Consider taking these precautions:

- *Call a domestic violence hotline for advice* — Make the call at a safe time or from a friend's house or other secure location.
- *Pack an emergency bag* — Include items such as extra clothes and keys. Leave the bag in a safe place. Keep important papers, money and prescription medications handy so that you can take them with you on short notice.
- *Figure out specifics* — Know exactly where you'll go and how to get there. ■

GETTING HELP

You may feel confused or ashamed about an abusive situation and ambivalent about leaving or getting help. You may have reacted to abuse verbally or physically in defense or developed unhealthy behaviors, such as excessive drinking. Many survivors do. That doesn't mean the abuse is your fault.

No matter what, seek help. In an emergency, call 911 or your local emergency number or law enforcement agency. The following resources also offer support:

National Domestic Violence Hotline
800-799-SAFE (800-799-7233)
www.ndvh.org

The hotline and website provide crisis intervention and referrals to resources.

National Eldercare Locator
800-677-1116
<https://eldercare.acl.gov>

The hotline and website can help connect you with a local Area Agency on Aging for various services, including elder abuse programs.

Someone you trust

Turn to a friend, relative, neighbor, co-worker, or religious or spiritual adviser for support.

Your health care provider

In addition to treating injuries, health care providers commonly ask questions about domestic violence and your safety at home as part of a health care visit. If you're in a position to do so, answer the questions honestly. These professionals can provide you with resources for local support.

A counseling or mental health center
Counseling and support groups for people in abusive relationships are available in most communities.

A local court

Your district court can help you obtain protective orders that legally mandate an abuser to stay away from you. Local advocates may be available to help guide you through the process.

Second opinion

Q Are dried fruits as healthy as fresh?

A You've heard the old saying "An apple a day keeps the doctor away." As it turns out, the nutritional benefits of a crisp, fresh apple are similar if you eat dried apples — or many other types of dried fruit.

According to a study published by the *Journal of the Academy of Nutrition and Dietetics*, dried fruit packs the same nutritional punch as fresh fruit. And eating dried fruits may facilitate greater overall fruit consumption and contribute to better diet quality and nutrient intake if done in moderation.

Specifically, the study showed that dietary fiber, potassium and polyunsaturated fat intakes were greater on days when people ate dried fruit compared with days they did not. Since adults age 60 and older have similar or even increased nutrient needs compared with younger adults, dried fruits can be a helpful and concentrated source of nutrients. For example, the high-fiber and natural laxative content of dried fruits, including prunes, raisins, figs and apricots, make them a great dietary option for preventing constipation.

The nutritional benefits are especially important since roughly 80% of the U.S. population doesn't eat enough fruit to meet daily dietary guidelines. As a general rule, try to fill half your plate with fruits and vegetables at each meal.

Although dried fruit can be a concentrated form of nutrients, dried fruit is also more calorie dense. In addition, many packaged dried fruits are sweetened. This can be an issue when limiting added sugar and trying to maintain or achieve a healthy weight.

That doesn't mean you need to avoid dried fruits. Simply eat them in moderation and look for dried fruits with minimal or no added sugar. Food dehydrators are inexpensive and can be a great way to preserve in-season fruits for later enjoyment without any added sugar or preservatives.

When you're counting daily fruit servings, keep in mind that serving sizes for dried fruit are smaller, with 1/4 cup of dried fruit counting as a single serving compared with one medium piece of fruit or 1/2 cup of frozen fruit.

So the next time you are searching for ways to add fruit to your diet, throw a handful of dried fruit into your salad or bowl of cereal, or make your own trail mix. Dried fruit can help you meet the daily fruit recommendations and boost your consumption of essential nutrients. ■

Q If I've had a heart attack, should I be taking aspirin every day to help prevent more attacks? What about my wife, who has never had a heart attack — should she also take daily aspirin?

A It's true that daily aspirin therapy may decrease the risk of heart attack and strokes in some people, but not everybody should take it. It's important to talk to your doctor before starting daily aspirin therapy, as it's not as widely recommended as in the past. Possible side effects include internal bleeding and kidney damage.

If you have experienced a heart attack or a stroke caused by a blocked artery, it's more likely your doctor will recommend that you take a daily aspirin unless you have serious adverse reactions to aspirin or a history of bleeding.

As for your wife and others without a history of stroke or heart attack, it depends. Guidelines about who should start daily aspirin therapy can be controversial and differ among organizations. A health care provider can help weigh the risks and benefits of aspirin therapy and may recommend daily aspirin for:

- People with a history of coronary artery stenting or coronary bypass surgery
- People at high risk of a heart attack or cardiovascular disease.
- Certain people with diabetes and a heart disease risk factor — such as smoking or high blood pressure.

- Certain people at risk of artery-blocking clots or with a history of blood clots.
- People with blockages in other arteries — such as in the legs (peripheral artery disease) or in the neck (carotid artery disease). These blockages are believed to be caused by hardening of the arteries.

Take the dose recommended by your doctor. If you have been taking daily aspirin therapy and want to stop, it's important to first discuss any changes with your doctor. Suddenly stopping daily aspirin therapy could be dangerous. ■

Have a question or comment? We appreciate every letter sent to Second Opinion but cannot publish an answer to each question or respond to requests for consultation on individual medical conditions. Editorial comments can be directed to:

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