

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 4, Number 11 & 12 • November and December 2023



Welcome...and Best Wishes for A Happy Holiday Season and a Healthy and Fulfilling 2024

In this latest edition of *Savvy Jersey Seniors* for November and December of 2023, we present:

- *SJS* reader and contributor Vikki Monaghan's first-person account of the life-changing effects of bariatric surgery,
- *Good Rx's* list of recommended health screenings for folks over 65, and
- Part one of a two-part look at one of America's favorite OTC drugs—melatonin.

Plus, of course, our own best wishes for the happiest of holiday seasons!

And, of course, we also have our usual potpourri of information that we feel might make a difference to our senior friends across South Jersey.

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 really 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.

[By the way, the holiday graphic to your left on this page is a hand-made Advent Calendar that was created by *SJS* reader and contributor, Joanne Rafferty for her twin four-year old grandsons.]

**From Baby Weight to Bariatric Surgery:
Former College All-Star Lacrosse Player's Life-Changing Journey to Health and Happiness**

Vikki Monaghan, an award-winning former newspaper editor who is now in charge of the communications activities at Thomas Edison State University, is also a former high school and college all-star athlete who decided to go on what she calls a "life-changing journey to health and happiness." Here's Vikki's story.

"For years, I had been telling myself, "It's just baby weight; I'll drop it next month." I first uttered this promise after my first child was born in 1992 and repeated it again after the second in 1994. However, by 2019, that excuse had not only grown old but had also become painfully untrue.

"My situation had deteriorated significantly. The extra 30 pounds gained during pregnancy had snowballed into an additional 100, creeping ever higher. I had been a high school and college athlete, maintaining my fitness for the first 30 years of my life. But as team practices ended, motherhood and the demands of life took over, and my genetic predisposition to gain weight seemed unstoppable.



"Every New Year, my resolution remained the same, and while there were sporadic successes, the weight inevitably returned. With age, health concerns began to emerge. My A1C levels hovered dangerously close to diabetes, I struggled to climb stairs, and even long walks with my dogs became arduous.

"In the 1990s, I first read about bariatric surgery in *The New York Times*. It seemed drastic and fraught with complications. The fear of not making it off the surgery table haunted me—would I leave my children motherless because I put myself first? However, by 2019, my children had grown and left the house.

"While they still needed me, I realized that if I wanted to spend my retirement years with them, and hopefully with their future families, I had to get my health under control.

"With this decision in mind, I attended an informative session at Capital Health-Hopewell, led by Dr. Jooyeon Chung. She provided a candid, open discussion about the surgery and what to expect, and nothing she said really surprised me until another couple asked about an "age limit" for the surgery. In a less than direct way, Dr. Chung only answered that the limit "used to be 60." Gulp.

"I was 59, and I was ready to sign up tomorrow. Unfortunately, insurance didn't make it that easy. There were six months of classes on the procedure and general nutrition to attend. Motivated by this process, I managed to shed about 60 pounds on my own, and my surgery date was set for October.

"Today, there are multiple versions of bariatric surgery, each with its advantages and drawbacks.



"I opted for the original *roux en y* approach, the most commonly performed operation with a track record of more than 30 years.

"The surgery was conducted robotically with small incisions in my abdomen. My new stomach pouch would limit my food intake, making me feel full after eating only a small amount.

"The initial days post-surgery were challenging. I could eat very little and felt uncomfortable with each bite. However, the entire recovery process was surprisingly smoother than I had anticipated, and I found myself regretting not doing it sooner.

"Within a year, I had shed 120 pounds and lowered my blood sugar back into a normal range. I no longer struggled to climb stairs, and hiking became a new, enjoyable hobby. This year, my New Year's Resolution was to learn to play pickleball, a sport I have now embraced with the enthusiasm and competitive spirit of my athletic youth.

"It's crucial to understand that, as Dr. Chung emphasized in our information session, the surgery is a tool. Could I regain most of my weight? Possibly. However, that feeling of fullness after an appropriate amount of food serves as a constant reminder to maintain a healthy lifestyle. I diligently track my calories, protein consumption, and water intake to keep myself accountable. With a new wardrobe, a fresh perspective on life, and a plethora of new hobbies, I am determined not to allow unmanageable weight gain to resurface."

FEMA Targets Older Americans and Emergencies

FEMA (Federal Emergency Management Agency) has launched an ad campaign that focuses on older adults, specifically those with limited financial resources, living with disabilities and those living in rural areas.

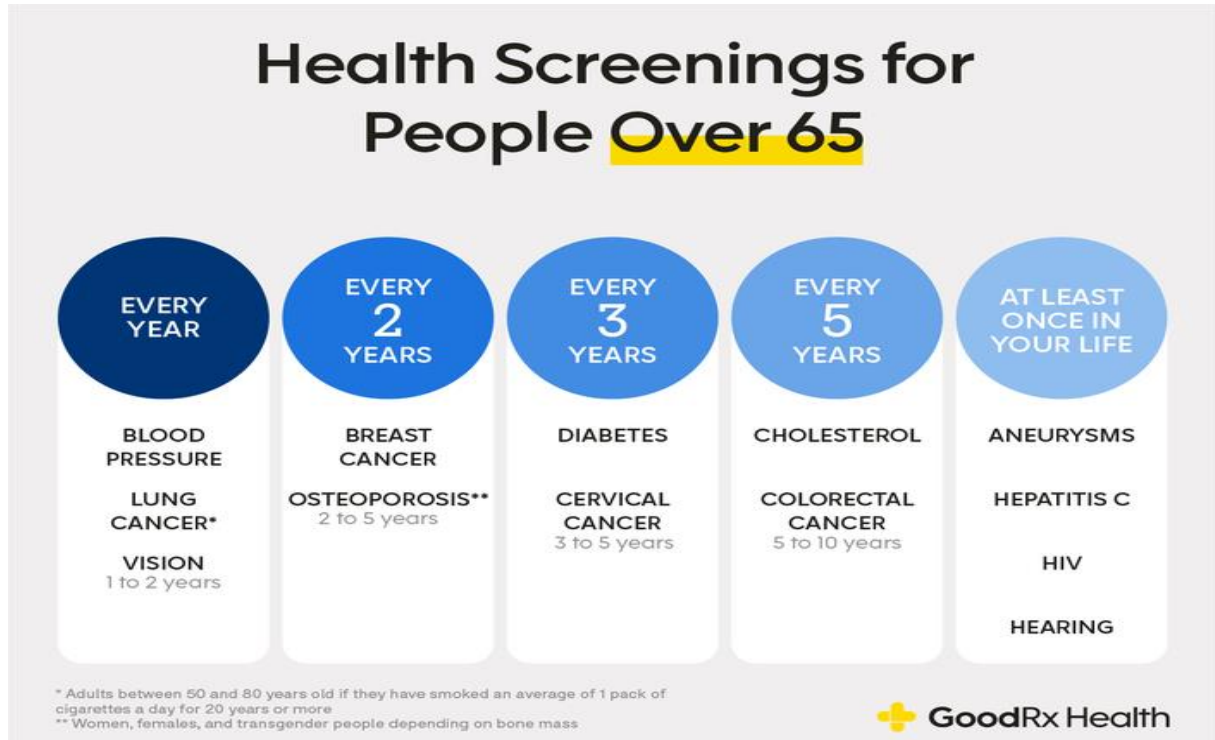
FEMA's "Take Control" public service announcements empower older adults and their caregivers to take three simple steps to prepare for an emergency: 1) assess needs, 2) make a plan, and 3) engage support networks. FEMA also released an older adults guide available on [Ready.gov/OlderAdults](https://www.ready.gov/OlderAdults).



To meet the specific needs of an aging population, FEMA met with organizations focused on caring for older adults and the Ad Council held focus groups with older adults to develop new resources on [Ready.gov/OlderAdults](https://www.ready.gov/OlderAdults). These resources include a Disaster Preparedness Guide for Older Adults, providing user-friendly worksheets that walk individuals and caregivers through a self-assessment to identify specific needs and checklists that create a personalized plan.

Thirteen of the Most Important Health Screenings for Adults Over 65

A recent *Good Rx* article by Anne Jacobson, MD, MPH identified the most important health screenings for adults 65+, noting that many health conditions like cancer and cardiovascular disease are treatable when they're found at an early stage.



These conditions are, obviously, more common as people age. Alongside a healthy lifestyle and regular checkups, screening tests offer people the best chance to thrive at any age.

Here are the screening tests for older adults that are recommended by the United States Preventive Services Task Force (USPSTF) and other leading healthcare organizations:



1. Abdominal Aortic Aneurysm:

The aorta is the largest blood vessel in the body. Sometimes with age and certain risk factors, an area of the aorta will enlarge and become weaker. When this happens in the abdomen, it's called an abdominal aortic aneurysm. This can then cause the aorta to tear or burst, which is life-threatening.

Who should be screened?

- Men between the ages of 65 and 75 should be screened if they have ever smoked.
- Anyone with a family history of abdominal aortic aneurysm should also be screened.

2. Blood Pressure

Blood pressure is the amount of force your blood exerts against the walls of your blood vessels.

There are two parts to a blood pressure reading. The first number is systolic, or the amount of force when your heart is pumping. The second number is diastolic, or the amount of force when your heart rests between beats. High blood pressure (hypertension) is diagnosed when someone has repeated measurements over 130/80.

Who should be screened?

- Adults over the age of 40 should have their blood pressure checked at least once a year.
- If your blood pressure has been slightly high in the past, you may need to have it checked more often or at a younger age.



3. Breast Cancer

Breast cancer is the most common cancer among women in the U.S., not counting skin cancer. Breast cancer may be diagnosed after a lump is found in the breast. But screening tests can detect breast cancer at an earlier stage, when it's more treatable.

Who should be screened?

- Women between the ages of 40 and 74 should be screened at least every 2 years.
- Women 75 and older should discuss screening with their healthcare provider, as it may be less useful in older adults.
- Men should talk about screening with their healthcare provider if they're at increased risk of breast cancer. This includes men who have a strong family history of breast cancer, certain genetic mutations, or conditions that cause high estrogen levels.
- Transgender people who have breast tissue or who have taken estrogen hormones for more than five years should talk with their healthcare provider about screening.



4. Cervical Cancer

Human papillomavirus (HPV) is a common infection that can live in the body for years without causing any symptoms. If the body's immune system doesn't clear it, it can cause precancer and cancer in the cervix.

Who should be screened?

- Women between the ages of 21 and 65 should be screened every 3 to 5 years, depending on whether testing for HPV was done.
- Women over the age of 65 only need screening if they haven't been routinely tested in the last 10 years, or if any of those tests were abnormal.
- Women over the age of 65 who have a history of precancer or cancer of the cervix should also continue screening.
- Transgender people with a cervix are screened according to the same guidelines above.



5. Cholesterol

High levels of LDL cholesterol (“bad cholesterol”) or triglycerides can increase the risk of a heart attack and stroke. On the other hand, high levels of HDL cholesterol (“good cholesterol”) can help to lower the risk.

Who should be screened?

- Adults should be screened every 5 years, at least until the age of 75.
- If you have certain health conditions like diabetes, cardiovascular disease, or high blood pressure, testing may be more frequent.

6. Colorectal Cancer

Colorectal cancer refers to cancer in either the large intestine or rectum. It’s the fourth most common cancer in the U.S. And the rate of colorectal cancer is increasing in people older than 50 years.

Who should be screened?

- Adults who don’t have specific risk factors for colorectal cancer should start screening between the ages of 45 and 50.
- People with a family history of colon cancer or polyps — or other risk factors — may start screening earlier.

Examples of other risk factors include a personal history of inflammatory bowel disease, smoking, and alcohol consumption.

- People older than 75 years should talk with their healthcare provider about the risks and benefits of screening.

7. Diabetes

Diabetes is a condition in which there’s too much sugar in the blood. It can develop at any age, and in the early stages it may not produce any noticeable symptoms. Over time, this can lead to serious health complications without treatment.

Who should be screened?

- Adults should be tested every 3 years.
- People with certain health conditions or elevated glucose readings in the past may need to test more often.

8. Eyes

Eye exams are about more than glasses. A complete eye exam can detect conditions that may get worse over time—like glaucoma, cataracts, and changes from diabetes and high blood



pressure. And even small changes in vision can have an important effect on activities like driving.

Who should be screened?

- Adults over the age of 60 should have a full eye exam every 1 to 2 years.
- People with eye conditions may need an exam more often.

9. Hearing

About 1 in 3 people between 65 and 74 years have some age-related hearing loss. After the age of 75, that number goes up to half. And people with untreated hearing loss have a higher risk of dementia.

Who should be screened?

- People without symptoms don't need to be screened. But because hearing loss comes on slowly, people don't always notice symptoms themselves. Family and friends can help, as they may notice a loved one's hearing seems to be getting worse.
- People should also be screened if they have been exposed to a lot of loud noises or medications that can affect hearing.

10. Infectious Diseases

Infectious diseases cause illness through a bacteria, virus, or fungus. Your immune system takes care of most of them, but a few infections can stick around for a long time. When people don't know they have them, they can cause serious problems over time.

Who should be screened?

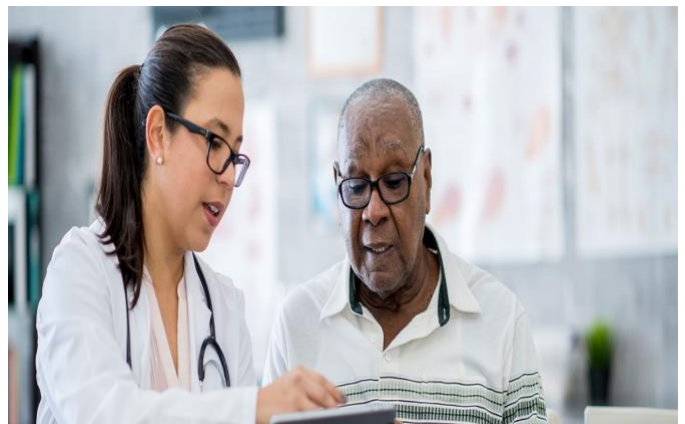
- Adults between the ages of 18 and 79 should be screened once for hepatitis C. This is a virus that can cause liver damage.
- People between the ages of 15 and 65 should be screened at least once for human immunodeficiency virus (HIV). Depending on risk factors, some people will be screened more often.
- A healthcare provider may also recommend screening for other silent infections like syphilis and chlamydia.

11. Lung Cancer

Lung cancer is the leading cause of cancer deaths in the U.S. Smoking is the biggest risk factor.

Who should be screened?

- Adults between 50 and 80 years should be screened if they have a 20 pack-year history of smoking or more. (One pack-year is the equivalent of smoking one pack of cigarettes a day. So, for someone who smokes half of a pack a day, it takes 2 years to reach a pack-year. For someone who smokes 2 packs a day, every 6 months is a pack-year.)
- Even if you have quit smoking, you should still be screened if you have a 20 pack-year history.



12. Osteoporosis

Osteoporosis is a decrease in bone strength that can occur with age and some medical conditions. It's more common in women and females.

Osteoporosis doesn't have symptoms, but it increases the risk of fractures.

Who should be screened?

- Women, females, and transgender people who are 65 and older should be screened.
- Men, males, and postmenopausal women younger than 65 years may be screened if they have other risk factors for osteoporosis.



13. Prostate Cancer

Prostate cancer is the most common cancer among males in the U.S. other than skin cancer. It's a treatable form of cancer when caught in its early stages.

Who should be screened?

- Men, males, and transgender people who have a prostate are candidates for screening between the ages of 55 and 69.
- It's important to talk with your healthcare

provider about the risks and benefits of a screening test. For some people, the risks of treatment may be greater than the risks of an early-stage cancer.

Prostate-specific antigen (PSA) is a blood test that can help detect prostate cancer.

The bottom line is that many health conditions don't have symptoms in their early stages. But that's when diseases like diabetes, cancer, and cardiovascular disease are most treatable.

Having regular checkups, staying up-to-date with recommended vaccines, and discussing screening tests with your healthcare provider are important short-term investments in your long-term health.

Thirty Percent of Older Adults Have Been Scammed

Three out of every four older adults say they have experienced fraud attempt by phone, text, email, mail or online in the last two years, a new poll shows. Three in ten say they've been victims of at least one scam. The poll reveals an especially strong link between an older adult's health and their vulnerability to scams—both being able to spot one and becoming the victim of one.



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Across the board, people aged 50 to 80 who reported being in fair or poor physical or mental health, those with disabilities, and those who rate their memory as fair or poor were more likely than others their age to say they'd experienced fraud.

Whether or not they'd actually experienced fraud, older adults with health issues were more likely to lack confidence in their ability to spot a scam.

The results from the University of Michigan National Poll on Healthy Aging also suggest vulnerability among older adults who live alone or have lower incomes.



Drinks to Help Lower Blood Pressure

Drinks that may help lower blood pressure include certain fruit juices and low sodium vegetable juices. Other beverages, such as caffeinated and sugar-laden soda, can raise blood pressure.

Here are some drinks people can choose to better manage their blood pressure:

- Beetroot juice contains nitrates, which are natural chemicals that may help reduce blood pressure. The body converts nitrates to nitric oxide, which dilates blood vessels. A 2022 review that included seven studies and 218 participants found that beetroot juice reduced

systolic blood pressure in people with arterial hypertension.

- Black or green tea may lower blood pressure, according to a 2020 review and meta-analysis. Meta-regression findings suggested that drinking more tea over extended periods of 3 months or more resulted in greater decreases in systolic and diastolic blood pressure. The review also found that green tea reduced blood pressure more than black tea.

Other drinks that can lower blood pressure include cherry and cranberry juice, unsalted tomato juice, and pomegranate.

Geriatricians in Short Supply

Despite the surging older population, there are fewer geriatricians now (just over 7,400) than in 2000 (10,270). In those two decades, the population 65 and older expanded by more than 60%. Research suggests each geriatrician should care for no more than 700 patients; the current ratio of providers to older patients is 1 to 10,000.

What's more, medical schools aren't required to teach students about geriatrics, and fewer than half mandate any geriatrics-specific skills training or clinical experience. And the pipeline of doctors who complete a one-year fellowship required for specialization in geriatrics is narrow. Of 411 geriatric fellowship positions available in 2022-23, 30% went unfilled.

The implications are stark: Geriatricians will be unable to meet soaring demand for their services as the aged U.S. population swells for decades to come.

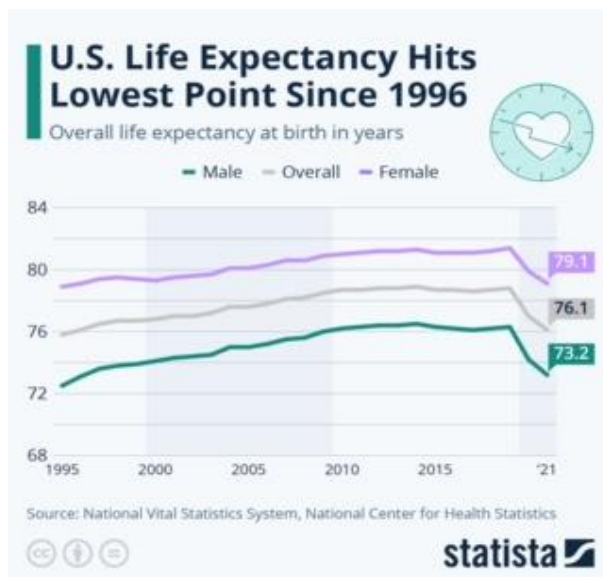


According to the American Geriatrics Society, 30,000 geriatricians will be needed by 2030 to care for frail, medically complex seniors. There's no possibility this goal will be met.

What's hobbled progress? Dr. Jerry Gurwitz of the University of Massachusetts Chang Medical School cites a number of factors: low Medicare reimbursement for services, low earnings compared with other medical specialties, a lack of prestige, and the belief that older patients are unappealing, too difficult, or not worth the effort.

Life Expectancy in U.S. Declines

The life expectancy of men in the U.S. is nearly six years shorter than that of women, according to new research published in *JAMA Internal Medicine*.



At least partially as a consequence of over 1 million Covid-19 deaths, life expectancy in the U.S. has declined significantly over the past few years, falling from 78.8 years in 2019 to 77 in 2020 and 76.1 in 2022—undoing over two decades of progress.

This puts the country far behind its wealthy peers: countries such as Japan, Korea, Portugal, the U.K., and Italy all enjoy a life expectancy of 80 years or more.

The picture is especially concerning for men, whose life expectancy is now 73.2 years, compared with women's 79.1. This 5.9 year gap is the widest between the two genders since 1996.

But the widening gap should concern the U.S. because it shows that baseline factors accounting for men's lower longevity—genetics, men's higher vulnerability to chronic disease—aren't the sole reasons for the difference in life expectancies.

"The opioid epidemic, mental health, and chronic metabolic disease are certainly front and center in the data that we see here, explaining why there's this widening life expectancy gap by gender, as well as the overall drop in life expectancy," said Brandon Yan, MD. "Men have higher mortality rates from all three conditions compared to women."

Seniors Often Excluded from Research

As the older adult population increases, it's important to recognize there's a lack of age-specific guidelines for the delivery of high-quality care.

Older adults are often excluded from research based on age alone, or for having other health complications they may be experiencing in addition to what's being studied.

"A third of clinical trials funded by the NIH between 1965 to 2015 had



arbitrary upper age limits without a clear explanation,” said Jiha Lee, MD, MS, an assistant professor of rheumatology at the University of Michigan, who works closely with many older individuals with rheumatic diseases.

Including older adults in research can be beneficial, though, says Lee. Not only do older adults have different needs for care, but they also have different goals when it comes to treatment.

Including older patients in research can give insight into how different medications and treatments work for patients of all ages, as well as how these treatments interact with other common medical conditions among older adults. This increase in information can help providers better care for older adults.

Find Someone to Shovel Snow for You

When the snow falls and accumulates, emergency room professionals can be assured of one thing—it's likely they will see an increased incidence of injuries related to snow removal.

The injuries run the gamut in severity and can range from strained backs and broken bones to serious cuts and even fatal heart attacks.

According to the 2009 U.S. Consumer Product Safety Commission, about 16,500 people in the U.S. were treated in hospital emergency rooms for injuries sustained when trying to remove snow.

Many people, especially seniors, can underestimate the time, strength, and stamina it takes to shovel snow. Experts recommend that seniors and others who may have physical challenges find help removing snow from sidewalks, driveways and entryways.

Here are ways to find a qualified individual or company to shovel snow:

- Call the Better Business Bureau or visit its website for reviews of qualified professional snow removal services.
- Ask neighbors if they can recommend a neighborhood teen who will shovel snow for a fee. The fee can range from \$10-20 depending on the area to be cleared.
- Call a local church. Some churches have volunteers who help with snow removal for shut-ins.
- Call the local city or town administration office. Local government offices may have special programs.
- Contact your Area Agency on Aging. Some of them have Rent-A-Kid programs.



Bottom Line: Seniors, and others with physical challenges, should never remove snow manually without a doctor's approval.

Palm Scanning Technology Expanding

Amazon is bringing its palm-scanning technology to even more Whole Foods stores. In early 2024, Amazon says you'll be able to pay for your purchase using just the palm of your hand at the over 500 Whole Foods locations it has throughout the US.



The palm-scanning tech is part of Amazon One, a service that lets you link your Amazon account and payment information to your palm print. Once your palm print is in Amazon's system, you can hover your palm over an Amazon One scanner, and it will charge the payment method that's tied to your Amazon account.

Amazon One isn't just a contactless payment method, however—it's also an identification service. The company has deployed the technology in sports stadiums, raceways, and casinos, enabling venues to use palm scans as a way to verify guests' ages when purchasing age-restricted items, like alcohol.

Although Amazon says palm scanning is "considered more private" than other forms of biometric identification, it has still raised some concerns. For one, Amazon will store your palm signature—which Amazon uses the unique ridges and lines throughout your palm to create—in the cloud instead of locally on a device like Apple's Face ID technology does.

AI Technology Enhancing Lives of Seniors

Artificial intelligence (AI) technology holds great potential for enhancing the lives of elderly individuals. With an aging population, AI-driven solutions offer opportunities to address challenges and improve the well-being of seniors.

AI can revolutionize healthcare for the elderly by providing efficient and personalized monitoring and care.

Wearable devices with AI algorithms can continuously track vital signs and detect abnormalities, alerting caregivers or medical professionals in real-time. This technology acts as an early warning system for potential health issues, allowing for prompt interventions and reducing the risk of adverse events. AI-powered virtual assistants can remind seniors to take medications, schedule appointments, and offer helpful advice on managing chronic conditions.



Maintaining independence is crucial for seniors, and AI technology can play a significant role in supporting their autonomy. Smart home systems integrated with AI can adapt to seniors' daily routines and preferences. Voice-activated assistants like Amazon's Alexa or Google Assistant can

assist with various tasks such as turning on lights, adjusting room temperature, or ordering groceries.

AI-powered home monitoring systems can ensure safety by detecting falls or accidents and notifying emergency services if needed. These advancements empower seniors to comfortably age in place while providing an added layer of security.

Memory loss and cognitive decline are common challenges among older adults. AI applications can assist with cognitive support, memory enhancement, and mental stimulation. Virtual reality (VR) and augmented reality (AR) technologies offer immersive experiences that can improve cognitive function and memory recall.



AI chatbots and virtual companions provide companionship, engage in conversations, and play cognitive games to stimulate mental agility.

Additionally, AI-driven social robots can alleviate loneliness and isolation among seniors by offering companionship, reminding them of medication schedules, and facilitating

communication with loved ones through video calls.

Maintaining mobility is essential for an active lifestyle and independence. AI technology can enhance transportation options for the elderly, ensuring safer and more accessible journeys. Self-driving cars equipped with AI systems can help seniors travel independently, especially those who are unable to drive due to physical limitations or cognitive impairments. These vehicles can adapt to the needs of older adults, providing personalized assistance and reducing reliance on public transportation.

AI-powered navigation apps can also offer real-time guidance, considering factors such as mobility limitations, traffic conditions, and accessibility, to make commuting easier and more efficient.

Integrating AI technology into the lives of the elderly presents a transformative opportunity to address their unique challenges. It is important to embrace these innovations and ensure their accessibility to all seniors to build a future where technology empowers and supports every generation.

Unprecedented Growth in Older Adult Population in U.S.

The increase in the number of older adults in the United States is unprecedented. In 2019, 54.1 million US adults were 65 or older, representing 16% of the population—or more than 1 in every 7 Americans. Nearly 1 in 4 older adults are members of a racial or ethnic minority group.

By 2040, the number of older adults is expected to reach 80.8 million. By 2060, it will reach 94.7 million, and older adults will make up nearly 25% of the US population.

Aging increases the risk of chronic diseases such as dementias, heart disease, type 2 diabetes, arthritis, and cancer. These are the nation's leading drivers of illness, disability, death, and health care costs.

The risk of Alzheimer's disease and other dementias increases with age, and these conditions are most common in adults 65 and older. In 2021, health care and long-term care costs associated with Alzheimer's and other dementias were \$355 billion, making them some of the costliest conditions to society.



What You Should Know About Melatonin

Seems like everybody is talking about melatonin...and lots of folks are taking it regularly to help get that elusive "good night's sleep."



Jill Barat, PharmD, has tackled the subject in a comprehensive article for *Good Rx* and here is the first installment in our two-part look at Jill's *why's*, *do's*, and *don'ts* of using melatonin.

First, here are Jill's key takeaways:

- Melatonin supplements can help your body relax and fall asleep easier. Most adults take around 3 mg to 5 mg of melatonin. It's best to take it 1 to 2 hours before bedtime, so it has time to absorb and start working before you need it.
- Melatonin has side effects and drug interactions to consider. And there's no safety information on taking it long term. Your healthcare provider can help you decide if it's a safe option for you.
- Melatonin supplements aren't well regulated. So, it's hard to know exactly how much melatonin you're taking. Look for certified products or ask your pharmacist for help.

Melatonin is a hormone naturally made in your brain. It helps regulate your sleep-wake cycle. Some people take additional melatonin as a supplement if they're having problems sleeping. But taking a melatonin supplement can be tricky. The dosage, timing, and even the amount of light in the room can affect how it works for you.

Below, are answers to some common questions about taking melatonin, including when to take it for the best results.

1. What's the best time to take melatonin?

In general, it's best to take melatonin about 1 to 2 hours before you want to go to sleep. It can take some time for melatonin to start working, so taking it in advance helps ensure it will kick in when you need it.



You'll also want to make sure you aren't taking your melatonin too late in the evening. It can take 5 to 10 hours to clear melatonin from your system. So, if you need to get up less than 8 hours after taking it, you may still feel groggy or sleepy the next day.

Good to know: Certain forms of melatonin work differently than others. You may need to do some trial and error to find the right form of melatonin and figure out when to take it based on your needs.

2. How does melatonin work?

Natural melatonin is made in the pineal gland of your brain. The pineal gland releases more melatonin in response to darkness, and less melatonin in response to light. Melatonin's role is to let your body know it's time to relax and prepare for sleep. So, it's thought that taking melatonin supplements may help if you're having trouble sleeping.

Melatonin supplements contain synthetic (lab-made) melatonin. Taking melatonin may help you fall asleep faster. The extended-release forms may also help you stay asleep longer. Melatonin may also help you adjust to a new time zone that gets dark at a different time than you're used to.

3. Can you take melatonin every day?

Yes, but you shouldn't take it for more than a few weeks without a healthcare provider's OK.

Melatonin doesn't seem to be habit-forming. It isn't a controlled substance, so dependence and misuse are not a concern, either. But that doesn't mean it's safe to take melatonin long term. If you need to take it for more than a few weeks at a time, talk to your healthcare provider. There could be a more serious health condition causing your sleep trouble.

Good to know: Most evidence shows that melatonin doesn't cause tolerance. Tolerance happens when your body stops responding to a medication over time. And it's common with other over-

the-counter (OTC) and prescription sleep medications. But it doesn't seem to be a concern with melatonin.

4. *Is melatonin safe to take?*

Melatonin is considered to be a safe first-line treatment option for sleep issues. But that doesn't mean it's without risks.



There are several things to consider about melatonin before taking it:

- Melatonin supplements aren't FDA approved or regulated. OTC supplements don't have the same research and testing requirements that prescription medications do. Studies show that OTC melatonin products often contain different amounts of melatonin than the label indicates. Some even contain other substances, such as serotonin. Look for certified supplements to help protect your safety. And don't hesitate to ask your pharmacist for help.
- Melatonin has side effects to be aware of. Common melatonin side effects include headache, nausea, and dizziness. Daytime drowsiness and vivid dreams can also be an issue.
- Melatonin can interact with other medications. It's easy to overlook the fact that OTC supplements can still interact with other medications you take. And melatonin is no exception. Be sure to review your medication list with your provider to make sure melatonin is safe for you to take.
- Long-term melatonin use isn't recommended. There's no information on the safety of taking melatonin for a long period of time. So, it's not recommended unless your provider OK's it.
- Melatonin may affect puberty in children. It's possible that melatonin could delay the start of puberty in children taking it for a long period of time. More research is needed to confirm how much of a concern this side effect is. But it's best to avoid giving children melatonin without talking to their provider first.

5. *How much melatonin should you take?*

Most adults take 3 mg to 5 mg of melatonin. But it's best to start with a lower dose and increase it from there to find the lowest dose that works for you. This helps keep melatonin side effects to a minimum. Doses up to 8 mg seem to be well tolerated. But higher doses can lead to more bothersome side effects and aren't recommended.

Children typically take 1 mg to 2 mg of melatonin. Starting with a smaller dose is also a good idea to help minimize side effects. And it's best to talk to your child's provider first before starting melatonin. Sleep problems in children could have a number of causes, so it's best not to treat them on your own.

In summary, Jill's bottom line is that melatonin supplements can help signal your body that it's time to relax and go to sleep. It's best to take melatonin an hour or two before bedtime. This gives it time to absorb so it will kick in when you need it.

It's also a good idea to make sure you can get at least 8 hours of sleep after taking melatonin. This will help you avoid next-day drowsiness.

Most adults take 3 mg to 5 mg of melatonin. It's fine to take it every day, but if you need it for more than a few weeks, it's time to loop in your healthcare provider. Look for certified melatonin supplements to help protect your safety. And be aware that melatonin has side effects and drug interactions to consider. Your pharmacist and provider can help determine if melatonin is a safe option for you.

Next time, in Part Two of Jill's report, we'll look at these questions:

- Does melatonin cause weight gain?
- Does melatonin affect your blood pressure?
- How long does melatonin stay in your system?
- Is melatonin safe to take?
- Can certain food or drinks affect melatonin levels?

The People Who Have Helped Make SJS Happen:

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And remember that if you have story ideas, comments, or criticisms, you can e-mail us at savvyjerseyseniors.com.



**Rare footage of
baby boomers on
their way to school**