

On Health

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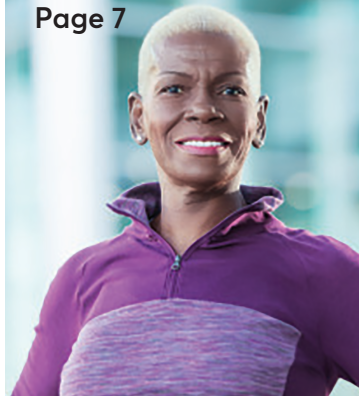
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The Problem With Plastic

We're all ingesting it unknowingly. What to know.

Plastic is ubiquitous in the products we use, and because it tends to degenerate slowly, it contributes to the planet's litter problem. But reliable research also shows that tiny bits of plastic are in our food, drinking water, and air—and in our bodies.

Over time, plastic can break down into small particles—microplastics or tinier nanoplastics—that we can ingest. Actions such as cracking open a new plastic bottle and tearing a wrapper off a sandwich also release plastic fragments. Some researchers think the average person consumes up to 5 grams a week—the equivalent of a credit card.

Manufacturers and some regulatory agencies have long assured us that plastics are safe for human health. We don't fully know yet what effects ingesting plastic may have, but when Consumer Reports dug into this issue, we found that some researchers advise a precautionary

approach. Some are concerned that ingesting plastic may, for instance, create a systemic inflammatory response or release harmful chemicals into our bodies.

To reduce the plastic you may be taking in, experts advise that you:

- ▶ Drink tap water instead of bottled, unless your tap water is contaminated with substances such as lead. A water filter may further reduce microplastic levels.

- ▶ Buy and store food in glass, silicone, or foil, not plastic.

- ▶ Eat fresh food—instead of processed food that's wrapped in plastic—as much as possible.

- ▶ Vacuum regularly. House dust may be loaded with plastic and chemicals that are found in plastic. Consumer Reports recommends using a device with a HEPA filter, which is best for trapping dust.

Get more on plastics and health at CR.org/plastic.



▶ This Month's Experts

We contact health authorities and medical researchers from across the country. Here are some of the experts we consulted this month:

Loneke Blackman Carr, PhD, assistant professor of nutrition, University of Connecticut, Storrs.

Natalie Dean, PhD, assistant professor of biostatistics, University of Florida, Gainesville.

James A. de Lemos, MD, professor of medicine, division of cardiology, UT Southwestern Medical Center, Dallas.

Andrew W. McHill, PhD, research assistant professor, Oregon Institute of Occupational Health Sciences, Portland.

Miriam C. Morey, PhD, co-director, Older Americans Independence Center, Duke University School of Medicine, Durham, N.C.

Joyce Oen-Hsiao, MD, cardiologist, Yale School of Medicine, New Haven, Conn.

Dorothy Sears, PhD, professor of nutrition, Arizona State University College of Health Solutions, Phoenix.

Ruwanthi Titano, MD, cardiologist, Mount Sinai Hospital, New York City.

Krista Varady, PhD, professor of nutrition, University of Illinois at Chicago.

Health Wire

Quick Tips for Living Well



Risks of Ultraprocessed Food

Can foods like bacon, sausage, cold cuts, and commercially made baked goods hurt your health? A diet packed with such ultraprocessed food was associated with a 58 percent higher risk for fatal heart disease and strokes over eight years in a study of 22,475 adults. Among the negatives: Processed foods may boost weight gain and replace nutrient-rich items like produce, whole grains, and lean protein.

Source: American Journal of Clinical Nutrition, Dec. 18, 2020.

Ease Cancer Therapy Problems

Sixty-nine organizations worldwide recommend cancer rehab—physical, occupational, and other therapies—for problems like pain, swelling, fatigue, and mental fog that interfere with everyday

life for 60 percent of people during and after cancer treatment. But a recent review found that only 2 to 9 percent of people get this rehab, perhaps because oncologists are unaware of the benefits.

Source: CA: A Cancer Journal for Clinicians, Oct. 27, 2020.

Relief From Reflux

Five habits cut heartburn symptoms by 37 percent in a study that tracked 42,955 women for 12 years. They maintained a healthy weight; never smoked; did at least 30 minutes of daily moderate to vigorous activity; had no more than two cups of coffee, tea, or soda a day; and ate a diet rich in fruits, veggies, whole grains, beans, fish, and poultry.

Source: JAMA Internal Medicine, Jan. 4, 2021.



Skip High-Dose Vitamin D

Research suggests that vitamin D may boost strength and balance. But a study involving older adults found that supplements of 1,000 IU a day or more showed no benefit over 200 IU, and even hiked the risk of serious falls. The researchers say the safe daily upper limit (4,000 IU) should get a second look.

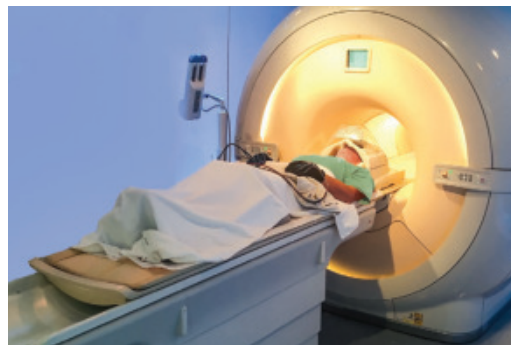
Source: Annals of Internal Medicine, Dec. 7, 2020.



Birdsong's Healing Powers

The sounds of birds, whether real or recorded, may be good for your mood, according to a survey of 665 hikers in Colorado. Researchers played the sounds of goldfinches, wrens, nuthatches, robins, and other birds over hidden speakers along hiking trails during the late summer, when mating season is over and real birds are typically less vocal. The scientists, from California Polytechnic State University, found that hikers who heard 7 to 10 minutes of recorded and real birdsongs reported experiencing a little lift in their sense of well-being compared with those who didn't hear the recorded tweets and twitters.

Source: Proceedings of the Royal Society B, Dec. 16, 2020.



Check Face Masks Before MRI

If you're getting a magnetic resonance imaging (MRI) scan, ask the technician to check your face mask for metal first, or use a mask provided by the facility. Masks that contain metal may heat up and cause face

burns during the scan, according to the Food and Drug Administration. Metal pieces can include nose clips, wires, and staples, as well as ultrafine particles in the material and metals like silver or copper in antimicrobial masks.

Source: Food and Drug Administration, Dec. 7, 2020.

How to Protect Your Heart Now

COVID-19 is especially risky for those with cardiac issues. Here, what can help you stay safe.



Older adults with heart disease face a double health whammy during the pandemic: Both their age and heart problems put them at higher risk for COVID-19 and its severe complications, such as the life-threatening lung injury called acute respiratory distress syndrome, blood clots, and kidney damage.

Cardiovascular disease (CVD) isn't the only illness that hikes such risks, but it's a leading one. Just having heart disease risk factors is a concern. For instance, a paper published last October in the *Journal of the American College of Cardiology* found that the elderly and people with high blood pressure, obesity, or type 2 diabetes were more susceptible to COVID-19 infection, serious illness, and complications.

For those with preexisting heart disease, severe COVID-19 may also raise heart attack or stroke risks. It may boost the risk of arrhythmias—heartbeats that

are too fast, too slow, or irregular—too. “Patients with existing heart issues may have structural changes to the heart or underlying electrical abnormalities that leave them more prone to arrhythmias during a severe infection, such as COVID-19,” says Ruwanthi Titano, MD, a cardiologist at Mount Sinai Hospital in New York City. If you're very ill with COVID-19, you're more likely to develop blood clots because you're less mobile, which allows blood flow to stagnate.

And, we're learning, the virus may exacerbate some preexisting heart problems. “The acute inflammatory response caused by COVID-19 may worsen cardiac function, which is already compromised in people with heart disease,” says James A. de Lemos, MD, co-chair of the American Heart Association's COVID-19 Registry Steering Committee and a professor of medicine at UT Southwestern Medical Center. So, for instance, people with

acute heart failure—where the heart is suddenly unable to pump sufficient blood to meet the body's needs—have almost double the risk of dying if they contract COVID-19, according to a January 2021 study in *ESC Heart Failure*, a journal of the European Society of Cardiology.

Our understanding of the link between COVID-19 and the heart is still evolving. But experts say it's particularly important right now to be mindful of your heart health. There's much you can do.

HOW COVID-19 HURTS THE HEART

Due to its effects on the respiratory system, COVID-19 puts pressure on the heart, forcing it to work harder to pump blood throughout the body, says Mitchell Elkind, MD, a professor of neurology and epidemiology at Columbia University.

The virus may attack and weaken your heart muscle, too, and a study published last year in the journal *JAMA Cardiology* found this can occur even in normally healthy people with a mild case of COVID-19. When researchers performed cardiac MRIs on 100 people who'd recently recovered from the virus, they found that 76 percent had elevated troponin—a protein that indicates heart damage. Sixty percent also had heart inflammation, or myocarditis, which can cause chest pain, breathing problems, heart rhythm issues, and extremity swelling.

Some good news: “We suspect that for most people, this will be temporary and resolve on its own over time as the body's immune response subsides,” says de Lemos. Whether this is likely for those with preexisting cardiovascular disease is not yet clear, says Joyce Oen-Hsiao, MD, a cardiologist at the Yale School of Medicine. This may depend, in part, on how scarred the heart is from problems like myocarditis, she says.

TAKE HEART-SMART STEPS

Getting the COVID-19 vaccine is the most important action you can take. “We have seen it is effective and very safe in a broad host of patients,” Titano says. Afterward, you'll need to continue social distancing and wearing a mask, says Oen-Hsiao. You

still have a small possibility of contracting COVID-19, and we don't yet know whether vaccination prevents you from spreading the coronavirus to others.

Keep your medical appointments, whether in-person (many facilities have safety protocols in place) or by telehealth. "We really still want our patients to check in with us every three to six months to make sure things like their blood pressure, cholesterol, and blood glucose levels are under control," Oen-Hsiao says.

And take immediate steps if you suspect an emergency: A study published in January in the *Journal of the American College of Cardiology* found an increase in deaths due to ischemic heart disease and high blood pressure in some states after the pandemic began, possibly because people avoided doctors and hospitals for fear of COVID-19.

It's also important to take your heart medication as directed. Early in the pandemic, concerns arose that blood pressure medications such as ACE inhibitors—like benazepril (Lotensin) or lisinopril (Prinivil, Zestril)—could make it easier for the virus to enter your cells. But a study published in October in the journal *Nature Communications* found that these drugs don't increase infection risk.

Lifestyle steps remain essential, so work to consume a heart-healthy diet—one focused on produce, whole grains, healthy fats such as nuts and olive oil, and lean protein—and exercise regularly, says Nieca Goldberg, MD, a cardiologist at New York University. This may benefit you if you do become infected with COVID-19.



Experts say that it's important to keep your medical appointments, whether in-person or by telehealth, and to continue to take your heart medications as directed by your doctor.

For physical activity, consider walking at home or nearby, moving to a video, or joining a virtual exercise class.

WHAT IF YOU GET COVID-19?

Alert your doctor and get tested if you suspect you have COVID-19. Mild symptoms, such as fever, can be treated at home with a pain reliever like acetaminophen (Tylenol and generic), fluids, and rest. It's also wise to have a drugstore pulse oximeter, a small device that can check your blood oxygen levels, Goldberg says. If you experience shortness of breath or your home pulse oximeter shows that your blood oxygen level is

95 percent or under, it's best to call your doctor immediately, she says.

And if you have significant trouble breathing, persistent chest pain or pressure, sudden confusion, or bluish lips or face, call 911. These may be signs of a complication like pneumonia. Some of these symptoms, along with dizziness, nausea, slurred speech, weakness on one side, and facial drooping on one side, may also be warning signs of heart attack or stroke.

With a mild case of COVID-19, you should feel better within about two to three weeks. But you may still become breathless when you exert yourself, even during simple tasks like washing dishes.

If breathlessness persists for more than three weeks, Titano advises calling your primary care physician. Though most people experience this simply because they've lost strength during COVID-19, "a subset may benefit from evaluations for issues such as myocarditis, heart rhythm irregularities, or heart failure," says Titano. In such cases, your doctor may prescribe medications such as ACE inhibitors, beta blockers like metoprolol (Lopressor, Toprol-XL) or carvedilol (Coreg), or diuretics like furosemide (Lasix), and advise you on exercise (see box, below) and diet. "Most patients respond well to this, but it's too early to tell if they'll need to be on these medications permanently," Goldberg says.



For information on long-lasting COVID-19 symptoms, go to [CR.org/longhaul](https://www.cdc.gov/longhaul).

Taking Back Your Health After COVID-19

After COVID-19, it's important to start physical activity as soon as is safely possible. "People don't realize the amount of cardiac deconditioning that can happen after just two to three weeks of illness,

from prolonged bed rest and being so sedentary," says cardiologist Ruwanthi Titano, MD. Before you start exercising even lightly, though, get your primary care doctor's okay. If you were hospitalized or had symptoms

such as chest pain or extreme shortness of breath, you may also need to be evaluated by a cardiologist and do physical therapy (PT) to regain strength. If you're in PT, your therapist will direct your regimen. Otherwise, start

with something like walking. Go slowly and stop when you feel breathless. If standing exercise is too tiring, try something you can do while sitting or lying down, such as leg lifts. As you gain stamina, you can add more activities.

Are Potatoes Good for You?

Stop worrying about the carbs. You can fit spuds into a nutritious diet.

Here are two facts about potatoes: they're extremely nutritious and you should probably cut back on how often you eat them.

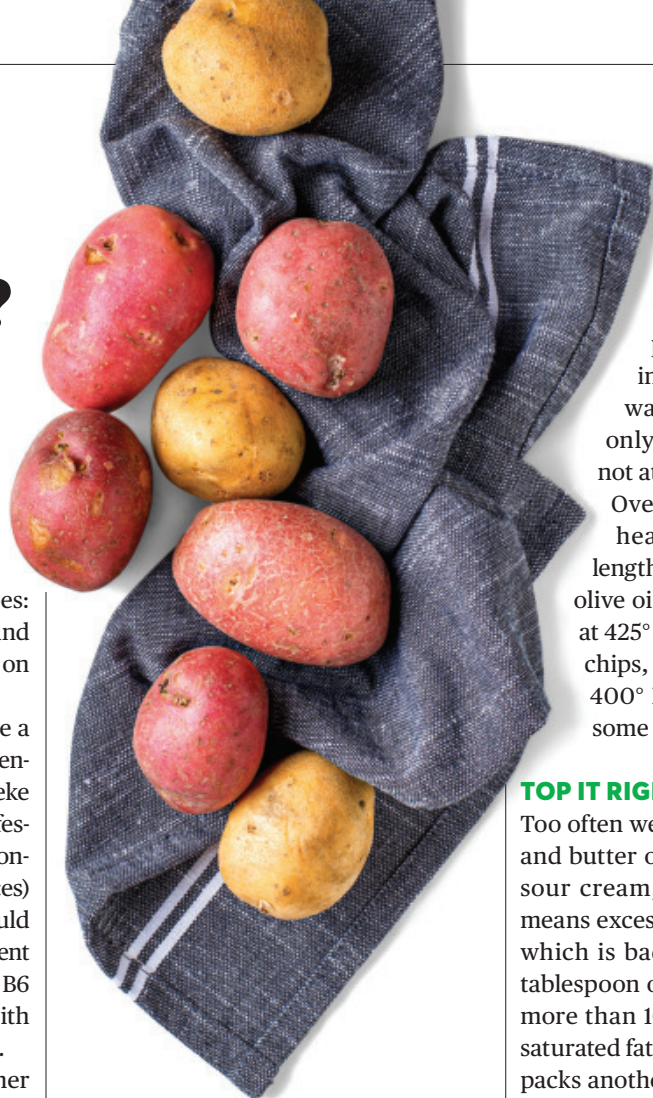
How can both be true? "Potatoes are a top source of potassium, which is an essential mineral for heart health," says Loneke Blackman Carr, PhD, an assistant professor of nutrition at the University of Connecticut. A small potato (about 5 ounces) has 23 percent of the amount you should consume every day. You also get 26 percent of the recommended amount of vitamin B6 (key for neurological health), along with iron, vitamin C, magnesium, and fiber.

We eat more potatoes than any other vegetable—nearly 50 pounds a year per person. But that's a concern because potatoes have a high glycemic index, meaning they raise blood sugar rapidly after you eat them. Experts think this is why some studies have found a link between potatoes and an increased risk of cardiovascular disease, hypertension, type 2 diabetes, and excess weight, regardless of the way they're cooked. The research isn't consistent, however. For example, in a 2019 study published in the journal *PLOS One*, researchers followed more than 400,000 people for 16 years and saw no differences in the risk of early death from any cause between those who ate the most potatoes and those who ate the least.

What's a spud lover to do? These tips will help you get all the advantages of potatoes while sidestepping the risks.

THINK CARB, NOT VEGETABLE

Botanically speaking, potatoes are vegetables, but nutritionally their high starch content puts them in the carb category.



Potatoes should replace rice or bread in your meal, not other veggies, says Michelle Cardel, PhD, an assistant professor in the department of health outcomes and biomedical informatics at the University of Florida College of Medicine. The Department of Agriculture says women over 50 shouldn't eat more than 4 cups of starchy vegetables per week (for men, it's 5 cups). In addition to potatoes, these include cassava, corn, green peas, parsnips, and plantains.

MAKE FRIES A 'SOMETIMES' FOOD

French fries tend to be higher in sodium and calories than nonfried potatoes. And in some studies, fries posed more of a risk than potatoes overall. More research is needed, but a 2017 study of people over age 50, for example, found that those who ate fries two or three times a week had a 95 percent increase in the risk of early death from any cause; nonfried potatoes didn't raise the risk. A 2019 analysis of 28

studies found that eating fries every day upped the risk of type 2 diabetes by 66 percent and high blood pressure by 37 percent. Eating potatoes prepared in other ways raised the diabetes risk only slightly and hypertension not at all.

Oven-fried potatoes may be a healthier bet. Slice potatoes lengthwise and drizzle them with olive oil and a little salt, then bake at 425° F for about 25 minutes. (For chips, cut horizontally and bake at 400° F for 25 minutes.) Or whip some up in your air fryer.

TOP IT RIGHT

Too often we mash potatoes with cream and butter or pile baked potatoes with sour cream, bacon, and cheese. That means excess calories and saturated fat, which is bad for your heart health. A tablespoon of butter, for example, adds more than 100 calories and 7 grams of saturated fat; a tablespoon of sour cream packs another 30 calories and 1.5 grams of saturated fat. For a healthier option, cut a potato in half, drizzle it with olive oil and rosemary, and bake in a 400° F oven. Then put it under the broiler for a few minutes until brown on top, suggests Lisa R. Young, PhD, an adjunct professor of nutrition at New York University. And you can slim down mashed potatoes by swapping out cream and butter for low-fat plain Greek yogurt. "It has a similar taste and consistency, plus protein and healthy fats," Cardel says.

EAT THE POTATO RAINBOW

White potatoes have antioxidants, which help fight cell damage. But getting a mix of red-, purple-, and yellow-fleshed spuds will give you a greater range (such as anthocyanins and carotenoids) than sticking with your standard russets.



LEARN

Braising is a healthy way to prepare potatoes. For our easy recipe, go to [CR.org/potatorecipe](https://www.consumerreports.org/potatorecipe).

The 4 Moves You Need to Build Muscle

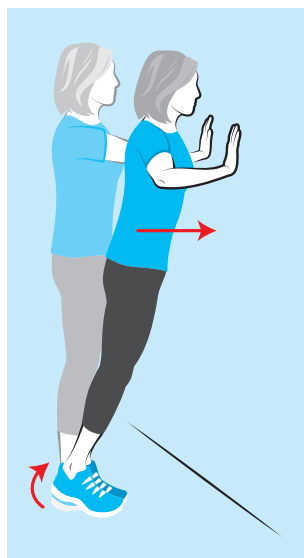
These exercises, all modified for older adults, will help you get and stay strong

When you think of strength training, exercises such as squats, sit-ups, pushups, and bench presses probably come to mind. And they are all effective. As you get older, though, you may shy away from these moves because of pain or other limitations. But avoiding them will only exacerbate the normal muscle loss that comes with age.

“Maintaining strength is essential for maintaining independence and mobility as you age,” says Miriam C. Morey, PhD, co-director of the Older Americans Independence Center at Duke University School of Medicine in Durham, N.C.

The prescription for doing that is easier than you may think. Morey recommends the four simple exercises below to hit

all your major muscle groups. They’re modifications of traditional exercises, to make them doable for adults at all levels and abilities—but they’ll work just as well. Aim to do 10 to 12 reps of each (both sides for the seated arm and leg lift) twice a week. (That will take you just 10 minutes a week!) You can expect to see results in about two weeks.



ARMS & CHEST

The stronger your upper body is, the easier it will be to carry groceries and do chores such as laundry.

TRY WALL PRESSES

Compared with pushups, wall presses reduce the amount of body weight you’re moving and ease pressure on shoulders and wrists. Stand slightly more than arm’s length away from a wall. Lean forward; place palms on the wall at chest height. Heels will be off the floor. Bend elbows and lower chest. Then straighten arms.

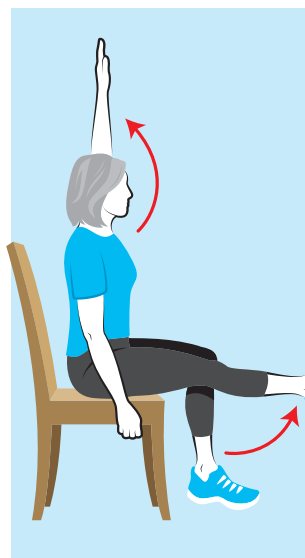


LEGS & GLUTES

You need lower-body strength for getting into and out of the car, standing up from the couch, and climbing stairs.

TRY CHAIR STANDS

Doing squats with your body weight supported during part of the exercise takes stress off the knees. Sit toward the edge of a chair, feet hip-width apart. Lean forward slightly and press through heels to stand. Then slowly sit down. To make it easier, place a cushion or folded blanket on the seat; the higher the seat, the less range of motion.

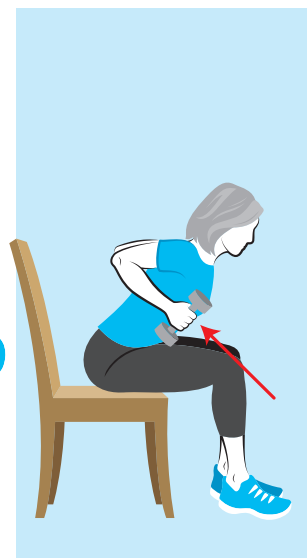


CORE

All movement originates from the core, so building back and abdominal muscles will help you power through your day.

TRY SEATED ARM & LEG LIFT

If getting to the floor to do crunches or planks is difficult for you, this move is a good alternative for strengthening your abdominal and back muscles. Sit in a chair with feet flat on the floor and arms at your sides. Simultaneously raise right foot and left arm. Slowly lower and repeat with opposite arm and leg.



MIDBACK & SHOULDERS

Targeting these areas helps you stand taller and makes activities such as vacuuming and gardening easier.

TRY SEATED ROWS

This seated version protects the lower back. Holding light dumbbells (or soup cans, water bottles, or no weight at all), sit in a chair with arms at your sides extended. Lean forward as far as possible from the hips. Squeeze shoulder blades, bend elbows, and pull hands toward hips, elbows pointing behind you. Then slowly release.

The Benefits of Timing Your Meals

Reap the rewards of intermittent fasting—and learn how to avoid the downsides.

It's long been known that what and how much you eat can influence your risk of chronic illness. Now researchers are focusing on the effects of *when* you eat.

Studies suggest that intermittent fasting (IF)—typically, eating only during an 8-hour period or every other day—could have many potential benefits, including improvements in glucose (blood sugar) and cholesterol levels, blood pressure, and weight. Done in a healthful way, IF holds promise for controlling inflammation and lowering the risk of type 2 diabetes, heart disease, and even some cancers.

The benefits are thought to result from a process called metabolic switching, which is when the body goes into a fasting state and begins using body fat instead of glucose to meet its energy needs. IF helps preserve the body's normal interplay between the hormone insulin and blood glucose, preventing insulin resistance (when the body doesn't respond properly to it). Metabolic switching also signals the body to activate maintenance and repair systems, which aid in disease prevention.

But intermittent fasting isn't for everyone. "Going for long periods without food may be too extreme for some older adults, people with diabetes, and those who must take certain medications at designated hours, among others," says Dorothy Sears, PhD, a professor of nutrition at Arizona State University College

of Health Solutions. Fortunately, science points to similar benefits simply from timing meals to align with your body's circadian rhythm, the internal 24-hour clock that drives metabolism, sleep-wake cycles, the immune system, and other body systems. Even incorporating just a few of these six tips can help you maintain a healthy metabolism.

1. HAVE BREAKFAST EARLY

"Try to eat within 1 to 2 hours of waking," Sears says. This will prevent you from having a low fasting glucose level for too long, which some studies suggest may raise heart disease risk.

If you have to get up unusually early on occasion, however, it may be better for your blood sugar control to wait until your usual breakfast time to eat, says Andrew McHill, PhD, a research assistant professor at the Oregon Institute of Occupational Health Sciences. That's because

levels of the sleep hormone melatonin, which rise in the evening and fall in the morning, may still be elevated when you wake up earlier than normal. When melatonin is high, insulin, which is responsible for processing glucose, is reduced.

And breakfast foods, such as whole grains like oatmeal, fruit, or eggs, can boost your intake of fiber or other nutrients, countering insulin resistance and improving glucose tolerance at your next meal. Research also suggests that a large high-protein breakfast—30 grams of protein (e.g., a cup of cottage cheese) and 350 or more calories—may help control appetite and satiety, and support weight control.

2. EAT DESSERT BEFORE 3 P.M.

Your body is most efficient at processing carbohydrates in the morning and early afternoon, Sears says. That means it's better to eat foods that may cause glucose spikes earlier in the day.



ILLUSTRATIONS: L. J. DAVIDS

But try to avoid having sugary foods on an empty stomach. Instead, eat them as part of a meal with protein and fat, which will blunt the treat's impact on blood sugar. So if you have, say, a banana muffin at breakfast, eat it with a boiled egg.

3. DIAL BACK YOUR DINNER HOUR

Research suggests that it's best to finish eating between 6 p.m. and 8 p.m. As bedtime approaches, melatonin increases and insulin output begins to drop. That means blood sugar climbs higher and circulates for longer because there isn't enough insulin to clear it quickly. Research has linked late-evening eating to a greater risk of obesity, type 2 diabetes, and heart disease. In a recent study by Johns Hopkins University, for example, healthy people who ate dinner at 10 p.m. saw greater spikes in blood sugar, slower body-fat breakdown, and increases in cortisol, a hormone thought to be involved in weight gain, compared with a group who ate the same meal at 6 p.m.

4. SLIM DOWN YOUR SUPPER

Most Americans consume nearly 45 percent of their total daily calories at dinner and in an after-dinner snack. A healthier goal, Sears says, is 30 percent. That's 600 calories for someone who usually eats 2,000 calories a day. For example, in 2013, Israeli researchers looked at the effects of eating a small dinner and a large breakfast vs. a large dinner and a small breakfast in a study involving 93 overweight women. Both groups ate the same lunch and overall number of calories. After 12 weeks, those who ate the lighter dinners lost more weight, had a smaller waist, and had better metabolic profiles than the women in the other group.

One way to downsize the dinners that you prepare is to make them the healthiest meal of the day. Try eating lots of vegetables, which are naturally low in calories, suggests Courtney M. Peterson, PhD, an assistant professor in the department of nutrition sciences at the University of Alabama at Birmingham. That means you can eat a large portion so that you're not hungry

afterward and still consume fewer than 600 calories. The fiber from those foods will also help you feel fuller. And if you don't overdo it on calories in the evening, Peterson says, you can afford to have a bigger breakfast and lunch, when your body is primed for food processing.

5. PHASE OUT BEDTIME SNACKS

For all the reasons mentioned here, "our general rule is 'no food after dinner,'" says Krista Varady, PhD, a professor of nutrition at the University of Illinois at Chicago. It's probably the most important change you can make. "I think the lack of nighttime snacking is the main reason we see such great decreases in insulin resistance in time-restricted eating studies," she says. If you must eat a snack, have a small portion of a food low on the glycemic index (GI)—a measure of how quickly a food raises blood glucose—such as celery, cucumbers, apples, blueberries, or raspberries. Many typical snacks—cookies, chips, crackers—are high GI, and "research suggests that it is metabolically unhealthy to eat foods with a high glycemic index late in the day," Peterson says.

6. SET A REGULAR SCHEDULE

Whichever of these strategies you use, employ them consistently. Irregular eating has been linked to a higher risk of metabolic syndrome (health conditions that can lead to heart disease and type 2 diabetes). "The data suggests that maintenance of regular meal times will promote better heart health and metabolism," Sears says. For example, a study from the Salk Institute for Biological Studies that tracked people's eating habits found that half of the participants spread their daily meals and snacks over 15 hours or more. When overweight participants in a second part of the study reduced their eating window to 10 to 11 hours a day for 16 weeks, they lost weight, felt more energetic, and slept better.



LEARN

For healthy veggie-based dinner ideas, go to [CR.org/meatless](https://www.consumerreports.org/meatless).

Sleep More and Eat Healthier

Adults need at least 7 hours of sleep a night for optimal health, according to the American Academy of Sleep Medicine and the Sleep Research Society. But most fall short, and that can influence eating habits and metabolism.

In one study, 16 people slept for 9 hours a night for five days (to simulate the workweek), then switched to 5 hours a night for five days.

Sleeping just 5 hours disrupted their circadian rhythm, which led them to take in excess calories, gain weight, and experience an almost 20 percent drop in insulin sensitivity.

Insufficient sleep seems to prompt evening eating, says Andrew McHill, PhD, of the Oregon Institute of Occupational Health Sciences. "And it's those calories that seem to account for the [resulting] weight gain and metabolic issues."

What you eat can also disrupt sleep. Consuming spicy foods close to bedtime may upset your digestive system, and caffeine may delay the onset of melatonin. (McHill says to put down your coffee cup at least 5 hours before going to bed.) Research also suggests that eating lots of added sugars and processed grains may trigger insomnia, while eating more vegetables and fruit may help prevent it.





Getting the COVID-19 Shot

Answers to key questions about the safety and efficacy of the coronavirus vaccines

In January 2020, COVID-19 was first detected in the U.S. A year later, millions of Americans had already been inoculated against it, with rigorously tested vaccines that reduce the risk of getting COVID-19 and help prevent severe illness in those who get sick. Whether you've already been vaccinated, are eagerly awaiting your turn, or are feeling a bit nervous, here's what you need to know.

Are there any concerns about the vaccines in older adults?

From the start, vaccine experts and the Food and Drug Administration have stressed the importance of including older adults—who are particularly vulnerable to severe COVID-19—in vaccine trials. A quarter of participants in the Moderna trial and over 21 percent of participants in the Pfizer-BioNTech trial were 65 or older. People older than 65 were less likely to have severe adverse reactions to the Moderna vaccine than younger participants. But only a small number of people in both trials—roughly 4 percent—were 75 and older, so there is limited data for this group. Side effects such as fever, fatigue,

and soreness at the injection site are common, and show the vaccine is working. But rare side effects could still emerge. In January, the Norwegian government reported that it was investigating at least 23 cases of severely frail elderly people who died within six days of receiving Pfizer's vaccine. At press time, health officials had not found evidence that these people were more likely to die because of vaccination. Side effects such as fever can be more serious when people are frail, but the timing may have been a sad coincidence.

Is there anyone who shouldn't have a COVID-19 vaccine?

The only adults who should not get a vaccine are those who are allergic to vaccine ingredients such as polyethylene glycol or the related substance polysorbate, according to the Centers for Disease Control and Prevention. There have been reports of severe but treatable allergic reactions after vaccination in approximately 4 out of every 1 million people, according to early analysis. But people with a history of severe allergies that are not specific to the vaccine ingredients should still get vaccinated. They may be

asked to stay for a 30-minute observation period after injection, instead of the typical 15 minutes.

When will I be protected?

You should get your second dose three weeks after your first for the Pfizer vaccine, and four weeks after the first for Moderna. After that second dose, it usually takes two weeks or so for protection to fully kick in, according to Natalie Dean, PhD, an assistant professor of biostatistics specializing in infectious disease and vaccine development at the University of Florida in Gainesville. Though people appear to be somewhat less likely to get COVID-19 within two weeks of receiving the first dose, the second dose is still required for full protection. In the future, occasional booster shots may be needed, experts say.

How protected will I be?

In clinical trials, the Pfizer and Moderna vaccines were about 95 percent effective overall at preventing people from developing symptoms of COVID-19. When looking at test results for people 65 and older, the Moderna vaccine was 86.4 percent effective; the Pfizer vaccine was 93.7 percent effective for people 55 and up. According to the CDC, the efficacy could vary in a real-world setting. Still, these vaccines are highly protective. Even the best flu vaccines, for example, reduce the likelihood of flu illness by about 40 to 60 percent.

How many people need vaccines to restore normal life?

Scientists don't yet know. Once enough people have some immunity, either because of previous infection or vaccination, the virus will have a harder time spreading widely. We might hit the point when communities are protected by the time around 70 to 85 percent of people are vaccinated, according to CDC officials. But more contagious virus strains could require more people to be vaccinated.



LEARN

This information could change as we learn more. For the latest, see [CR.org/covidvaccines](https://www.cdc.gov/covidvaccines).

7 Smart Takeout Tips

Take a break from cooking without sabotaging your diet

These days, you might be getting takeout meals or food deliveries more frequently than you used to, thanks to the COVID-19 pandemic. Although a homemade meal is usually the healthiest choice, ordering in can be

helpful during stressful times, or even when you just don't feel like cooking.

Fortunately, with a few smart strategies, you can maintain healthy eating habits even when you're ordering a meal to go. These tips will help.

1 START WITH THE RIGHT EATERY

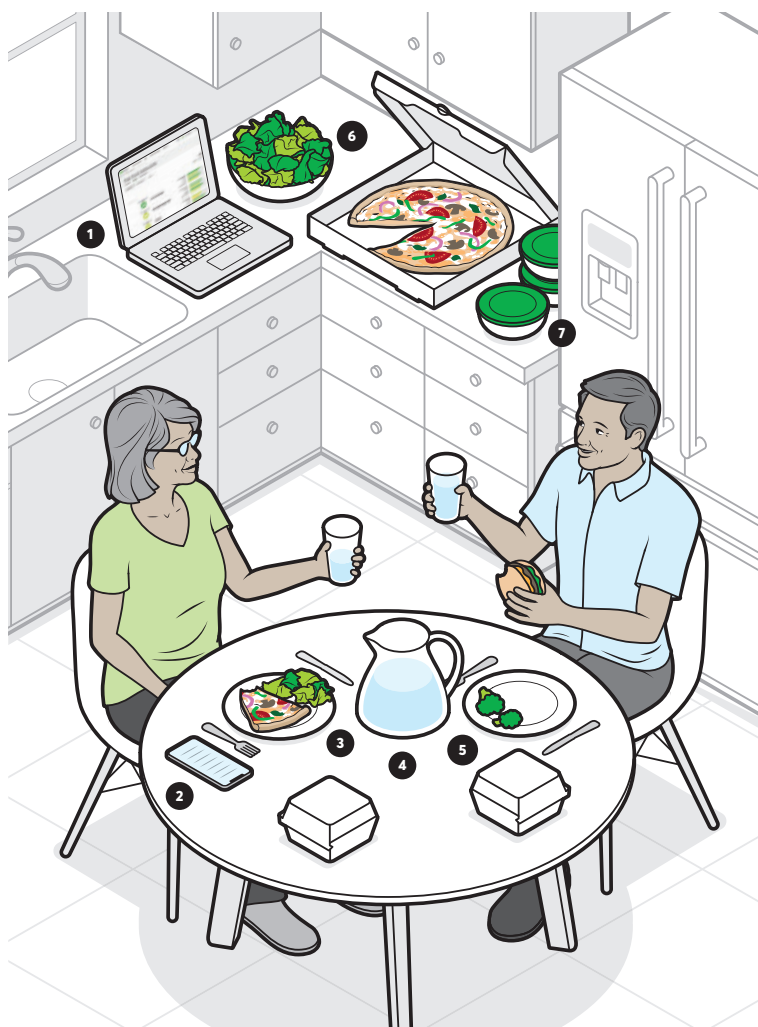
CR recently rated 17 chain restaurants to see which ones made it easier to opt for a nutritious dish. We scored them on many factors, including whether the drink options were more or less sugary, the availability of whole grains, the variety of fruits and vegetables, the levels of sodium and saturated fat, and whether you could get healthier protein options, like fish, legumes, nuts, and tofu. Chipotle, Chopt, CoreLife Eatery, Panera Bread, and Sweetgreen were some of our highest scorers. Find our full ratings at [CR.org/fastfood](https://www.consumerreports.org/fastfood).

2 KEEP AN EYE ON CALORIES

A dish's calorie count isn't the only measure of whether a meal is good for you, but it may be the only nutrition info you see. In those cases, use it as a guide. CR's testing has found that the counts are generally on target, so try to aim for less than 600 calories for your entire meal. An easy way to keep track is to use the chain's mobile ordering app. Many allow you to view how calorie counts for customizable dishes, such as salads and sandwiches, change when you add or subtract ingredients.

3 UPGRADE WHEN YOU CAN

Opt for brown rice instead of white, or a whole-grain bun or pasta, if available. Add extra vegetables to a taco, burrito, or salad.



4 SIP SMARTLY

Adding a large soda to your order for just a dollar may seem like a good deal. Unfortunately, all those added sugars will undercut your goal

of ordering in a healthier meal. It's wisest to skip drinking soda altogether. Better beverage options include water, unsweetened iced tea, or no-sugar-added seltzer, if it's available.

5 RETHINK YOUR SIDES

Just because your order comes with chips or onion rings by default doesn't mean they're your only option. Ask whether you can swap them for a salad, a vegetable, or fruit. If you're really craving a less healthy side, be extra savvy about your main dish—for instance, if you want the onion rings, have them with a grain bowl or a veggie wrap, not a bacon-topped cheeseburger.

6 INCORPORATE HOME COOKING

Have the main dish you've been craving, but prep your own accompaniments. For instance, get the pizza or chicken sandwich to lighten the cooking load one night, but skip drinks, fries, and extras. Instead, toss your own salad with whatever vegetables you have on hand; serve your dish with raw sliced carrots, celery, and tomato; or heat up a frozen vegetable as a side. Feeling more ambitious? Roast some fresh cauliflower or carrots or steam green beans or broccoli.

7 SPLIT A DISH

Restaurant portions tend to be oversized, which can encourage you to overeat. To avoid this, plan from the outset to share one entrée with a family member. Another option: When your food arrives, pack up half and put it in the fridge to save it for the next day's lunch.



AMY KEATING, RD, is a nutritionist and oversees all the food testing projects at CR.

On Your Mind

QUESTION OF THE MONTH

My spring pollen allergies are starting. What meds can help?

An over-the-counter steroid nasal spray that contains fluticasone or triamcinolone is a good option and is safe for older adults, says Amie Taggart Blaszczyk, PharmD, division head of geriatrics at Texas Tech University Health Sciences Center School of Pharmacy. You can add a "second generation" antihistamine such as fexofenadine (Allegra), loratadine (Claritin), or cetirizine (Zyrtec) for a few days until the nasal spray starts working. "Start with half the dose recommended on the label," says Blaszczyk. "I've had patients get sleepy using them."

My fresh fruit often spoils before I eat it. Is dried or canned healthy, too?

It can be. Canned, dried, and frozen all count toward the 1½ cups a day for women ages 51 and older and 2 cups a day for men ages 51 and older recommended by the Department of Agriculture. Opt for canned fruit in water instead of syrup and dried fruit without added sugars. Note: A half-cup of dried fruits like raisins or prunes

actually counts as 1 cup of fruit, says Angela Lemond, RDN, a spokesperson for the Academy of Nutrition and Dietetics.

Can I rely on the results of an at-home test for COVID-19?

It's probably best to alert your doctor if you suspect you have COVID-19. The accuracy of home tests can be close to 90 percent in ideal conditions, but tests done by medical personnel and analyzed in a lab are

more accurate, says Susan Fuhrman, MD, vice-chair of the College of American Pathologists' Point of Care Testing Resource Committee. And most home tests were studied in people with COVID-19 symptoms—"which makes it harder to tell how they will work on asymptomatic patients," says Valerie A. Fitzhugh, MD, associate professor of pathology, immunology, and laboratory medicine at the Rutgers Robert Wood Johnson Medical School in New Brunswick, N.J.

I walk more slowly than I did in the past. How can I speed up?

If you're slowing down just a bit and are otherwise healthy, walking regularly and doing strength-building exercises like wall pushups could help quicken your pace. But if you're concerned, consult your doctor, who can check for medical issues that may contribute, says Jennifer Brach, PhD, PT, a professor in the department of physical therapy at the University of Pittsburgh who studies walking in older people. A physical therapist can also evaluate the way you walk and create an exercise program to help, she adds: "You may need help with balance, and the timing and coordination of movements."

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