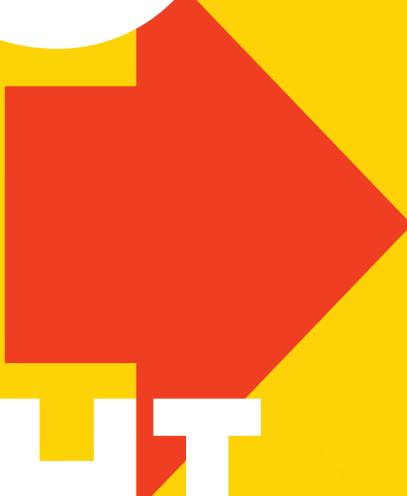




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These **FIVE MEDICAL DECISIONS** may sound iffy, but rest assured that research and experts confirm them as safe to make. What's more, each one could **SAVE YOU TIME, MONEY, OR STRESS.**



RIGHT AHEAD!

BY MERYL DAVIDS LANDAU

Between our social media feeds, chatter from friends and family, and the 24-hour news cycle, we're inundated with info. Sometimes that's helpful, but when it comes to our health, it can make it hard to know what's truly OK. Here, we ferreted out five health care steps you may be hesitant to take that research shows are in fact perfectly safe.

► **IT'S SAFE TO...**

SUPPRESS YOUR PERIOD LONG-TERM

✚ Whether you are disabled, are deployed in the military, are a transgender man, or just don't want the hassle of a monthly period, you can suppress your cycle with continuous hormones. Some people say this isn't natural or fear that it could affect future fertility or cancer risk, but a careful review of the evidence found nothing to bear out these concerns. Tampering down periods is fine even for a span of years, concluded a detailed report

last year from the American College of Obstetricians and Gynecologists (ACOG).

When companies initially introduced the birth control pill in the 1960s, they added the placebo week for bleeding only to mimic a "natural cycle," thus making it more acceptable, says Oluyemisi Adeyemi-Fowode, M.D., a fellowship-trained pediatric gynecologist in Sugar Land, TX, and a coauthor of the ACOG guidance—but having the red stuff flow was never necessary, she says. Depending on your situation, periods can be suppressed with continuous birth control pills, an estrogen patch, a hormonal IUD, or a contraceptive injection. Some methods produce more breakthrough bleeding, and some have side effects (Depo-Provera, for instance, can impact bone density). If you want to take a period pause, talk to your doctor about which method is best for you.

► **IT'S SAFE TO...**

BUY A HEARING AID WITHOUT AN EAR DOC

✚ Until recently, the average cost for a pair of hearing aids was a whopping \$5,000—a key reason that only 14% of people who needed them had them. One factor driving the high prices was a requirement that the devices be sold by special hearing doctors called audiologists. However, experts agree that medical evaluation isn't always necessary, so in 2017, Congress passed legislation allowing hearing aids to be sold directly to consumers at pharmacies and electronics stores. Last fall the U.S. Food

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and Drug Administration (FDA) finally gave these sales the green light, which should lower prices.

Though over-the-counter hearing aids won't be vetted as closely by the FDA, "companies are required to meet safety and efficacy standards, so consumers can feel confident buying these devices," says Barbara Kelley, executive director of the Hearing Loss Association of America. For example, built-in decibel controls prevent users from accidentally turning hearing aids up so high that they could damage an ear. Products expected on shelves this year could be ideal for adults with mild to moderate hearing loss—say, those who think others mumble too much or who have to turn the TV volume up high, Kelley says.

Most will be simple to set up and adjust using a smartphone. Hearing health is an important part of overall health, she adds, noting that untreated hearing loss is "linked to falls, isolation, depression, and even cognitive decline."

► **IT'S SAFE TO...**

AVOID ANTIBIOTICS FOR SOME INFECTIONS

✚ Don't ask your doctor for antibiotics if you've got a sinus infection brewing, cautions the American Academy of Family Physicians. It is not only safe to wait but smart, the medical group says. That's because most sinus infections are caused by a virus, so if you take the drugs





unnecessarily (they work only against bacteria), you toss money away, risk side effects like GI issues and rashes, and add to the growing problem of antibiotic resistance. Most people need pills only if symptoms persist or worsen after about 10 days, indicating that bacteria have taken root, says Jorge Moreno, M.D., a Yale Medicine internist.

If your sinuses feel plugged, use a nasal saline spray or nasal irrigation, or consider trying a decongestant for up to five days (extended use can cause sinusitis rebound, Dr. Moreno says). The same waiting rule holds for most sore throats (unless a test is positive for bacteria that cause strep throat). And though antibiotics are often prescribed for urinary tract infections (UTIs), older women without symptoms who test positive for bacteria during a routine urinalysis usually don't need them. Antibiotics are necessary only if you also have symptoms like

increased frequency of urination, burning, or fever, Dr. Moreno says.

► IT'S SAFE TO...

SKIP THAT BONE DENSITY TEST UNTIL YOU'RE 65

Some gynecologists recommend that patients get their first specialized bone X-ray soon after menopause. However, the U.S. Preventive Services Task Force (USPSTF)—a group of top experts who make core health recommendations on various topics—advises women to wait until age 65 unless they have significant bone-health risks. What's the harm in having everyone get that DEXA scan earlier? For one thing, the test emits a small amount of radiation. But even more important, if results show that you have some bone loss, your doctor may recommend prescription drugs, which can cause side effects ranging from relatively minor (like upset stomach) to major (such as increased risk of blood clots).

Instead of documenting your bone status before you hit the senior mark, focus on beefing up your bones with regular weight-bearing exercise (think walking, dancing, or yoga), Dr. Moreno suggests. Keep in mind that some women need to be tested earlier, as the task force notes—especially those who smoke, have low body mass, or drink three or more alcoholic beverages a day. The USPSTF has begun its multiyear process of reviewing these recommendations, so keep an eye out in case its advice changes in coming years.

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► IT'S SAFE TO...

SEE A SHRINK ON YOUR COMPUTER

When the COVID-19 pandemic started, psychotherapists who had been seeing clients in person began conducting sessions via telehealth instead. It turned out to be so advantageous for both sides that even after offices reopened, many continued with the telehealth option. "People said, 'This is great. I don't have to take time to drive there or have to walk through the waiting room afterward showing signs that I've been crying,'" says Judith Gulko, Ph.D., a psychologist in Coral Springs, FL, who has kept her

practice as telehealth. "All the stuff that used to happen in a session still does. And I get the same intuitions about what's going on for them and what to say next," Gulko says.

Recent research has backed up the notion that computer therapy sessions work. A Veterans Administration (VA) review of 22 studies compared telehealth appointments to in-person ones for a variety of mental health disorders and found that both performed equally well. For most people, video is more helpful than a phone call because it lets the therapist see facial expressions, posture, fidgeting, and other emotional signals, and when the client can see the therapist it helps build connection and trust, Gulko says.

Of course, telehealth is not suitable for every situation. People dealing with severe mental health issues (like feelings of hopelessness) did better when they saw a therapist in person, the VA review found. Also, you need to have a quiet and safe place where you can talk frankly; if you're having trouble with your spouse, for example, a session from your bedroom while they're home likely won't work. But for many people, therapy via telehealth has been ideal.

