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HEALTHIllustrations by Keith  
Simmons, USA TODAY

## Your Health

By Kim Painter

Your questions  
answered hereReaders write in about  
the pill, cleaning air ducts

When it comes to your health, knowing what to do is great. Knowing why is even better. So I'm delighted to hunt down an expert and get an answer when readers ask "Why?"

This week, I feature two "why" questions: one about smoking and birth control pills and one about home air-duct cleaning.

If you have a "why" (or a "what," "how," "who" or "when") question about health that might interest others, write [kpainter@usatoday.com](mailto:kpainter@usatoday.com).

## Blood clots pose danger for smokers on the pill

**Q: I always hear smoking and the pill are not a good mix over age 45. However, I don't know why. — Karen Gilmurray, Clinton, N.J.**

A: Though birth control pills combining the hormones estrogen and progesterone are safe for many women over 35, 45 and even 50, they are not a good choice for older women who smoke or have certain health problems, says the American College of Obstetricians and Gynecologists.

The problem for smokers over 35: The combination of age, estrogen and smoking appears to raise the risk of heart attack and stroke, says Andrew Kaunitz, professor of obstetrics and gynecology at the University of Florida College of Medicine in Jacksonville. The pill alone does not seem to raise those risks, he says.

But there are other concerns for some older women. An often-overlooked risk factor, Kaunitz says, is weight: Studies show

Join the  
Smokeout

It's always a good day to quit smoking. But if you'd like to do it with some company, how about Thursday? That's the date of this year's Great American Smokeout, the annual mass quitting day sponsored by the American Cancer Society.

For tips on how to quit, visit [cancer.org/great-americans](http://cancer.org/great-americans) or call the society's toll-free Quit-line at 800-227-2345.

that obese women over 35 who take so-called combination pills increase their risk for dangerous blood clots. Blood clots are a risk for all pill users, but the benefits of pill use — including the avoidance of pregnancy, a major cause of blood clots — outweigh the risks for younger or thinner women, he says.

Bottom line: If you are over 35, smoke and can't quit or have other risk factors (obesity, migraines, diabetes or high blood pressure), use a different form of birth control. If you like hormonal methods, consider a pill, implant, injection or intrauterine device that contains progesterone, but no estrogen.

But if you are over 35, slim, healthy and non-smoking, don't count out the combo pill: It's safe and it works.

## Allergists say cleaning air ducts unnecessary

**Q: In a column on allergies, you stated that it was not recommended to do a regular cleaning of heating ducts. Why? — David Rosen, Elk Grove, Ill.**

A: There's no proof that routine cleaning of home heating ducts reduces allergy symptoms, says a recent review of allergy and asthma control strategies in the *Journal of Allergy and Immunology*.

"I've seen many people spend needless money on having their ducts cleaned," says James Sublett, a Louisville allergist.

The U.S. Environmental Protection Agency says: "Duct cleaning has never been shown to actually prevent health problems. Neither do studies conclusively demonstrate that particle (e.g. dust) levels in homes increase because of dirty air ducts. This is because much of the dirt in air ducts adheres to duct surfaces and does not necessarily enter the living space."

The EPA does say properly done duct cleanings appear safe. And it says consumers should consider a cleaning if mold, insects or rodents happen to be living inside their ducts or if excess dust and debris clearly is being spread around the house. For more, go to [epa.gov/iaq/pubs/airduct.html#Summary](http://epa.gov/iaq/pubs/airduct.html#Summary).

## Have a health or medical question?

E-mail [kpainter@usatoday.com](mailto:kpainter@usatoday.com). Include your name, city and daytime phone number. Selected questions will be answered in the newspaper.



Photos by CJ Gunther for USA TODAY

At Cambridge Health Alliance: Anne Fabiny says PACE is able to use Medicare and Medicaid money for necessities other than care, like glasses and shoes.

## No need for nursing home

PACE handles all  
care for seniors  
living on ownBy Andrea Pitzer  
Special for USA TODAY

CAMBRIDGE, Mass. — Theresa Doherty, 76, has a black knit suit and a rhinestone elephant brooch. She's also on the cutting edge of modern health care.

In a Cambridge Health Alliance center on Green Street, Doherty, who has heart disease, and others sit in the narrow halls waiting for appointments while staff members and patients call out hellos, using first names. Patients play bingo and get ready for lunch in two activity rooms. A nurse dips her head into an office and mentions a patient's hand tremors to Rachel Broudy, medical director of the alliance's Program of All-Inclusive Care for the Elderly (PACE).

"Families are feeling like we're failing our elders," Broudy says. "And so PACE tries to keep people who are eligible for nursing home care living independently in the community."

Broudy treats Doherty and nearly 200 other PACE patients at the center — almost all of whom qualify for both Medicare and Medicaid. They are supported by a coordinated medical team that the federal government hopes will cut costs and improve life for the elderly.

## How PACE works

According to the National PACE Association, there are 16,000 patients in PACE nationwide. The average client is 80 and takes eight prescription medications. Participants have to be 55 or older, certified by their state to need nursing home care and be able to live safely in the community.

Each program receives a fixed amount per person from a patient's state Medicaid program — usually 85% to 90% of estimated nursing home costs. Medicare funds come through a risk-adjusted formula in which the program receives more for sicker enrollees.

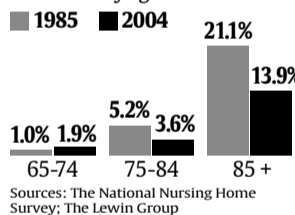
PACE becomes both the patient's insurer and care provider and is obliged to pay for all of the patient's medical care from the point of enrollment forward.



**One-stop shop:** Rachel Broudy, medical director of Cambridge Health Alliance's program, examines Theresa Doherty, who gets her medical care and prescriptions through PACE, plus rides to the center and day activities.

Fewer live in  
nursing homes

The development of alternative home and community-based services has led to a decline in the percentage of older Americans who live in nursing homes, especially among those 85 and older. By age:



"Before, I was paying almost \$1,000 a month for prescriptions," Doherty says. She taps a finger on the table in front of her. "And now — nothing."

PACE's dual role allows for flexibility in using the money that comes in from the federal government. Anne Fabiny, chief of geriatrics at the Cambridge Health Alliance, lists items such as glasses, dental care, window air-conditioner units and better shoes as typical things less likely to get covered or obtained via traditional health care programs. Part of the idea is that thorough preventive care can prevent more serious conditions and reduce hospitalizations.

Not only is hospital care staggeringly expensive, Fabiny says, but hospitals are dangerous places for seniors. "You don't want the elderly there a day longer than necessary," she says. "And you only want them there if they really have to go."

Started in the 1970s as a community project to keep elders in their homes, today PACE provides a ride back and forth to its centers for day-care activities and medical appointments. Along with the nutritionist, social worker, psychologist, activity director, nurses' aides, nurse practitioner, doctor and others, the driver is a part of the health care team that meets daily. The clinical staff members also hold group meetings at least twice a year with each patient.

Because the amount received for an individual is fixed, says Shawn Bloom of the National PACE Association, the program has every incentive to keep patients as healthy as possible. "If we provide good care," Bloom says, "we control costs."

## The big picture

Robert Kane, director of the Center on Aging at the University of Minnesota, says PACE has provided some important lessons on the value of integrating all the players on a patient's medical team and having staff touch base routinely with pa-

tients outside of scheduled medical appointments.

Yet, Kane says, only about one in five people eligible for nursing home care actually ends up getting it. "When it comes to PACE patients, you hear, 'There but for the grace of God I'd be in a nursing home,'" Kane says. "But all those people wouldn't go to nursing homes. A substantial portion would be in some kind of community-based care system."

Kane says such care runs the gamut from home care to assisted living to adult foster care. This care often costs much less than a nursing home, but nursing home expenses are the standard by which PACE appears to save money.

What's more, says Bruce Robinson, chief of Geriatrics at Sarasota Memorial Hospital in Florida, if PACE expanded greatly, the system might not be able to bear the cost. "It's not a criticism of PACE itself," he says. "Yet if you do the math, you're going to say we can't afford this for the country — not with all the Boomers coming along."

But for the time being, Broudy hews to the PACE approach in Cambridge. And she likes the results. "I think we take care of these people in an extraordinary way," she says. "The care and dignity we provide to largely disenfranchised patients — that is extraordinary."

## Proof's in the brain scan: Romance can last

It doesn't always  
fade over timeBy Sharon Jayson  
USA TODAY

The honeymoon doesn't have to be over just because you've been together for years, new research suggests.

Popular wisdom would have it that romance fades over time. But new brain scans of people who say they are still in love after decades of marriage are similar to scans of those who have just fallen in love, leading researchers to conclude that long-term relationships can be just as passionate and romantic as new love.

"We're confident it's real," says psychologist Arthur Aron of the State University of New York-Stony Brook,

one of the researchers involved in the study. "That's what the brain scans are telling us. People can't fake that."

The study, presented Sunday at a meeting of the Society for Neuroscience in Washington, D.C., represents a dramatic shift in thinking. Other research "always suggested romantic love is over by 12 to 15 months. This suggests that may not have to be the case," says Richmond Thompson, associate professor of psychology and neuroscience at Bowdoin College, who wasn't involved in the study.

Scientists used functional Magnetic Resonance Imaging (fMRI) to scan the brains of 10 women and seven men who said they were still intensely in love after an average 21 years of marriage. When they viewed photos of their partners, their brains reacted.

"If you ask people around the world whether romantic love can last, they'll roll their eyes and say 'probably not,' and most textbooks say



By Keith Simmons, USA TODAY



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that, too. We're proving them wrong," says anthropologist Helen Fisher of Rutgers University, a co-author.

Lead author Bianca Acevedo, who has worked with Aron and now works with neuroscientist and study co-author Lucy Brown of Albert Einstein College of Medicine in the Bronx, N.Y., says the findings are similar to earlier research they did on 10 women and seven men who had fallen in love within the previous year.

Findings show long-term relationships don't have the obsession and anxiety of new love; instead, they show increased calm and attachment, Fisher says. Couples view partners as central to their lives; they continue to want connection and engagement and maintain a sexual liveliness.

Elaine Hatfield, a psychology professor at the University of Hawaii, says the studies are "a promising beginning ... not the last word in our understanding of passionate love."